Public Document Pack

Health and Wellbeing Board

Thursday 29 January 2026 at 6.00 pm

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

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

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

Membership:

Councillor Nerva (Chair)	Brent Council
Rammya Mathew (Vice-Chair)	North West London Integrated Care Board
Councillor 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
Ruth Du Plessis	Brent Council – Non-Voting
Rachel Crossley	Brent Council - Non-Voting
Kim Wright	Brent Council - Non-Voting
Nigel Chapman	Brent Council - Non-Voting
Claudia Brown	Brent Council - Non-Voting

Substitute Members (Brent Councillors)

Councillors:

M Butt, M Patel, Krupa Sheth and Vacancy

Councillors:

Hirani and Mistry

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

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

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

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:
- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:
- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

For Members of the Board to note any apologies for absence.

2 Declarations of Interest

Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.

3 Minutes of the previous meeting 1 - 14

To approve as a correct record, the attached minutes of the previous meeting.

4 Matters arising (if any)

To consider any matters arising from the minutes of the previous meeting.

5 Health Inequalities and Neighbourhoods

This will be a themed Health and Wellbeing Board meeting focused on health inequalities and neighbourhoods in Brent.

a) Overview of Health Inequalities and Neighbourhoods 15 - 34

To provide a presentation highlighting Brent's work to tackle inequalities, including key data on inequalities within Brent and compared to reginal and national data, best practice in tackling inequalities, and using best practice and local insight to further develop the approach to tackling health inequalities within Brent.

b) Public Health Annual Report 35 - 72

To present the Public Health Annual Report (PHAR), highlighting how Public Health in Brent is addressing health inequalities through community centred approaches, with a focus on community engagement, social capital, and Radical Place Leadership.

c) Brent Health Matters Impact and Learning 73 - 92

To provide an update on the impact and outcomes of the Brent Health Matters adults' programme, including the achievements, challenges and future plans.

d) Working Together in Neighbourhoods 93 - 120

To provide an update on progress and next steps in developing a coordinated approach to neighbourhood working between Brent Council and the Integrated Care Partnership (ICP).

6 Health and Wellbeing Board Forward Look - Future Agenda Items Verbal

7 Any other urgent business

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

Date of the next meeting: Wednesday 1 April 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.

This page is intentionally left blank

Brent

NHS North West London

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid on Thursday 20 November 2025 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Rammya Mathew (Vice Chair), Councillor Knight (Brent Council), Councillor Grahl (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director) Patricia Zebiri (HealthWatch), Sarah Law (Residential and Nursing Sector), Ruth du Plessis (Interim Director of Public Health and Leisure, Brent Council – non-voting), Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council), Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council – non-voting), Simon Crawford (online) (Deputy Chief Executive, LNWT)

In attendance: Hannah O'Brien (Senior Governance Officer, Brent Council), Tom Shakespeare (Managing Director, Brent Integrated Care Partnership), Steve Vo (Assistant Director of Place – Brent Borough, NWL ICS), Jasvinder Perihar (Programme Manager – Intermediate Care, Brent), Serita Kwofie (Head of Early Help, Brent Council), and three Family Wellbeing Centre participants

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Wendy Marchese (Strategic Partnerships Manager, Brent Council)
- Claudia Brown (Director of Adult Social Care, Brent Council)
- Councillor Donnelly-Jackson
- Councillor Kansagra

2. Declarations of Interest

Personal interests were declared as follows:

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

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 24 July 2025, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Brent Pharmaceutical Needs Assessment (PNA)

Ruth du Plessis (Director of Public Health and Leisure, Brent Council) introduced the report which updated the Board on progress with the Brent Pharmaceutical Needs Assessment

(PNA). In updating the Board, she delivered a presentation highlighting the following key points:

- She began by thanking members of the Health and Wellbeing Board who had contributed to the PNA through the stakeholder group and encouraged members to refer to the PNA and use it in their work as it held a lot of useful data.
- There had been a comprehensive process followed for developing the PNA, working within the NHS England (NHSE) guidelines.
- She highlighted the breadth of provision pharmacies now provided, from the dispensing of medicines, advice and support, to additional enhanced services such as vaccination, blood pressure checks and support for palliative care medicines.
- The PNA included a wealth of information relating to population demographics, showing the increase in population, which would have resource implications for Brent going forward, as well as data on crime, abuse, drugs, alcohol and housing.
- A map displayed pharmacy provision in the borough and she highlighted that, both nationally and locally, the number of pharmacies had reduced slightly. A change to the pharmacy contract allowing flexibility of hours had also resulted in less 100-hour pharmacies that were now open. Despite this, Brent still had a higher provision of pharmacies compared to nationally, and the report provided further information around travel distances.
- In developing the PNA, a public consultation had been undertaken with resident input as well as pharmacists and other stakeholders, which garnered around 400 responses and helped to shape the data and process.
- The findings from the public consultation showed that people benefited from their pharmacy provision and quality of service was important to users, with people travelling to get to the pharmacy they felt provided a quality service. Accessibility was another important factor for residents and the consultation found that most people walked to their pharmacy which highlighted the importance of having pharmacies within walking distance of residents. The results also showed that many people used their pharmacies on a Saturday morning.
- In concluding the presentation, Ruth du Plessis advised that the analysis indicated that Brent had enough pharmacies in the borough and that they were broadly in the right places. The PNA covered the next three years, but, given the fact that Brent was building more houses, provision may need to be increased in a few years.

The Chair thanked the Ruth du Plessis for her presentation and invited contributions from those present. The following points were made:

- The Board commended the PNA steering group on the development of the PNA and felt the process had garnered good insights into the borough.
- The Board asked what the local authority's role would be in bringing about an increase in provision if it had been found that there was a significant shortage of pharmacies. Ruth du Plessis confirmed that there was a route the Council could take if a gap in provision was identified by presenting the case to NHSE and undertaking a formal process.
- The Board asked whether there was sufficiency of staff working in the pharmacy sector, to which Ruth du Plessis agreed to follow up on.
- In relation to the composition of the steering group, the Board asked who had sat on that group. Ruth du Plessis advised that the PNA document detailed who the members

were and they had included NHS, Council and voluntary and community sector colleagues with a focus on diversity.

- The Board recalled a previous discussion considering whether Brent was maximising the use of pharmacies, and, considering the implementation of Pharmacy First and the direction to push more to pharmacies, they asked again whether pharmacy services were being maximised and whether there was more that could be done to support pharmacies in that regard. Ruth du Plessis highlighted that there were areas that could be improved, for example around emergency contraception where there had been legislative changes. Each pharmacy was asked to conduct 6 different public health campaigns each year, which she felt was something the Health and Wellbeing Board could influence more. In terms of Pharmacy First, she advised that a balance was needed because pharmacies had already expressed that capacity was stretched.
- The Board felt that Brent had a good record of co-locating pharmacies with other services as part of regeneration projects, such as the new surgery and pharmacy in South Kilburn and the recently agreed Integrated Health and Wellbeing Hub in Dollis Hill which would include an on-site pharmacy. Members asked what effort was made, locally and nationally, to ensure that co-located primary care services were part of the conversation when new infrastructure was built. Ruth du Plessis advised that this was done through planning, ensuring that when the Council was considering housing developments it also considered the provision needed early on in terms of schools, primary care and pharmacies. She agreed that there was utility in having primary care and pharmacies together, but acknowledged that some of this was easier to influence than others due to the complexities of the commissioning arrangements of pharmacies and some things might not be in the gift of the Council and partners.
- Noting the complexities of the commissioning arrangements, the Board asked if there was anything partners could do to work with pharmacies to enable them to have extended hours. Ruth du Plessis advised that this had become more difficult since the contractual arrangements changed. Pharmacies had more flexibility in their opening hours now and the borough had seen a reduction in opening hours as a result of that. Some pharmacies attributed this to being able to operate and manage workload across those hours. There were some levers the Council could use to influence this, for example, if local people reported they were struggling to access a particular pharmacy this could be flagged as a concern through letters from the Health and Wellbeing Board to NHSE.

In concluding the discussion, the Board thanked officers and noted the production of the PNA before the deadline, which had been overseen by the PNA steering group and consulted on, and the work of the NWL Integrated Care Board and local authority in maintaining the PNA. They resolved to delegate future decisions about the revision of the PNA to the Director of Public Health and Leisure. In closing the item, the Chair asked members to recognise the need to maximise Pharmacy First opportunities and co-locate pharmacies with primary care where new regeneration was being built.

6. Healthwatch Progress Update

Patricia Zebiri (Healthwatch Manager, Brent) introduced the report, which provided an update on the projects being progressed within the Healthwatch Brent Work Programme between April 2025 – October 2025. In introducing the update, she highlighted the following key points:

- Along with the changes to ICBs across the country, the government had also announced the abolition of Healthwatch England and local Healthwatch teams. Alongside other colleagues in health and social care, plans were still evolving and there was not much information available on the changes, except that the local Healthwatch functions were expected to be integrated into ICBs. Healthwatch Brent was currently working to a potential timescale of 26 October 2026 with the team as it currently existed.
- Some positive news that Healthwatch Brent's Communications and Engagement Officer, who had previously been a volunteer with Healthwatch, had been promoted meant that the establishment had been reduced to 1.6 FTE for the beginning of the year. Recruitment was underway for Fixed Term contracts and Healthwatch expected to be back to its full capacity by the end of the month, but the delivery of the work programme for 2025-26 had been significantly impacted.
- Work had focused on continued engagement exercises, signposting, raising awareness, Adult Social Care (ASC) work, and health and social care provision. Healthwatch had also formed part of the PNA Steering Group which she advised had been very informative.
- Discussions were underway with A&E services to see whether Healthwatch could talk to users there to see if pharmacy services might have been an alternative for them.
- Work had commenced on GP enter and view visits which she advised were very time consuming. Some local Healthwatch teams had decided not to continue enter and view visits as they were concerned they would not have time to wind up services and finish the work before the changes to Healthwatch came into effect, but Brent Healthwatch decided to continue its enter and view programme. Some of the feedback received had been very good with good practice identified.
- Healthwatch continued to attend as many decision-making meetings as possible, with 27 attended in the first half of the year.
- Volunteers were helping to deliver the work with 109 hours collectively delivered in quarter 2, and those volunteers helped represent some of the least heard groups in the borough, providing helpful resource for getting messages back down the chain as well. She hoped that benefit would be retained with the new mechanisms for resident feedback.
- Healthwatch was looking to do a piece of work on Pharmacy First, asking what the community knew about the service and determining whether there were inequalities in terms of knowledge and utilization of Pharmacy First.

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

- In terms of the relationship between Healthwatch and Adult Social Care, Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) advised that this was the second year the teams had been working together and it felt very positive, with the department very appreciative of the open feedback Healthwatch was providing. Important messages were passed to ASC, and it was good to see that people were finding information easier following improvements to the website, but she recognised the findings around communications, timeliness of response and consistency. She raised concerns around being able to hear that independent voice when Healthwatch ceased to exist, and felt the work Healthwatch did provided

rich information from residents that was different to what the Council did in that feedback space, with Healthwatch an honest broker of information thanks to their relationship with residents.

- The Board asked for more detail about how the feedback Healthwatch provided to ASC was used. Rachel Crossley explained that every time Healthwatch did a piece of work around ASC the service received a report which they had the opportunity read and provide a written response to the recommendations. ASC then acted on those recommendations and Healthwatch published ASC's response with their report. Some of the feedback had also been used at staff quarterly events to show what residents were saying both positively and where ASC could improve. Communications was a big theme for improvement coming through, which had also been seen in the CQC inspection and in survey results the Council undertook which showed that people did not feel they were kept up to date on where they were in the ASC process. Similarly, consistency had been raised as an issue, so ASC was working on revising the practice operating model and increasing staff supervision. Those themes were also used when ASC undertook audits.
- Patricia Zebiri added that she recognised that it was not always easy to hear difficult feedback and acknowledged that resources were limited as to how much could be done in ASC. She highlighted that one of the successes from that work was achieving a 91% response rate to the random calls. She did think there was an opportunity to do more to gather more feedback.
- The Board was grateful that the GP enter and view visits would continue, highlighting that the government had outlined GP access as a key focus for them, so it was positive there had been good feedback there.
- The Board felt that understanding what residents experienced from the Pharmacy First service would be very important as a relatively new initiative. Patricia Zebiri added that the PNA steering group had proved a good platform to get that work off the ground.
- In relation to community engagement, the Board asked why there had been a slight disparity in reach when quarter 1 was compared to quarter 2. Patricia Zebiri advised that it this was very dependent on the events Healthwatch attended and the service users who turned up. Healthwatch did not run its own events anymore but went to engagement events held by other partners such as health, social care and community organisations, to talk to service users. It also depended on how many Healthwatch staff and volunteers were able to attend the events as to how many people they could speak to.
- The Board placed on record their thanks to Healthwatch for working through this period of significant uncertainty and for providing valuable information for partners about their services. They hoped to find a way forward to ensure patient and user feedback continued to be gathered so that services improved.

As no further issues were raised, the Board noted the report and looked forward to an update on future opportunities and options for resident feedback in the context of health and social care.

7. Brent Children's Trust Progress Update and Family Wellbeing Centres Annual Report

7.1 Brent Childrens Trust Progress Update

Councillor Gwen Grahl (as Cabinet Member for Children, Young People and Schools) introduced the report, which provided a 6-monthly update on the activity of the Brent Children's Trust (BCT) from April 2025 to October 2025. In presenting the update, she highlighted the following key points:

- Following a positive SEND inspection, Brent was one of 18 local areas inspected in 2025 to date to have the highest possible outcome.
- The Trust had overseen the inspection implementation plan following the CQC inspection result to ensure progress, including for annual Education, Health and Care Plan (EHCP) reviews, the phased rollout of the Families First Programme, continued work to tackle health inequalities, and the development of an early intervention mental health model to reduce reliance on CAMHS.
- The Trust was looking at strengthening links between hubs and Family Wellbeing Centres.
- She felt there was good work to celebrate in the report and thanked all partners for their continued commitment to improving outcomes for children and families.

Nigel Chapman (Corporate Director for Children, Young People and Community Development, Brent Council), added the following points:

- The Trust had good buy-in as a partnership from the Council, third sector and health colleagues, which he felt had resulted in the positive SEND inspection during the year.
- There were a range of subject areas the Trust covered from early intervention through to Family Wellbeing Centres and health inequalities.
- The Trust was planning a refresh of priorities for the following two years in January 2026 at an in person meeting.
- He was encouraged by the additional resources towards mental health and wellbeing and the Trust was beginning to see progress there.

Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Vice Chair of BCT, concluded the introduction by raising the following points:

- She emphasised the importance of the Trust using the weight of all partners to raise the profile to the ICB of the need to have more resources in Brent around inequalities and children's health, particularly around earlier intervention for mental health. She felt that there had been some movement there with a plan for the coming year and the Managing Director of Brent Integrated Care Partnership continually lobbying for investment. She was confident that Brent would receive resources for continuing that earlier intervention work so that not all children and young people identified as having mental health issues needed to go straight to CAMHS but could be supported much earlier, working with families and partners to co-produce direct outcomes.
- Robyn Doran confirmed that there was a strong commitment in the Trust enabling a consistent voice with the same aims and ambitions for Brent which she felt made a difference.

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

- The Board was encouraged to hear that the work of the BCT had led to additional resources for children's mental health and early intervention, and asked what the timeline would be for children and families seeing the impact of those changes. Robyn Doran felt that changes would be seen within the next 6 months, as there were committed funds from a local pot towards this work. The Health and Wellbeing Board would be kept up to date on progress.
- Noting that the ICB had agreed funding for Brent to become the second NWL borough to have a Safe Place for young people, the Board asked what the significance of that was. Robyn Doran explained that Ealing was the first borough who had a Safe Place for young people, and they had set their service up as an early intervention café, open 3pm-10pm. In Brent, the BCT hoped to co-produce the Safe Place with young people and families, taking the lessons from Ealing to inform the approach. The third sector organisation who would run the Safe Place had confirmed they were very open to working with children and families to co-design what would work best for Brent. In terms of the significance of it, the service would be part of the early intervention approach to children's mental health, enabling support for children and young people before they reached A&E in crisis.

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

7.2 Family Wellbeing Centres Annual Report

Councillor Gwen Grahl (as Cabinet Member for Children, Young People and Schools) introduced the report, which provided an update on the progress of Family Wellbeing Centres (FWCs). In introducing the report, she highlighted the following key points:

- She felt that FWCs were a crucial part of everything the Council did for children and young people and were a gold standard model now being replicated in many local authorities across the country.
- FWCs provided a whole family approach and range of services under one roof and were an important part of many outcomes such as supporting children with SEND, speech and language development, parenting programmes, youth activities, antenatal care with NHS partners, and the decreasing numbers of children looked after.
- In the reporting period, FWCs had delivered over 130 different activities and services, supported more than 18,000 families, and the integrated model meant that families were getting the right help at the right time.
- She extended thanks to the dedicated staff and partners who made FWCs work, highlighting that the feedback received about FWCs often revolved around outstanding staff members who had gone above and beyond to help families.
- In concluding her remarks, she welcomed the families who had attended the meeting that evening to talk about their experiences using FWCs.

Serita Kwofie (Head of Early Help, Brent Council) added that, although there had been a plateau in terms of new registrations to FWCs, there had been an increase in regular attendance at FWC activities, which she felt was a testament to the range of services offered at FWCs. She added that the report also detailed forward planning in light of the Best Start for Life work and the aims and ambitions of the Council to further develop FWCs. In concluding, she welcomed the families who had attended the meeting, highlighting the importance of hearing from families and service users on the successes outlined in the report as well as any areas for improvement they had identified.

The Chair invited Adela, CK and Uday to the meeting who had attended to speak about their experience of using FWCs. In providing an opportunity for them to speak, the Board noted the following feedback from the service users:

Adela advised that she had found out about FWCs when she was pregnant and attended her prenatal visit. The nurse had explained how Brent supported parents and families at FWCs, and from that time until now she had attended her FWC every week. She went 3-4 times a week and took part in different activities with her son, and she advised that she was very grateful for the service. Her favourite activities were Stay Play and Learn, Let's Talk, Messy Play, Connection with Children and potty training. She had also taken part in other activities including visiting London Zoo, Kew Gardens, and summer and end of year parties. She did not have any suggestions for improvement but highlighted that families may not know about the FWCs if they had not been told at their prenatal visit.

CK informed the Board that her health visitor had told her about FWCs, and she had been attending activities for children under 5 and workshops for carers. She was grateful that the service provided opportunities for her child to take part in play-based sessions and for her to connect with other parents and learn skills. She highlighted that, unfortunately, the nurseries in her area were full, so she was bringing her child with her everywhere she went, meaning that having the FWCs to attend activities helped her and made her feel less isolated. She added that staff in her FWC were very supportive and helped and advised her a lot.

Uday had learned about the FWCs because his school had sent an email to his parents regarding a session called Teen Space which he had attended in 2023 and had been regularly attending since. He advised that this had helped him socialise with new people, learn new things and try new activities with different people. He had attended events such as Go Ape and park visits, and the activities had helped him gain more confidence around others. He had received advice from FWCs when doing his exams in school and found the staff very supportive and willing to help.

The Chair thanked the users for introducing themselves and invited comments and questions from those present, with the following points raised:

- The Board asked to hear about the selection process for FWC steering groups, recognising that each FWC was very routed in the community it served with programmes tailored to the community. Serita Kwofie confirmed that steering groups were very localised to support FWCs in their particular communities and were made up of a combination of stakeholders from voluntary and community sector organisations that served those particular areas. For example, Granville's FWC steering group would include someone from the South Kilburn Trust. Health colleagues also sat on the steering groups as well as senior leaders from local schools. Partners chaired the steering groups to ensure it was focused on the community it served rather than officer led, which helped to ensure stronger buy-in, consistency and commitment to the aims and ambitions that FWCs wanted to drive forward.
- The Committee asked whether service users had used any of the advice services available through the FWCs. Service users had used Citizen's Advice which they had found very useful, and advice about applying to nursery with support provided to in fill out the application form. Nigel Chapman added that Citizens Advice sessions were very popular within FWCs and always booked up, providing helpful advice and directing families towards Brent Hubs and other employment agencies.

The Citizens Advice offer was due to be expanded to offer extra sessions around cost-of-living which would begin in the new year across all FWCs.

- The Board asked for further information about the flow between FWCs to hubs and other agencies in terms of referrals. Nigel Chapman advised that there was a close link between Hubs and FWCs and people moving between the two, and he would provide more detail around the data regarding flow and referrals.
- The Board noted the comments made by service users in relation to difficulties gaining a nursery placement. They heard that reception staff had been helpful in recognising that a service user's child was of nursery age and recommended they sought a nursery place, but some nurseries had minimum hours requirements so if a parent could not afford that then they were unable to apply for the nursery. Other nurseries offered 15 hours per week but were very competitive and full.
- The Board asked service users how FWCs could be made even better. CK advised that she had attended a workshop where a creche service was offered to support parents doing the workshop, allowing parents to take part without their children present, and hoped more of that could be offered, as well as workshops where children and parents could learn something separately. Uday suggested that 1 to 1 sessions for young people would help build confidence for those who struggled to socialise with others.

As no further issues were raised, the Chair drew the discussion to close, thanking FWC staff for the work they had undertaken and the service users for their presentations. He reassured service users that the Board had heard in a very practical way what had been achieved and where the opportunities for improvement were.

8. Community Services and Winter Planning 2025

Jasvinder Perihar (Programme Manager – Intermediate Care, Brent) introduced the report which set out the comprehensive winter plan for Brent. In introducing the report, she highlighted the following key points:

- The plan presented collated information on winter initiatives from system partners across Brent so provided a comprehensive overview of winter planning.
- She highlighted that cold weather increased the potential of people becoming more ill, particularly vulnerable individuals, those with health conditions, over 65s and younger people.
- The increase in those becoming ill impacted and increased demand on health services, the workforce, the delivery of services, and areas such as housing, homelessness and social welfare issues such as cost-of-living.
- Section 1.3 of the report set out the areas covered in winter planning, including flu immunisations, vaccination programmes, winter schemes that supported admission and discharge planning, and areas ensuring continued access to services during the winter period.
- The Board was asked to note the winter initiatives and have confidence that key areas were addressed.

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

- The Board asked whether partners had a sense yet of whether the pressures were better or worse compared to previous years. Simon Crawford (Deputy Chief Executive, LNWT) advised that the pressure and demand was higher this year

compared to the previous year, and on one day that week Northwick Park Hospital had seen the second highest ever conveyances of ambulances, at 148 conveyances in one day. He added that there had not been an obvious summer period this year where the Trust would expect to see demand fall between May to September, and pressures had been fairly consistent throughout the year with Northwick Park routinely seeing over 100 ambulances daily.

- In relation to receiving 148 ambulances in one day, the Board asked whether there had been any audit as to how many were subsequently admitted and whether there were circumstances which could have avoided the need for an ambulance to convey. Simon Crawford confirmed that the Trust did analyse those percentages and could provide that to the Board covering the last 6 weeks. The Trust also tried to analyse the reasons for the conveyance and the condition patients were coming in, and looked at demographic data in terms of age profile, gender and ethnicity. He highlighted a challenge for the hospital in terms of ambulance conveyancing, because, in response to the increased demand the London Ambulance Service (LAS) was seeing, there had been a change in protocol enabling paramedics to leave the patient after 45 minutes, which he suggested should be reviewed to ensure paramedics continued to offer proactive care before dropping patients off.
- Noting that an area of significant pressure was arranging appropriate Adult Social Care discharge for hospital patients, the Board asked how the system was now managing that. Simon Crawford advised that the relationship with social services and discharges was positive. Through the emergency pathway, as quickly as patients were brought in and stabilised, the Hospital was then putting pressure on community services and social care to discharge those patients quickly and appropriately. The working relationship and processes for discharge had evolved over the years and were now well embedded, but he highlighted there were times where there were difficulties placing some individuals and it took longer than the Trust and ASC would like. The pressures meant that Northwick Park Hospital often had patients in A&E corridors on trolleys waiting for assessments. These patients were seen and checked by nursing staff, and additional nursing staff had been appointed to care for those patients. There were also situations where those needing admittance were waiting for a bed and relying on a discharge out of a ward before they could be admitted, a consequence of which was the implementation of temporary escalation spaces where patients were transferred from A&E to a ward on a trolley, not in a bed or bay, and were waiting for a discharge before they could access a bed. He advised this was not a great experience for patients but the reality of what the Trust has been facing given the pressure on the hospital. Despite these challenges, he advised that the length of stay was relatively good in comparison to others.
- Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) added that, before winter had arrived this year, ASC was seeing an approximately 50% increase in needs assessments and reviews under the care act. The service had agreed to step up its hospital discharges over the weekends again this winter, but continued to struggle to retain staff in the hospital discharge team due to the different type of work this involved which was very quick and fast paced. ASC was also seeing an increase in short-term placements, where someone leaving the hospital was not ready to go home and had an interim residential placement, and those were lasting for longer than the 8 weeks ASC would expect them to be. In response, there was a focus on being clear in the service not to use those

placements inappropriately and to move someone to a long-term placement if that was needed or encouraging a package of care to be agreed so the patient could return home. This was a blocker because there were not many step-down beds, so residential nursing placements were being used instead which were more expensive short-term. More resource had been put into the community discharge team to ensure reviews were being done and people were moving in the right direction long term and not back into hospital.

- Tom Shakespeare (Managing Director, Brent ICP) highlighted that there had been agreement to continue the investment around the children's hospital discharge service which would support managing flow.
- Ruth du Plessis advised that data showed the flu was circulating earlier than usual, creating additional pressure on hospitals, and highlighted the importance of vaccination, particularly in vulnerable groups, and the need to practice good hygiene. Each year there were in excess winter deaths particularly in groups with dementia, over 85s, and people with heart conditions.
- The Board asked about the flu vaccination take up in Brent and what could be done to support increasing that. Ruth du Plessis (Director of Public Health, Brent Council) responded that Brent historically had a lower uptake for flu vaccination. Uptake was not as good as public health would want in nursery and school aged children or younger vulnerable groups. She emphasised that flu could affect anyone if they had vulnerabilities and those in their 40s and 50s with long term conditions were less likely to come forward for vaccination. She felt there was further work for public health to do in reminding people of the importance of vaccination, and extra sessions of the vaccine bus were being held to reach more communities.
- In terms of the low flu vaccination take-up, the Board asked whether this was because people were not aware they were eligible or because they actively did not want to be vaccinated. Ruth du Plessis acknowledged that there was a lot of vaccine scepticism amongst the community, particularly post-pandemic and the way the covid vaccination had been mandated which had created some resistance, and there was also misinformation circulating about the impact of vaccinations. Dr Rammya Mathew added that vaccine hesitancy was particularly prevalent in younger cohorts, and it was often an active decision not to take up the offer. She felt there was a lot of work to do in that area, such as through myth busting, and this was a continued area of focus for primary care.
- The Board asked whether Northwick Park Hospital checked the vaccination status of those attending A&E, which Simon Crawford confirmed did not happen. That information would be available in patient's medical records, so LNWT could do a bespoke piece of work looking at the percentages of vaccinated patients admitted on a particular day.
- Jackie Allain (Director of Operations, CLCH) informed the Board that CLCH would be receiving some investment to develop virtual wards in communities, using the UCL rapid response services to support people to stay at home rather than having an ambulance conveyance to hospital. She would know over the next few weeks how much that investment would be and what CLCH could develop as a service. The investment formed part of the ICBs approach to move money out of acute and into community services.
- Acknowledging that there was a crisis in mental health provision for young people and the announcement that there were 250,000 young people nationally waiting to access CAMHS, the Board advised that a side effect of that was seeing more young

people presenting at A&E in mental distress or as a danger to themselves and others. They asked what preparation had been put in place to deal with that demand. Tom Shakespeare recognised the significant pressure in the system caused by mental health crises from both adults and children. From a positive perspective, he highlighted good work in the NW2 and NW10 area for young Black men appearing in crisis in acute settings who were previously unknown to services. On the children's side, he agreed there was a significant increase in pressures around CAMHS, so the system was looking at investment in early intervention, with non-recurrent additional resources secured to help with pressures on the waiting list and backlog. Investment in early intervention would help to manage pressures, and the ICP was focused on shifting the approach to prevention. A business case around the CAMHS backlog was also expected to go through the ICB. The Board was reassured that the system had identified that people felt there was nowhere to go on an acute basis for mental health support and support was being put in place to address that.

- Highlighting section 3.2.3 of the report, which detailed high demand for Adult Social Care's Urgent Response Service, the Board asked what was causing the bottleneck and what was being done to address the issue. Jasvinder Perihar advised that the Urgent Response Service was a floating support service that went into people's homes to deliver support overnight and reduced the need for care home placements. In response to the increased demand for that service, the number of cars going out at night had been increased. A deep dive into the patients currently receiving that service was also underway as many had been receiving the service for over the time limit, with clear operating procedures being developed from that.
- The Chair highlighted that the Council website could be used as a central point to direct residents to NHS information, particularly around vaccinations, and that the Brent magazine would include further information about winter planning.

As no further issues were raised, the Chair drew the discussion to a close and asked members to note the report. He thanked officers for presenting and showing the partnership work being undertaken to minimise the need for people to attend hospital. The Board acknowledged the close collaboration between the local authority and NHS on this work with good quality information sharing and good work to identify new sources of funding.

9. 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, adding that there were two more meetings of the municipal cycle and the current political administration. He asked to see a deep dive on health inequalities in Brent, particularly in the context of the new structures of the health service and how the integrator would have impact there, as well as early learning from the work in Integrated Neighbourhood Teams and the work of Brent Health Matters. The Public Health Annual Report would also be brought to a future Board meeting.

10. Any other urgent business

None.

The meeting was declared closed at 7:40 pm
COUNCILLOR NEIL NERVA, CHAIR

This page is intentionally left blank

Brent NHS North West London	**Brent Health and Wellbeing Board** 29 January 2026
	Report from the Vice-Chair of the HWB, and Interim Director of Public Health and Leisure
	Lead Cabinet Member for Adult Social Care, Public Health and Leisure – Cllr Neil Nerva

Overview of Inequalities

Wards Affected:	All
Key or Non-Key Decision:	Not Applicable
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 - Presentation: Overview of Inequalities
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Rammya Mathew GP, Kings Edge Medical Centre rammya.mathew@nhs.net and Ruth du Plessis Interim Director of Public Health and Leisure Ruth.du-Plessis@Brent.gov.uk

1.0 Executive Summary

1.1. The purpose of providing Health and Wellbeing Board members a presentation on inequalities is to ensure we continue to improve and refine our efforts of tackling the inequalities within Brent and how deprived Brent is compared to other local authorities.

1.2. The attached presentation highlights what inequalities are; key data on inequalities within Brent and Brent compared to regional and national data. The presentation then goes on to give an overview of what best practice is in terms of tackling inequalities and how we have used this and local insights to further develop our approach to talking health inequalities in Brent.

2.0 Recommendation(s)

2.1. The Board is recommended to note the presentation

2.2 Members are encouraged to use the content of the presentation to help shape action and to advocate for approaches and ways of working to further embed tackling inequalities in all that we do.

3.0 Detail

3.1. Contribution to Borough Plan Priorities & Strategic Context

3.1.1. Tackling inequalities is a key feature of both the Health and Wellbeing Board Strategy (2022-2027) and the Borough Plan (2023-2027). Tackling inequalities is however relevant to a range of other strategies, including but not limited to; the Stronger Communities Strategy (2019-2023), the Inclusive Growth Strategy (2019-2040), the Brent Local Plan (2019-2041), the Climate and Ecological Emergency Strategy (2021-2030), the Local Housing Strategy, and the Youth Strategy.

3.1.2. The NHS has a legal duty under the Equality Act 2010 and Health and Care Act 2022 to actively reduce health inequalities, ensuring equitable access, experience, and outcomes for all, by eliminating discrimination, advancing opportunity, and fostering good relations, alongside a strategic focus on tackling root causes like poverty and working with partners as local anchors.

3.1.3. The North West London ICB Health Equity Programme brings health and care partners and local communities together to change how local services are designed and delivered with the aim of making it easier for people to access care and reducing health inequalities. The programme is delivered through three workstreams:

- Reducing healthcare inequalities
- Population health management building blocks
- Partnership working on wider determinants of health

3.1.4. In Brent, a key example of joint working between the local authority and the NHS is Brent Health Matters, a place-based partnership focused on improving access to services and reducing health inequalities. The impact of Brent Health Matters will be presented at this meeting.

3.2 Background

3.2.1 Inequalities can be described as unfair and avoidable differences across the population, and between different groups within society. Inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health and how we think, feel and act, and this shapes our mental health, physical health, wellbeing, and our income.

3.2.2 The recent Indices of Multiple Deprivation (IMD) 2025 statistical update indicates that Brent has become more deprived when compared to other areas. Brent is currently ranked as the 41st most deprived area in England, previously, Brent was ranked 79th most deprived on this measure in 2019 (although some of this change is due to change in how the IMD is calculated).

3.2.3 Brent's income deprivation score is the 12th highest nationally out of 296 lower tier local authorities. Brent remains the 4th most deprived borough of the 32 London Boroughs. Brent's Income Deprivation Affecting Children Index score

of 58.7% (was 18.2%) for children living in income deprived households is the 5th highest nationally. Brents Income Deprivation Affecting Older People Index score is 33.1% (it was 25.8%).

3.2.4 Of the seven domains (income, employment, education, health, crime, barriers to housing and services, and living environment), Brent ranks the highest across barriers to housing and services – 73.5% of its Lower Super Output Areas (LSOAs) are in the most deprived 10% of LSOAs nationally. This is the highest level in England.

3.2.5 There are eight policy objectives for tackling inequalities and a case study from Coventry showed their success in championing the Marmot approach. They had a particular emphasis on giving children the best start in life, by reducing barriers to employment, training and education and working with businesses on 'social value'.

3.2.6 We must design health services through a wider determinant of health lens and embed inequalities in our approach to neighbourhood health.

3.2.7 In Brent our overarching approach to tackling health inequalities will be through three proposed workstreams:
1) No wrong front door
2) Community connectedness
3) Population health management

4.0 Stakeholder and ward member consultation and engagement

4.1 Although there has not been direct consultation on the presentation, stakeholders have been involved in shaping the proposals for our approach on tackling health inequalities, led by the Integrated Care Partnership.

5.0 Financial Considerations

5.1 There are no direct budgetary implications of this report, however, this report is an aid to financial decision making about how we invest our collective resources to tackle inequalities.

6.0 Legal Considerations

6.1 There are no direct legal implications arising from this report.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Our approach to tackling inequalities in Brent should support us to deliver services in accordance with the Equality Act and Public Sector Equality Duty. Within the presentation we share data on inequalities both in relation to life expectancy and the Indices of Multiple Deprivation (IMD). We also highlight some of the work we are doing currently to address inequalities and examples of good practice from elsewhere.

8.0 Climate Change and Environmental Considerations

8.1 No direct implications, however, environmental sustainability is recommended by the Marmot team to be one of the aspects of tackling inequalities.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Not applicable

10.0 Communication Considerations

10.1 Not applicable

Report sign off:

Rachel Crossley
Corporate Director Service Reform and Strategy

Overview of Inequalities

Dr Rammya Mathew, (Vice-Chair of the HWB), GP, Kings Edge Medical Centre
Ruth du Plessis, Interim Director of Public Health and Leisure

Health and Wellbeing Board - 29 January 2026

Brent

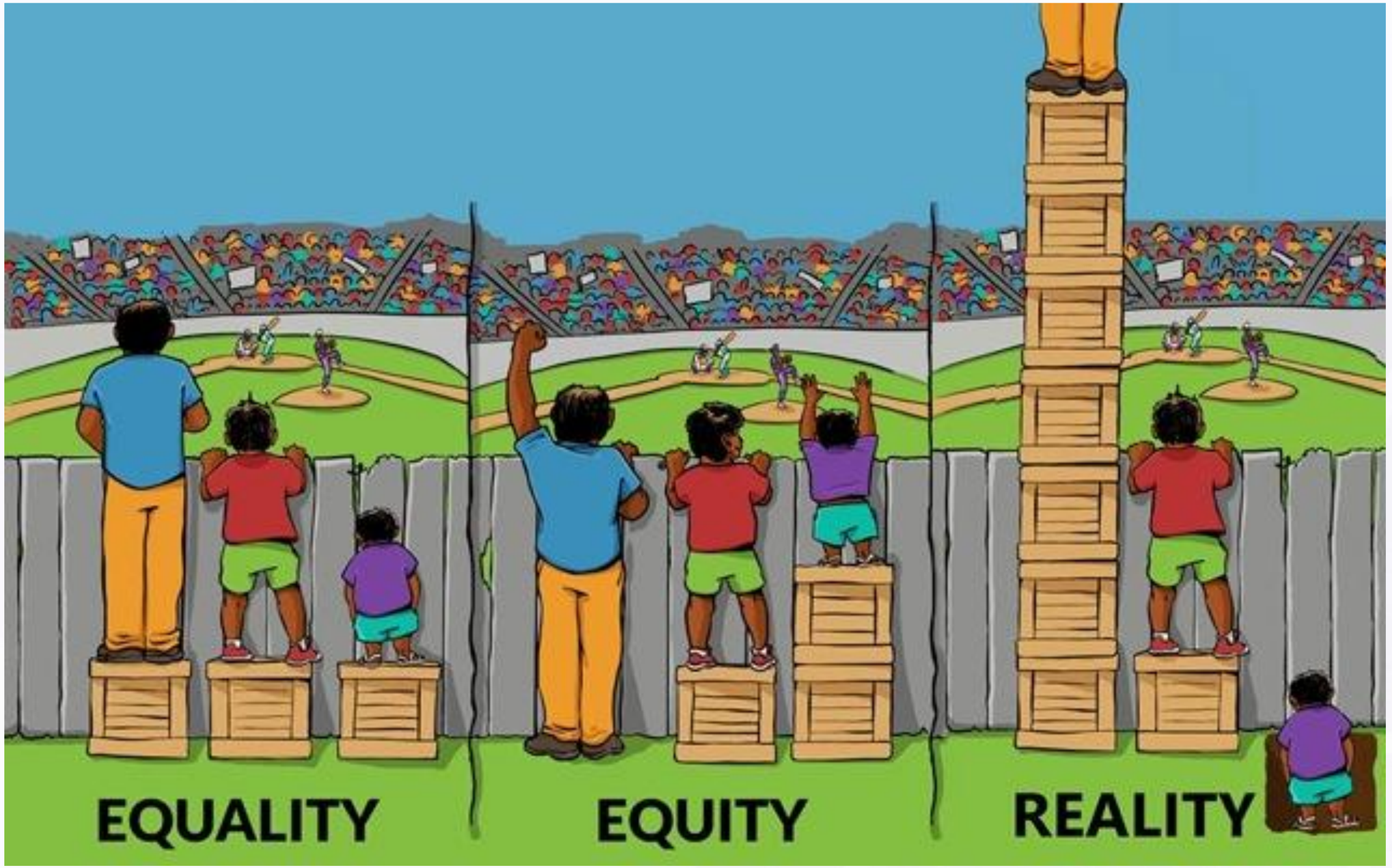
COLLABORATE PROACTIVELY

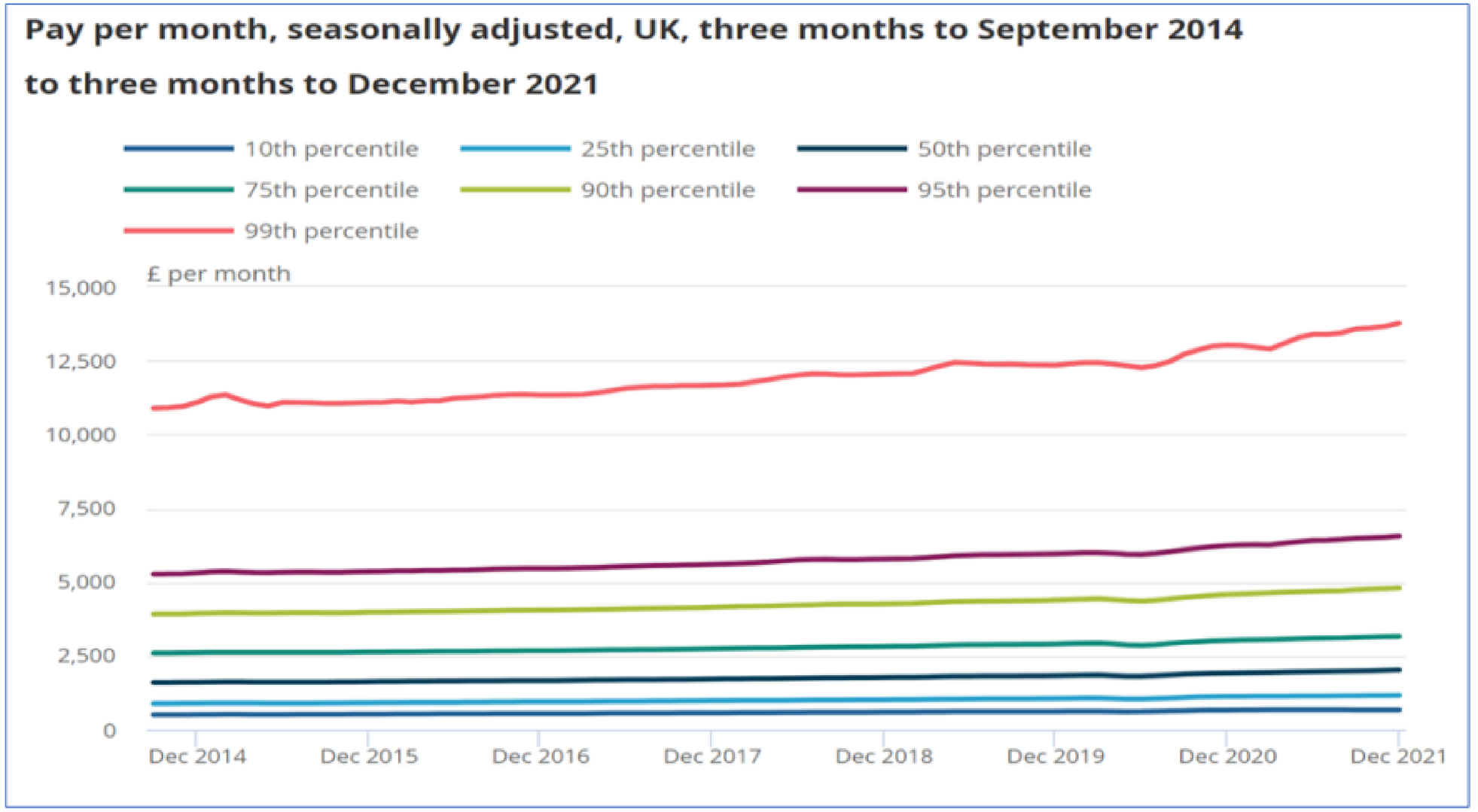
LEAD INCLUSIVELY

EMBRACE CHANGE

BE BOLD AND CURIOUS

CELEBRATE AND SHARE OUR SUCCESS


EQUALITY
EQUITY
REALITY



Pay per month in the UK, data from the Office of National Statistics (February 2022), indicates the gap between rich and poor is getting wider in the UK

Brent

COLLABORATE PROACTIVELY

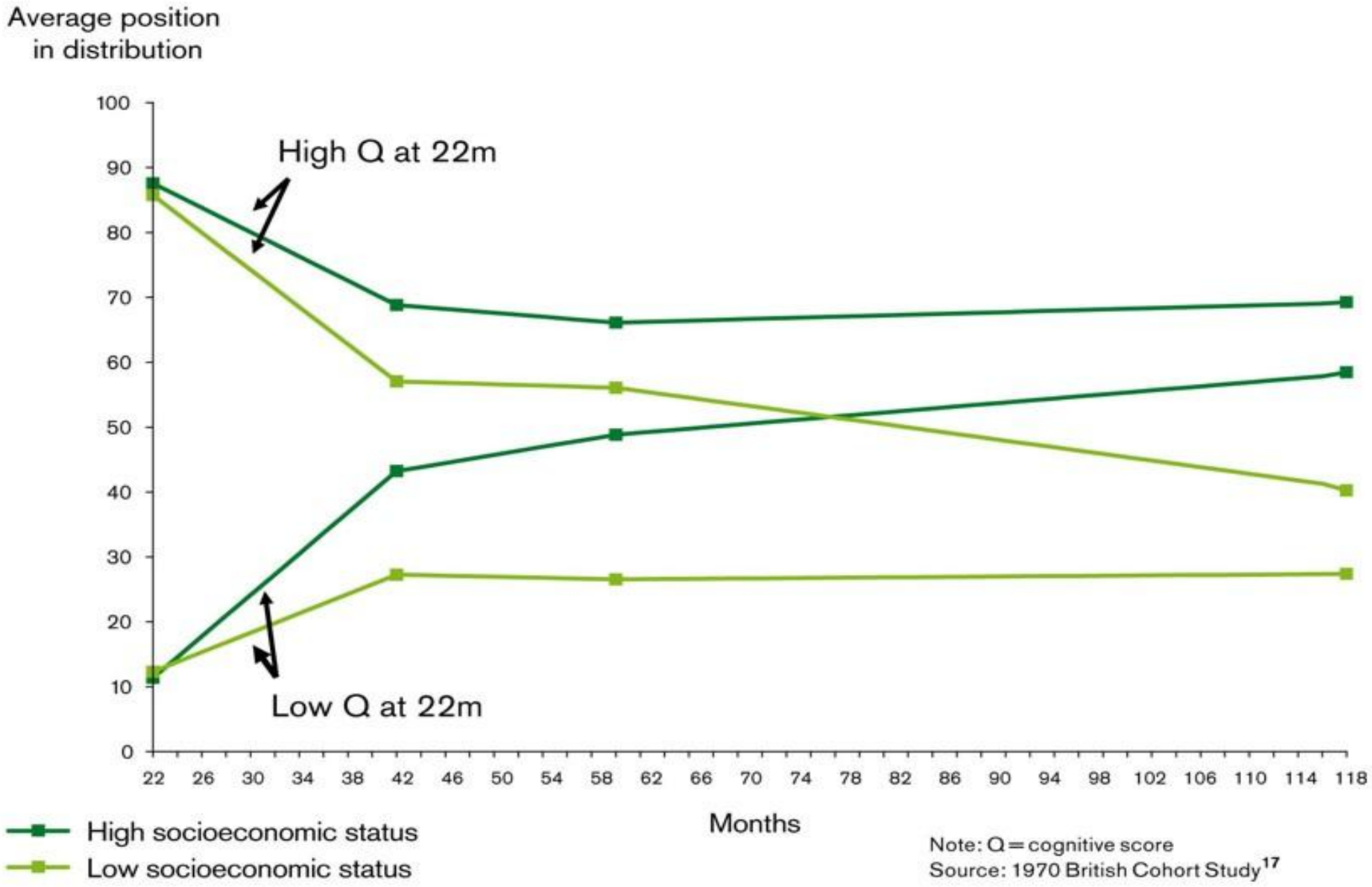
LEAD INCLUSIVELY

EMBRACE CHANGE

BE BOLD AND CURIOUS

CELEBRATE AND SHARE OUR SUCCESS

Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years



This chart is from the very first Marmot Report from 2010. It shows that well off children who were born with low cognitive score got more cleaver over time and intelligent children living in poorer circumstances became less cleaver over time. This is an illustration of example of why inequalities matter.

Deprivation in Brent

The Indices of Multiple Deprivation (IMD) 2025:

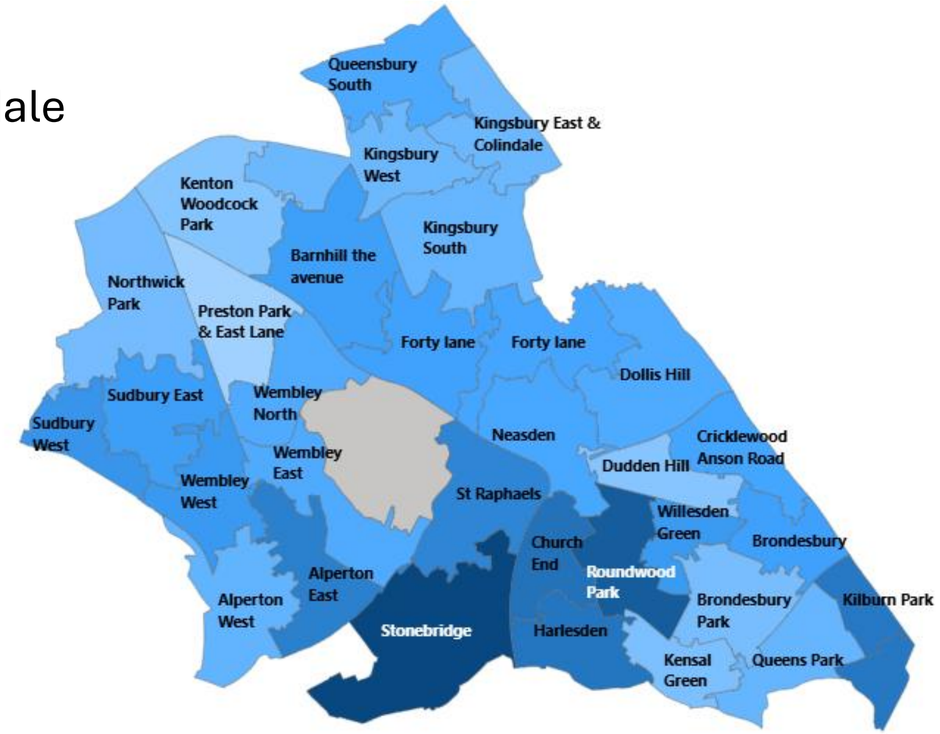
- There have been changes to the calculation process, with new features being added to some of the seven domains (income, employment, education, health, crime, barriers to housing and services, and living environment).
- 296 local authority areas are given a rank, with a rank of 1 being the most deprived, Brent is ranked **41st most deprived** area in England. Brent was ranked 79th most deprived on this measure in 2019.
- As Brent is a borough with comparatively low income, high benefit use and high housing costs this has had a significant impact on its overall position.

- Brent's **income deprivation score is the 12th highest** nationally out of 296 lower tier local authorities. Brent remains the **4th most deprived borough of the 32 London Boroughs**.
- Brent's Income Deprivation Affecting Children Index score of 58.7% (was 18.2%) of **children living in income deprived households is the 5th highest nationally.**
- Brents Income **Deprivation Affecting Older People Index score is 33.1%** (was 25.8%).
- Of the seven domains, Brent ranks the highest across barriers to housing and services – 73.5% of its Lower Super Output Areas (LSOAs) are in the most deprived 10% of LSOAs nationally. **This is the highest level in England.**

For more information: https://data.brent.gov.uk/dataset/indices-of-deprivation-2019-jsna-2rkw4

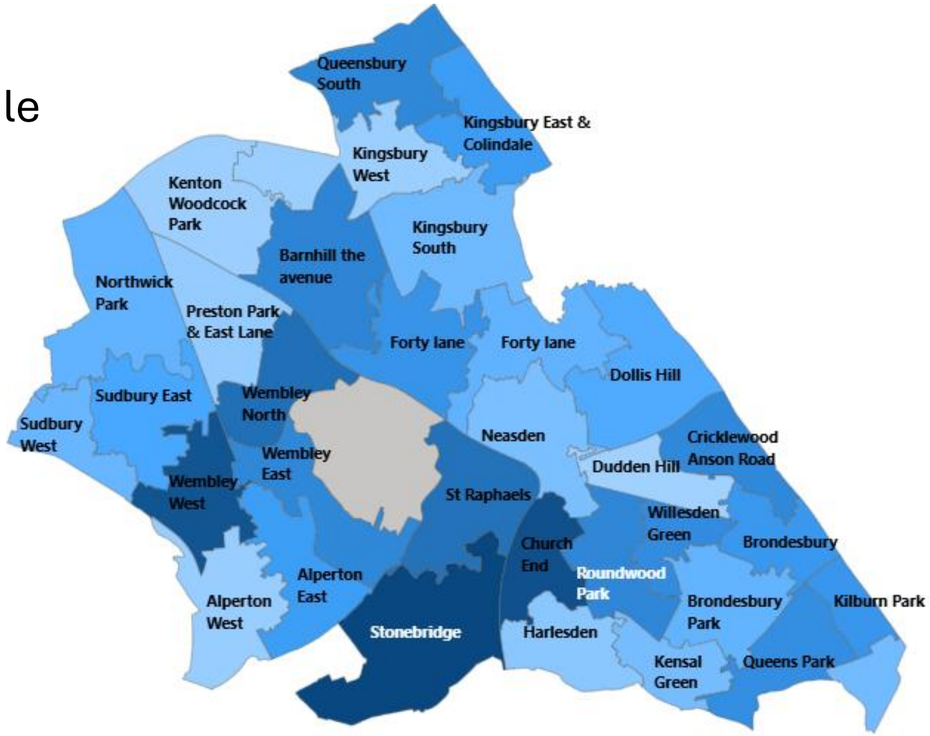
Life Expectancy by MSOA in 2019-2023

Male



Shortest LE (73 yrs) | Brent average (79 yrs) | Longest LE (84 yrs)

Female



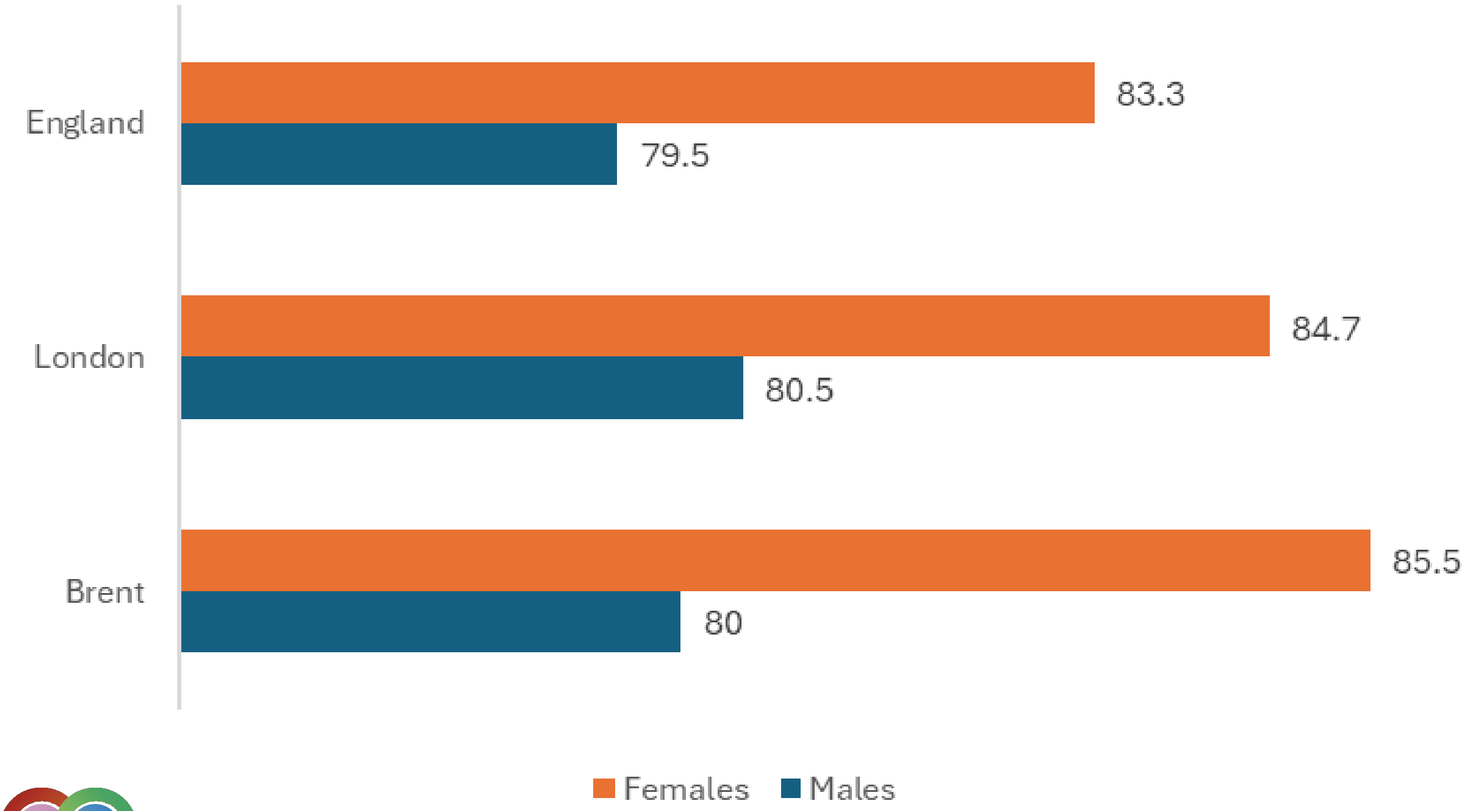
Shortest LE (81 yrs) | Brent average (85 yrs) | Longest LE (88 yrs)

The maps indicate a clear gap in life expectancy at birth between the most deprived and least deprived areas across both genders.

There is also a gender gap with the average LE for males in Brent being 6 years less than the average for LE for females living in Brent.

Source: Fingertips

Life expectancy in Brent from 2022-2024



The chart shows the life expectancy at birth in Brent compared to London and England for both males and females.

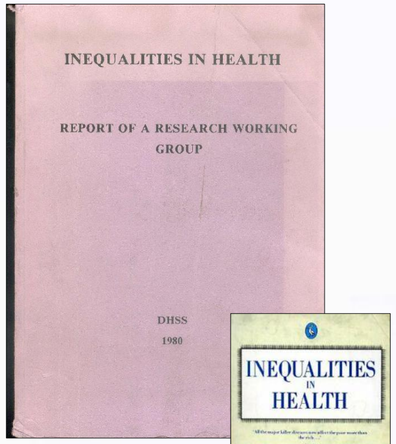
There is a clear gap in life expectancy across genders nationally which filters down to borough level. Compared with England and London, the gap in life expectancy is higher in Brent, with Females expected to live 6 years longer than males compared to 4 years nationally.

Brent

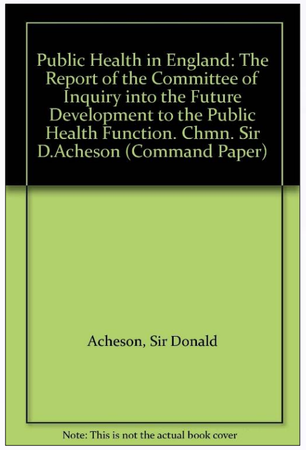
Source: ONS

Disadvantage starts before birth and accumulates throughout life.

The Black Report - 1980
Sir Douglas Black



The Acheson Report - 1998
Sir Donald Acheson

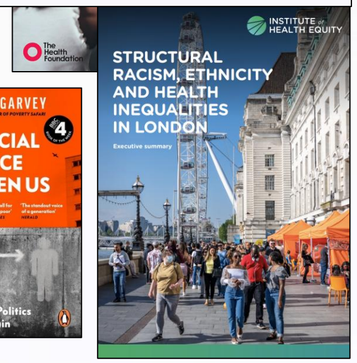


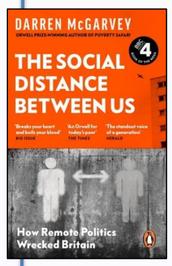
The Marmot Review - 2010
Sir Michael Marmot

The Marmot Review - Ten years on - 2020
Sir Michael Marmot

The Covid-19 Marmot Review Build Back Fairer- 2020
Sir Michael Marmot

Structural Racism, Ethnicity and Health Inequalities in London
Institute of Health Equity - 2024





The review has 6 policy objectives with the highest priority being given to the first objective:

1. giving **every child the best start in life**
2. enabling all children, young people and adults to **maximize their capabilities** and **have control** over their lives
3. creating **fair employment** and good work for all
4. ensuring a **healthy standard of living** for all
5. creating and developing **sustainable places and communities**
6. strengthening the role and impact of **ill-health prevention**.

Subsequently Marmot added…

7. tackle **racism, discrimination and their outcomes.**
8. pursue **environmental sustainability** and health equity together.

Brent

INSTITUTE of HEALTH EQUITY
www.instituteofhealthequity.org

The Health Foundation
www.health.org.uk

The Social Distance Between Us
Darren McGarvey
Chapter 7 – Health
Search Results for The social distance between us

How do we work together to tackle inequalities?

Some Principles

- Prevention is better than cure
- Population health
- Wider determinants of health
- Evidence based interventions
- Tailored to local need and resources
- Insight, data and intelligence

Key approaches

- Inequalities in all policies
- Progressive universalism
- Polices which are destigmatising
- Making the healthy choice the easy choice
- Capacity building
- Best start in life

Brent

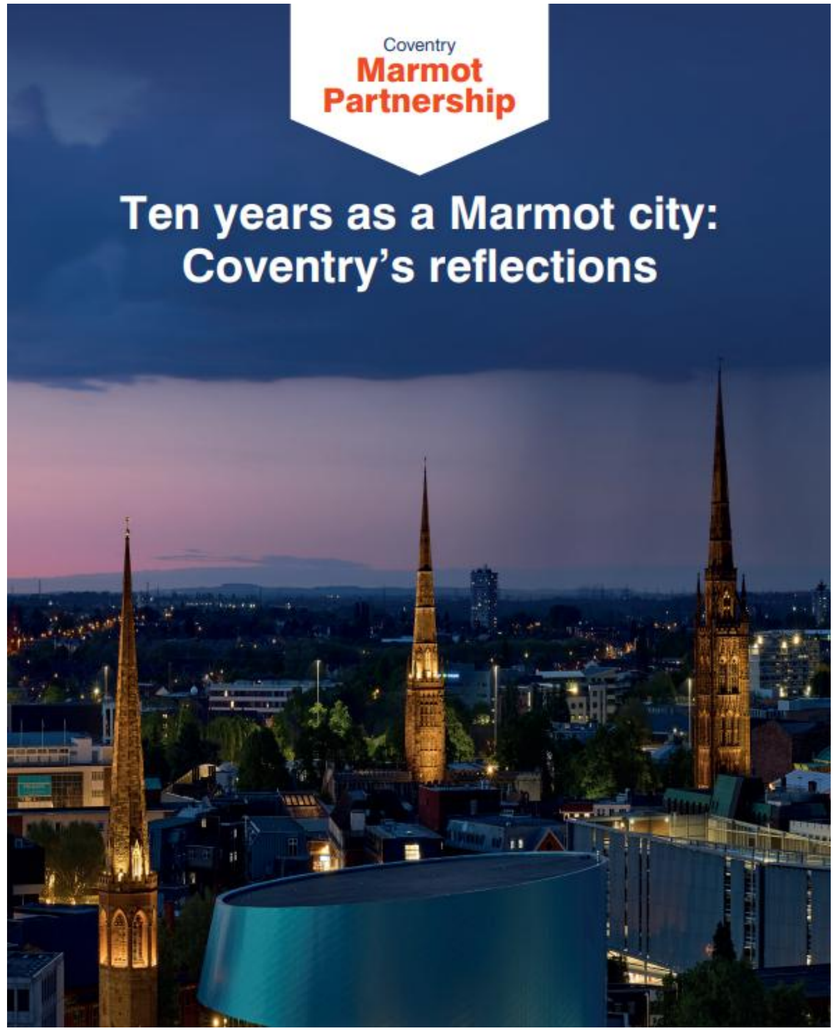
Case study: Coventry

- In 2013, Coventry became the first place to announce it would become a “Marmot city”.

- Between 2015 and 2019, Coventry saw an improvement on its IMD ranking. Coventry raised 22 places in the IMD rankings, whilst 10 of the 11 other West Midlands areas went lower in the rankings.

- They report that the Marmot approach was a fundamental way of working, a philosophy rather than a strategy.

- Notable successes were reported for the Marmot Principle to give every child the best start in life. Coventry’s support people who face the biggest barriers to employment, education, and training as well as ongoing work to form Businesses Committed to a Fairer Coventry and promoting an equitable social value agenda was also seen as key to the success.



Brent

COLLABORATE PROACTIVELY

LEAD INCLUSIVELY

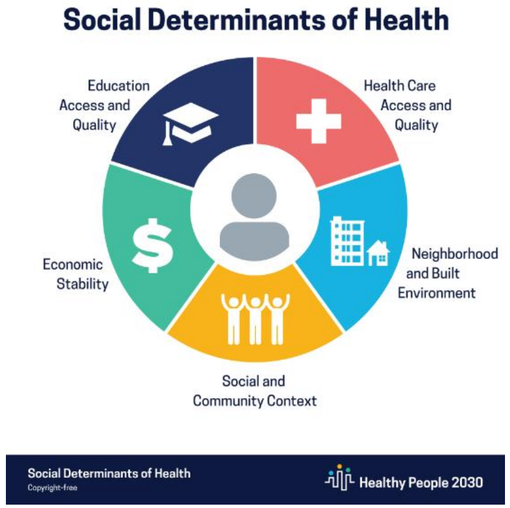
EMBRACE CHANGE

BE BOLD AND CURIOUS

CELEBRATE AND SHARE OUR SUCCESS

We must design health services through a **wider determinants of health lens**

Socioeconomic status is the strongest predictor of health outcomes.



Health services and health and care professionals
need to recognise that people start from very different places

Their ability to:
- engage with their health
- make healthy choices
- self manage
- navigate the healthcare system

Healthcare access and quality matter – but cannot offset disadvantage on their own

A one-size-fits-all health system risks widening inequalities

Brent

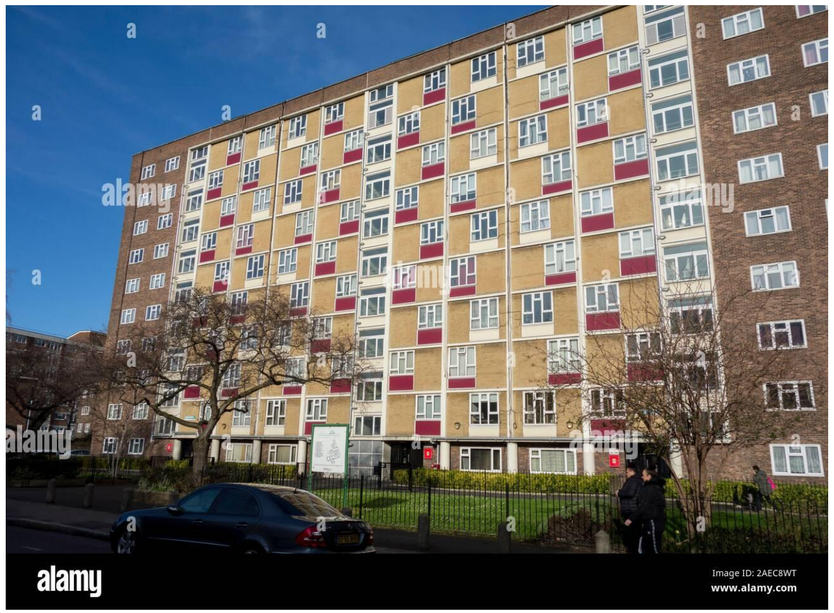
Neighbourhood health: embedding inequalities into everything we do

Neighbourhood health is our opportunity to make tackling inequalities core business – not a bolt-on

Focus on how people experience services locally, not organisational boundaries

- Embed health inequalities into:
  - Design of services
  - Resource allocation
  - Workforce culture and behaviours

- Shift from reactive care to proactive, preventative support
- Shared ownership across health partners in Brent



Our ambitions for neighbourhood health are underpinned by three strategic workstreams

Brent

Workstream 1: No wrong front door

Recognise barriers to accessing care across the system

- Identify individuals and groups who may need additional support
- Take a joined-up, system-wide approach to supporting vulnerable residents

Do we have effective ways to flag people who need extra support?

Are we making reasonable adjustments for people who struggle to access services?

How are DNA's handled? – do we explore the why, not just record the outcome.

Do frontline teams have the professional curiosity and autonomy to problem solve?

Brent

Worsktream 2: Community connectedness

- **Building trust, capability and connection with Brent's diverse communities**
  - Align community-based roles:
    - Social prescribers
    - Community connectors
    - Health educators

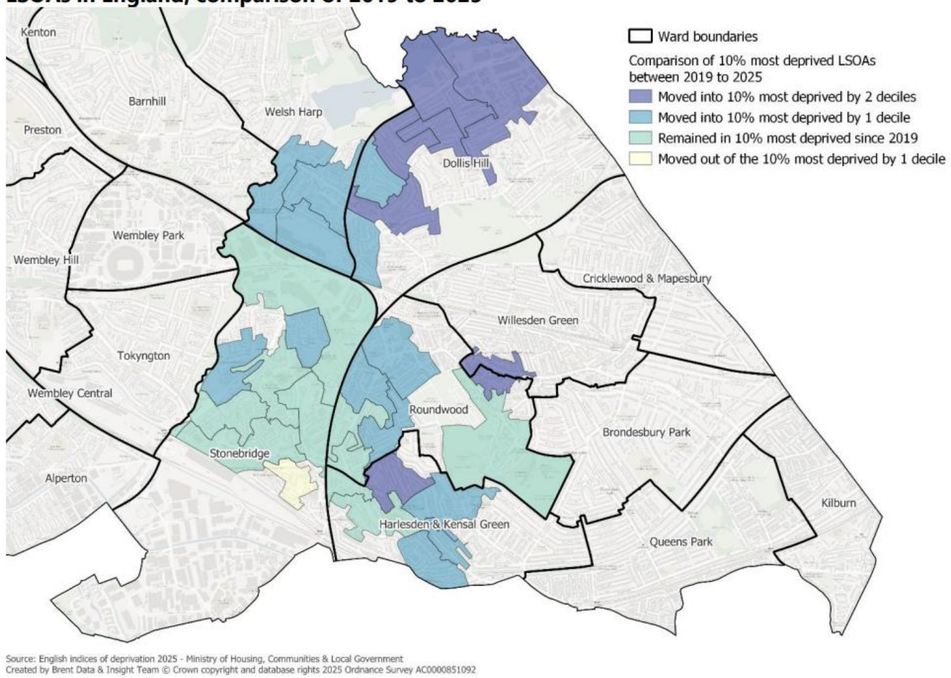
- **Embed VCSE partners into the health inequalities programme**
  - Review community grants to ensure alignment with:
    - Resident-identified needs
    - Population health priorities

Brent

Workstream 3:Population health management

- Using data and insight to target resources where they are most needed
- **Equity approach:**
  - Use IMD and local intelligence to guide decision-making
  - Apply **proportionate universalism**:
    - Universal services for all
    - More intensive support for communities with the greatest need
- **Proactive approach**
  - Reaching patients with unmet clinical/ social needs
  - Moving away from an events-based approach
  - Targeted data driven proactive care

Map 2: Index of Multiple Deprivation: Brent LSOAs that are within the 10% most deprived LSOAs in England, comparison of 2019 to 2025



Source: English indices of deprivation 2025 - Ministry of Housing, Communities & Local Government
Created by Brent Data & Insight Team © Crown copyright and database rights 2025 Ordnance Survey AC0000851092

Brent

This page is intentionally left blank

Brent NHS North West London	**Brent Health and Wellbeing Board** 29 January 2026
	Report from the Director of Public Health
	Lead Cabinet Member for Adult Social Care, Public Health and Leisure – Cllr Neil Nerva
Public Health Annual Report (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 – Brent Public Health Annual Report 2025
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Janice Constance Principal Public Health Strategist Janice.constance@brent.gov.uk

1.0 Executive Summary

1.1. This report presents the Public Health Annual Report (PHAR) to the Health and Wellbeing Board.

1.2. The purpose of this report is to highlight how Public Health in Brent is addressing health inequalities through community centred approaches, with a focus on Community Engagement, Social Capital, and Radical Place-Based Leadership. The PHAR uses case studies to demonstrate how these approaches are being applied in practice and how they contribute to prevention, access and improved experiences for residents.

2.0 Recommendation(s)

2.1 The Board is asked to:

- Note the content and key messages of the Public Health Annual Report.
- Endorses the continued use of community-centred and place-based approaches to reduce health inequalities across Brent.

3.0 Detail

3.1 **Contribution to Borough Plan Priorities & Strategic Context** *(to be used for all corporate reports)*

3.1.1 The Public Health Annual Report supports delivery of the Brent Borough Plan 2023-2027, by focusing on prevention, reducing health inequalities and strengthening communities. The report also aligns with local NHS priorities, including neighbourhood-based care, by using place-based insight to inform how services are delivered. This has supported more targeted use of resources, such as community-based vaccination delivery, improving access for residents.

The report aligns with a number of other relevant Brent Strategies and plans including:

- Brent Joint Health and Wellbeing Strategy 2022-2027: The borough's collective vision for improving health and reducing inequalities, developed in partnership with residents, health organisations and the voluntary sector.

- Homelessness and Rough Sleeping Strategy 2020-2025: By highlighting work supporting people with housing insecurity and related health barriers.

- Brent Local Plan 2019-2041: Which sets out long-term development priorities including access to community infrastructure that supports health and wellbeing.

- Equality, Diversity & Inclusion Strategy 2024-2028: Reinforcing commitments to tackling inequality and ensuring services are accessible for diverse communities.

- Data and Insight Strategy 2023-2027: Supporting the use of data to understand local needs (including health inequalities) and inform targeted interventions.

These strategies provide the strategic and corporate context for the report's recommendations and the ways in which Public Health is working alongside other council functions and partners to achieve shared outcomes.

3.2 Background

3.2.1 The Public Health Annual Report is a statutory responsibility of the Director of Public Health. For 2025, the report adopts a thematic approach rather than focusing on a single health topic. This reflects the increasing importance of trust, relationships and local delivery in addressing complex and persistent health inequalities.

The report draws on examples from across the Public Health department and partner organisations, illustrating how community-centred approaches support prevention, improve access to services, and strengthen system working.

4.0 Stakeholder and ward member consultation and engagement

4.1 The Public Health Annual Report was informed by extensive engagement with internal Public Health teams, council departments, NHS partners, voluntary and community sector organisations, and residents. Many of the case studies included in the report are based on co-produced work with communities. While

the report itself does not require formal consultation, its content reflects ongoing engagement and partnership working across the borough.

5.0 Financial Considerations

5.1 None at this stage

6.0 Legal Considerations

6.1 There is no legal implications arising from this report. The publication of the Public Health Annual Report supports the Director of Public Health's statutory responsibilities under the Health and Social Care Act 2012.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 The Public Health Annual Report has a strong focus on addressing health inequalities and supporting groups protected under the Equality Act 2010. The case studies demonstrate how services are designed and delivered in ways that improve access for communities experiencing disadvantage, including ethnic minority communities, people with disabilities, asylum seekers and refugees, and those experiencing social exclusion. The report therefore positively supports the Council's Public Sector Equality Duty and health equity objectives.

8.0 Climate Change and Environmental Considerations

8.1 The report does not have direct climate change implications. However, several approaches highlighted in the report, such as delivering services locally, using community assets, and working in neighbourhood settings, support more sustainable ways of working by reducing travel and making better use of existing spaces.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 None

10.0 Communication Considerations

10.1 The Public Health Annual Report will be published and shared with partners, stakeholders and the wider public. Key messages from the report may also be used to support internal and external communications, including engagement with communities and partners, and to inform future strategic discussions.

Report sign off:

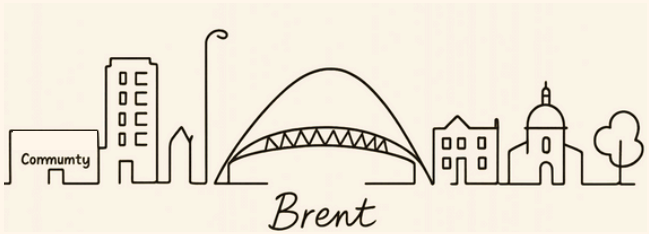
Ruth du Plessis
Director of Public Health

This page is intentionally left blank

BRENT
PUBLIC HEALTH ANNUAL REPORT - DRAFT

2025

Contents



Foreword

Director of Public Health

I am delighted to introduce this year's Public Health Annual Report, which celebrates the work we have done together with our communities, partners and colleagues across Brent.

This report takes a different approach. Rather than focusing on specific health outcomes or services, it explores the ways we are deepening our connections with the people who live and work here, placing community engagement, social capital and radical place-based leadership at the heart of public health.

The challenges our residents face are complex, and health inequalities persist. We know that achieving lasting change cannot be done by one organisation or sector alone. It requires us to work alongside communities, listen to their voices, and co-create solutions that reflect their lived experiences and aspirations.

Throughout these pages, you will find powerful examples of how this is already happening; from grassroots projects led by residents, to new cross-sector partnerships, and innovative ways of sharing data and insight. Each example shows how building trust, fostering collaboration, and investing in relationships can spark meaningful change.

I am proud of what we have achieved together, and hopeful about what lies ahead. My thanks go to all our partners, community organisations, and residents who have contributed their time, expertise and energy to this work.

Together, we can continue to shape a fairer, healthier and more connected Brent.

Dr Melanie Smith
Director of Public Health
London Borough of Brent

Foreword

Cllr Nerva - Lead Member for Public Health

I am delighted that this year's Public Health Annual Report shines a spotlight on the work we have done to strengthen community engagement, deepen social connection, and lead differently across Brent. The voice of our communities has shaped every page of this report, reminding us that meaningful and lasting change happens when we listen to our residents' lived experiences and act on what they tell us.

I am incredibly proud of the quality and range of work we have delivered together: from creating trusted spaces in libraries, hotels, and high streets, to pioneering new partnerships in factories, schools, and faith settings. We have learned powerful lessons about what works – that trust takes time, that relationships are as important as outcomes, and that health happens in the everyday places people live their lives.

A very special thanks goes out to all our partners and to the residents who have so generously and bravely shared their stories. Their honesty ensures our work stays grounded, ambitious, and aligned to what Brent's communities truly need.

Page 4

Introduction

Our approach

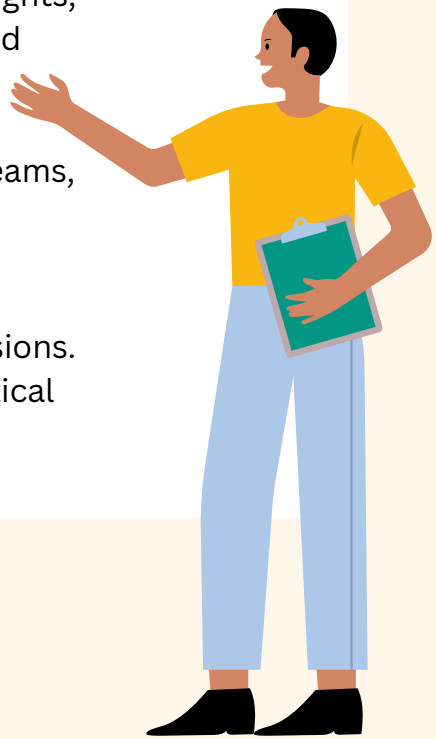
This report is organised thematically around three core areas: Community Engagement, Social Capital, and Radical Place-Based Leadership. These themes capture how Brent is working differently to deliver public health in ways that are rooted in people, place, and partnership.

Each section of the report is brought to life through detailed case studies. These real examples describe what the project was about, what made it stand out, and what we learned along the way. They highlight not only outcomes but also the processes and relationships that shaped the work.

Our approach combines quantitative data, such as uptake, demographics, and outcomes, with qualitative insights, including quotes, feedback, and lived experience. This ensures we present a rounded picture that goes beyond numbers to capture the voices of residents and partners.

The report is also the product of collaboration. Content has been drawn from across our Public Health sub-teams, commissioned services, and community partners, ensuring that it reflects the breadth and diversity of work happening in Brent.

Finally, this report is designed to be honest and reflective. Alongside successes, we share challenges and tensions. By being transparent, we aim to ensure the report is both a celebration of what we have achieved and a practical tool for learning and future planning.



Introduction

Why this report?

- **To capture and celebrate our work**

This report highlights the creativity and commitment of Brent's Public Health team and partners. It tells the story of projects that go beyond business-as-usual, often working in new spaces with new approaches.

- **To showcase impact through real examples**

Case studies bring our work to life; from libraries becoming fitness hubs, to chicken shops offering healthier options, to research that reframed gambling as a public health issue.

- **To provide an evidence base for decision-making**

By collecting data, feedback, and learning, the report strengthens our understanding of what works. It supports future planning across the Council, NHS, and community partners.

- **To reflect on learning and challenges**

Not everything went smoothly, and that's important. This report is honest about barriers and tensions, sharing what we'd do differently next time so that we can continue improving.

- **To influence and inspire**

Brent is showing leadership in how public health can be delivered at a local level. By sharing our approach, we aim to shape wider conversations at regional and national levels.

✨ This report is more than a summary of activities. It is a statement of how Brent Public Health is working differently: engaging with residents, strengthening connections, and leading in place.

Introduction

Themes at a glance

Community Engagement

Bringing services and conversations directly to residents, listening to their experiences, and co-creating solutions that reflect local needs.

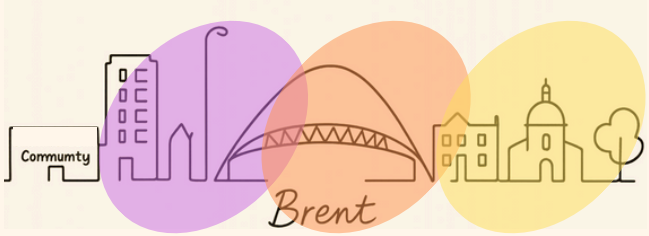
Social Capital

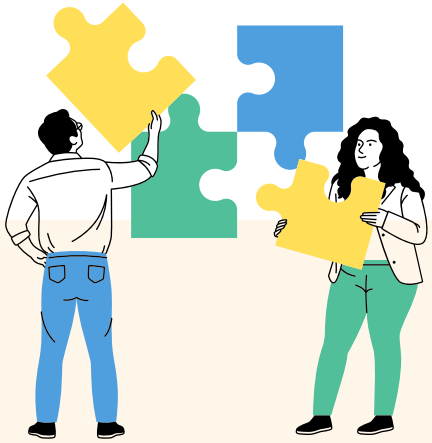
Strengthening relationships, trust, and networks within and between communities so that people feel supported, connected, and able to thrive.

Radical Place-Based Leadership

Leading differently by working with partners and residents to tackle wider factors shaping health and adapting services to local needs.

✨ Together, these themes highlight how Brent is reshaping public health — making it more inclusive, responsive, and rooted in place.





Introduction

Summary of our communities in Brent

Around

90

different languages are spoken in Brent, with over a third of residents using a main language other than English.

(Census, 2021)

65%

of residents are from Black, Asian & minority ethnic groups

(Census, 2021)

Brent is home to

339,800

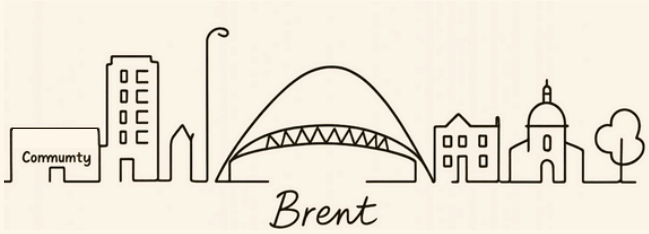
residents, making it the 5th largest borough in London

(Census, 2021)

56%

of residents were born outside of the UK

(Census, 2021)

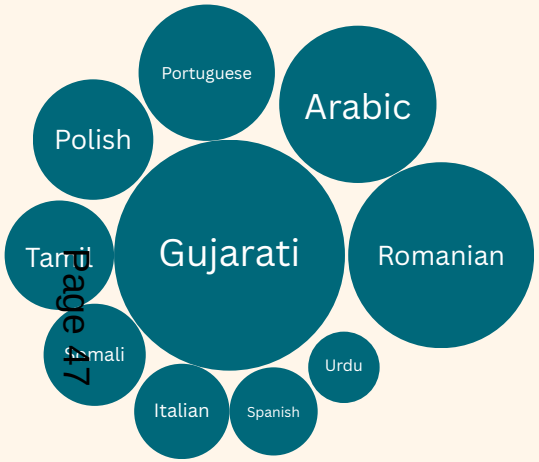


Brent

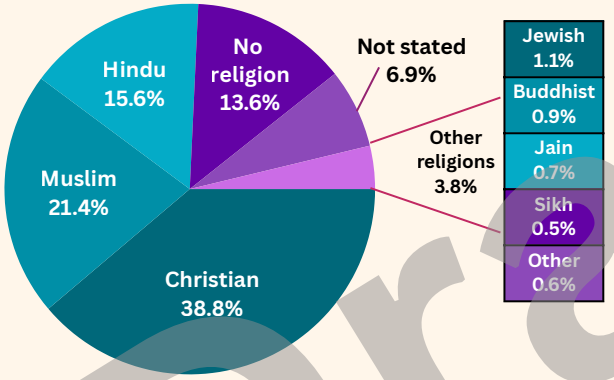
Introduction

Summary of our communities in Brent

Top 10 language groups in Brent (exc. English)
Populations range from 3,015 (Urdu) up to 21,513 (Gujarati)

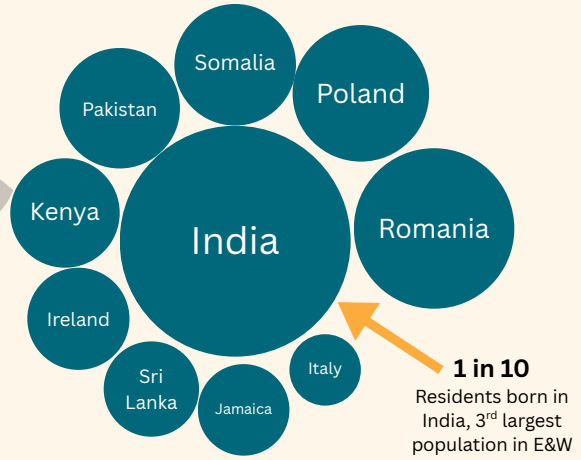


Population by religion, Brent, 2021
Census question: What is your religion?



	Population
Christian	131,914
Muslim	72,574
Hindu	52,876
Jewish	3,723
Buddhist	3,117
Sikh	1,530
Other religion	4,424
- of which, Jain:	2,488
No religion	46,153
Not stated	23,506
Total	339,817

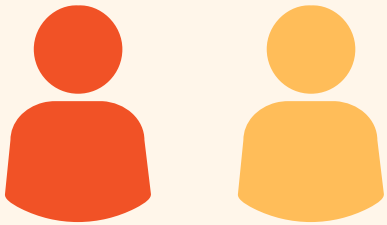
Top 10 countries of birth, Brent, 2021* (exc. those born in the UK)
Population size ranges from 4,662 (Italy) up to 35,203 (India)



Population Split by Sex
(as declared in the census)

49% Male

51% Female



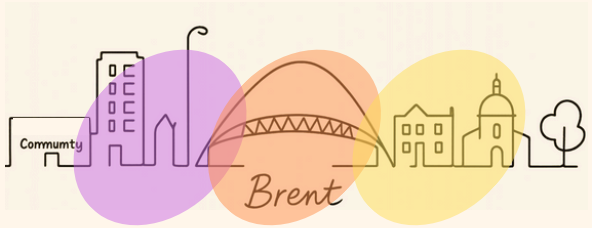
Population change in Number of Children by Age Group, 2011–2021

20,000 Children aged 0-4years

▼ 11% from 2011 to 2021

40,700 Children aged 5-14years

▲ 11% from 2011 to 2021



Population Change by age: % Change

Brent, 2011 to 2021

Age group	Population Change
0 - 14years	+3%
15 - 64 years	+9%
65+ years	+21%

Theme 1: Community Engagement

Community Engagement

What does this mean in practice?

Community engagement in Brent is about more than consultation or one-off events. It is the ongoing process of working with residents, communities, and organisations to shape services, strengthen trust, and create healthier, more resilient places.

In practice, this means:

- **Listening actively:** Creating spaces where residents feel comfortable to share their experiences, concerns, and ideas.
- **Sharing power**: Involving communities not just as participants, but as partners in shaping priorities and designing solutions.
- **Building trust:** Working through trusted networks, leaders, and community spaces to ensure services feel relevant, accessible, and inclusive.
- **Celebrating culture and diversity:** Recognising that Brent's communities bring creativity, knowledge, and strengths that can enrich how services are delivered.
- **Focusing on relationships:** Valuing the networks between residents, organisations, and services as much as the outcomes themselves.

Why it matters:

- Strong engagement helps us understand local needs better and tailor services to what really works.
- It increases confidence in services, encouraging people to access support earlier and more often.
- It strengthens social connections between residents and organisations, helping to build the social capital that underpins healthier communities.

✨This section of the report showcases examples of how community engagement is already being put into practice across Brent. From cultural events that open doors to health services, to grassroots partnerships that build trust and resilience, the case studies highlight the power of engagement to create meaningful change.

“Carnival de Livro”

Background

Public Health Brent, Brent Libraries, Brent Health Matters and the NHS hosted “Carnaval de Livro” at Harlesden Library. This event was a celebration of Brazilian Carnival with a focus on books, culture, and health. The event aimed to reduce language barriers for Portuguese and Brazilian residents, promote English literacy, and increase engagement with local services. By blending celebration with health promotion, it supported wider goals of inclusion, wellbeing, and reducing inequalities.

Approach

The event strengthened connections between residents and Harlesden Library, positioning it as a welcoming hub for culture, learning, and health. Activities encouraged reading for pleasure and greater use of English among Portuguese speaking communities, supporting integration and inclusion. Alongside this, residents were offered health checks, advice on immunisation and medication, and access to wellbeing services such as talking therapies and physical activity sessions. By combining celebration, learning, and health promotion, the event created an inclusive space that built confidence and encouraged participation.

What made it different?

- Brought residents, community organisations, and service providers together under one roof.
- Prioritised inclusivity by tackling language and cultural barriers.
- Took a community-led approach, with residents as active contributors rather than passive attendees.
- Sparked new partnerships and ways of working for future events.

Learning

Over **750** residents attended the event, though only 12% were from the Portuguese and Brazilian communities it aimed to reach. Stronger, more targeted communications are needed to ensure future events reach their intended audiences more effectively.

Smiles & Support: Engaging Families Through School-Based Oral Health Assessments

Background

The Oral Health in Schools Project was developed to tackle Brent's high rates of childhood tooth decay.

- In 2024, 43.4% of 5-year-olds in Brent had obvious dental decay, compared to the England average of 22.4%.
- Brent also had a higher hospital admission rate for under 5s due to dental caries (362.4 per 100,000 vs 207.2 per 100,000 nationally, 2021 to 2024).

The project aimed to improve oral health for children by providing on-site dental checks in primary schools, applying fluoride varnish, and referring children for further care where needed.

Approach

The Public Health team partnered with NHS Workforce Training and Education to deliver school-based dental checks across the borough. Recognising the opportunity to do more than just provide a health service, the team designed the events to actively engage families with a broad network of local support services.

- Partners included Beezeebodies (healthy weight management team), CLCH school nursing, Whittington Health NHS Trust, Brent Libraries, Brent 4 Life team, Immunisation nurse, oral health promotion, Brent Health Matters, Barnardos, Brent Asthma nurse, Brent Carers Centre and others.
- To encourage children to undertake in the activities of the day, they were rewarded with stickers and small gifts. Multilingual resources were also provided to reduce barriers for parents.
- Letters and sign-up forms were translated using DA Languages, a specialist translation and interpretation service, helping to remove language barriers to participation.

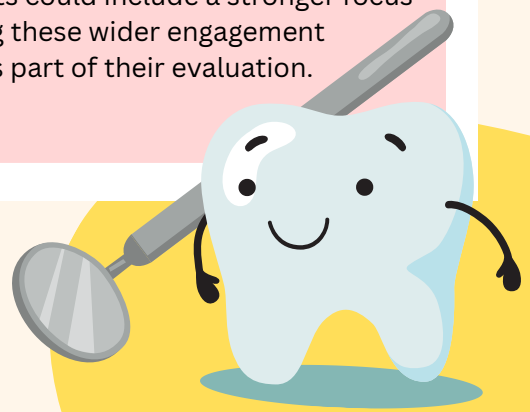
What made it different?

This project showed how a single point of care can become a gateway to wider engagement.

- While families attended for oral assessment, they were also encouraged to learn about other services and support offers.
- The participation of Brent Carers Centre equipped school staff to identify and support young carers.
- Parents were introduced to local services they may not have previously known about, helping them feel more connected and supported.

Learning and Insights

- The project highlighted that engagement can be as valuable as the health intervention itself, building trust and awareness while addressing oral health needs.
- Future events could include a stronger focus on capturing these wider engagement outcomes as part of their evaluation.



Bridging the Gap: Working with Brent's Romanian Community on Tobacco Harm

Background

Smoking prevalence and tobacco related harm remain significant contributors to health inequalities in Brent. The Romanian community forms an important part of Brent's diverse population, with established community networks across the borough. However, engagement with formal stop tobacco services has historically been lower than expected, and routine public health data provides limited insight into attitudes towards smoking within this group.

The Romanian Community Engagement Project was designed to build stronger connections between Brent's Stop Tobacco team and the local Romanian community. The aim was to raise awareness of tobacco harms and improve referrals to stop smoking support, while also learning more about the community's needs and perspectives.

Approach

The project commissioned a native-speaking community worker and researcher to act as a bridge between residents and health services. This worker gathered insights from the community and communicated public health messages in a culturally appropriate way. Working closely with a community lead and champion helped build trust and opened doors that might otherwise have remained closed.

What made it different?

This initiative stood out because it prioritised trust and rapport over quick wins. Engagement with the Romanian community required patience, respect, and consistent presence. By commissioning local voices to take the lead, the project ensured that engagement felt genuine and rooted in the community's own networks. It also demonstrated that investing in relationships is as important as the health outcomes themselves.

Learning

The work showed that community-led approaches are vital when working with populations that may be more reserved in engaging with statutory services. Regular check-ins with community leads were essential for aligning expectations, as partners did not always have direct experience of delivering tobacco cessation programmes.

Also, strong relationships with community leads and the use of a trusted native-speaking worker provided the foundation for meaningful engagement.

Next steps

The Stop Tobacco team plans to replicate this community engagement model with Brent's Brazilian community, adapting the approach to reflect local needs while keeping trust-building at its centre.

Taking Vaccines and Health Support into the Heart of Communities

Background

Since the start of the Covid-19 pandemic, Brent Public Health has worked in close partnership with the NHS North West London Roving Team to deliver immunisations directly to residents. The project began with Covid-19 vaccinations, particularly targeting underserved and hesitant communities, and has since expanded to include flu vaccines, children's immunisations, and Making Every Contact Count (MECC) health advice. By taking services out into community settings: from buses parked on high streets to pop-ups in libraries and supermarkets, the project ensured residents could access vital health protection in familiar, trusted spaces.

Approach

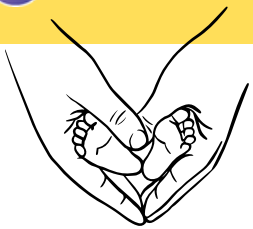
The success of the project rested on strong multi-agency collaboration. Public Health, NHS delivery leads, and community organisations worked together to design and adapt the service, using data and local intelligence to identify priority areas. In 2025 alone, the partnership delivered **78 community-based vaccination events**, combining a mobile "bus" model with static locations. Public Health staff were present at each session to engage residents, answer questions, and provide wider health advice. Alongside vaccination delivery, around **1,395 residents** were engaged through MECC conversations, with the true figure likely higher due to incomplete data capture across a small number of events.

What made it different?

This was not just about vaccination delivery, it was about partnership and trust. Teams worked flexibly, sharing honest feedback to improve delivery, while nurses often stepped outside the bus to talk with residents more informally, echoing the approach of community health workers. Working in visible, accessible locations such as supermarkets, central squares, and libraries also created new relationships with local businesses and reinforced trust with residents.

Learning

The project showed that flexibility and patience are key when working with communities. Despite challenges around clinical governance, processes and access to data, residents experienced a seamless, community-focused service. In 2025, the programme delivered **302 vaccinations (55 Covid and 247 flu,** delivered with the Roving Team and Oxgate Surgery), demonstrating that joint working, supported by leadership, trust and practical enablers such as parking support, can have a measurable impact on uptake.



Nurturing Early Bonds: Perinatal Mental Health and Parent-Infant Relationships

Background

Brent was one of 75 local authorities funded by the Department for Education, the Department for Health and Social Care, and the Department for Housing, Levelling Up and Communities to deliver the Family Hubs and Start for Life programme.
Within this, the Perinatal Mental Health and Parent-Infant Relationship strand was developed to improve access to support for Brent's parents and families experiencing mild to moderate perinatal mental health challenges or parent-infant attachment and bonding difficulties.

Approach

The project combined mapping existing services with listening sessions and workshops involving Brent parents. Their lived experiences directly influenced the design of the new Parent-Infant Relationship Service.

Parents explained that existing support often felt "hard to navigate", which led to the creation of a single, clearer referral pathway. Others said that speaking to peers felt less intimidating than clinical settings, so volunteer-led home visits and parent groups were added. Parents also emphasised the importance of continuity; "I didn't want to repeat my story over and over", which shaped how professionals and volunteers now coordinate support.

By embedding these voices from the start, the service was designed to be simpler, more welcoming, and better aligned to real family needs.

What made it different?

The project took a strong community engagement approach from the outset. The team worked with local parents, carers, and frontline professionals to map out existing services and identify key gaps in provision.
Through one-to-one interviews, workshops, and co-design sessions, families were given a platform to share their lived experiences and shape what support should look like. This insight directly informed the creation of a new Parent-Infant Relationship Service — ensuring the service reflects local needs and is accessible and welcoming to families.
By including community voices at every stage, the work has created a service pathway rooted in local insight and shaped by those it aims to serve.

Learning and Insights

The team gained a deeper understanding of the barriers Brent families face when seeking help for perinatal mental health, including stigma, confusing referral pathways, and limited awareness of support options.

They also learned that creating trust takes time: co-production requires space for listening, iteration, and sustained relationships. If done again, they would begin engagement and design work earlier to allow more time for this process.

Theme 2: Social Capital

Social Capital

What does this mean in practice?

Social capital is about the relationships, trust, and networks that exist between people and organisations. These connections shape how communities support each other, how information flows, and how services are accessed. In Brent, where diversity and resilience are defining strengths, social capital is a vital foundation for health and wellbeing.

In practice, this means:

- **Building trust:** Creating reliable, consistent relationships between residents, services, and organisations.
- **Creating safe spaces:** Where people feel confident to connect, share experiences, and support one another.
- **Encouraging peer support:** Recognising that people often learn best and change most when encouraged by those they relate to.
- **Linking networks:** Strengthening connections between different community groups, businesses, faith organisations, and services.
- **Investing in relationships:** Valuing the time and effort it takes to build lasting, meaningful connections.

Why it matters:

- Strong social capital helps reduce isolation and improves resilience, particularly for groups who may be marginalised or face inequalities.
- It creates a sense of belonging and mutual support, which is critical for mental and emotional wellbeing.
- It enhances the reach and effectiveness of public health work, as messages and services are shared through trusted networks.

This section of the report showcases how Brent's Public Health work has helped strengthen social capital. From fitness programmes in hotels that created community for refugees, to creating safe spaces in the community using the libraries, these case studies highlight how stronger connections lead to healthier communities.

Fuelling Community Connections: Building Social Capital Through Food

Background

In the beginning of summer, Brent Public Health teamed up with The Felix Project, Volunteers on Wheels, and Brent Health Matters (BHM) to redistribute surplus fresh fruit and vegetables to residents at community health events.
The project aimed not only to increase access to healthy food and promote better diets, but also to strengthen local connections between residents, community organisations, and public health teams, helping to build trust and shared ownership of health outcomes.

Approach

Brent Health Matters identified existing summer community events where the offer could have the greatest impact, starting with the South Kilburn CarniVale, a wellness festival in an area with high deprivation and health inequalities. The team set up a produce gazebo alongside health checks and advice stalls, encouraging residents to visit all service providers and then collect a free bag of fresh produce. Volunteers supported residents through the event, helping them access health checks and sparking conversations about healthy eating.

What made it different?

This project used food as a connector, turning the simple act of giving away surplus fresh produce into a way of building social networks and trust. It brought together diverse organisations, from grassroots youth groups to local schools and arts collectives, to support residents' health in an informal, non-stigmatising way.
It showed how collaboration and shared purpose can strengthen relationships between local groups and the council, while offering something tangible and immediate to residents.

Learning

Providing fresh produce alongside health checks boosted engagement and created natural opportunities to talk about healthy eating. Informal conversations between organisations at the event unlocked further collaborations, leading to surplus food offers at Kilburn Grange Primary School's Summer Fair, Kilburn Park Festival, and Divine Purpose's Summer Barbecue.

Building Recovery Together: B3 and BSAFE Community-Led Support Network

Background

B3 and BSAFE work together to support people in Brent who are in recovery from drug and alcohol misuse. BSAFE provides a vital weekend social space, offering peer support and a safe environment when other services are closed. While B3 focuses on peer-led recovery and lived experience support. The project is aimed at residents in recovery or seeking recovery, as well as those at risk of homelessness or social isolation.

Approach

The B3 and BSAFE network was shaped through a bottom-up, community-led model. From the outset, people with lived experience of substance misuse were involved in designing how the service would work, ensuring that it reflected the realities and priorities of those it aimed to support.

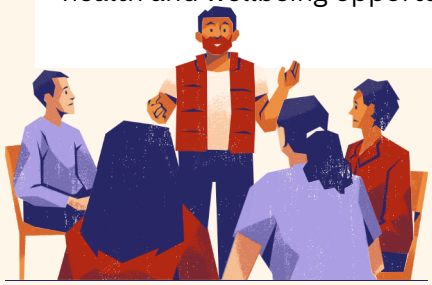
Local community organisations, recovery groups, and peer mentors were brought together to co-produce a shared vision for the network. Regular forums and workshops created safe spaces where partners and residents could share insight, shape activities, and build collective ownership of the support offer.
This collaborative approach helped strengthen trust between services and residents, while building a supportive community culture that encouraged people in recovery to stay engaged, support one another, and access wider health and wellbeing opportunities.

What made it different?

This work stands out for its community-led, peer-driven approach. Both B3 and BSAFE are run by and for people with lived experience, which creates an atmosphere of trust, belonging, and mutual understanding. They bring services directly to residents, for example, hosting on-site HIV testing, liver scans, and health checks, and partnering with organisations like Brent Health Matters, Crisis, and the Hepatitis C Trust. They also build community through creative and social activities such as art groups, karaoke nights, theatre collaborations, and celebrations like Recovery Month and International Women's Day.
A key strength is how they connect people to wider opportunities, from volunteering and employment to education and actively reduce barriers between services and the people who need them.

Learning

The project has shown that safe, welcoming, non-judgemental community spaces can be life-changing. Many members describe B3 and BSAFE as their lifeline, especially during weekends or holidays when other services are closed.
It also highlighted that recovery support is most effective when it's social, inclusive, and enjoyable, not just clinical. By embedding fun, creativity, and celebration into their work, B3 and BSAFE have helped people sustain recovery and improve wellbeing.



Swing Box Fitness – Building Strength, Building Community

Background

Refugees and asylum seekers staying in Wembley hotels often face loneliness, isolation, and barriers to looking after their health. To address this, Brent Public Health developed Swing Box Fitness: exercise sessions using existing hotel equipment to promote both physical and mental wellbeing. The programme offered women-only, men-only (later mixed), and mother-and-baby sessions to ensure inclusivity and comfort for all participants.

What made it different?

By transforming a hotel space into a hub for movement and mutual support, Swing Box Fitness showed how health programmes can also serve as community-building interventions. Participants didn't just exercise, they shared stories, encouraged each other, and built confidence together. The inclusion of women-only and mother-and-baby groups gave individuals with specific needs safe spaces to connect, strengthening trust and belonging among people who often feel cut off from wider society.

Approach

The sessions were not just about physical activity, but about connection. Instructors provided empathetic, trauma-informed support, creating psychologically safe spaces where participants felt motivated and respected. A WhatsApp group helped participants stay connected outside of sessions, sharing reminders and encouragement. The programme evolved in response to participants' feedback, for example, extending instructor-led sessions when guests said they felt more engaged with that support.

At its heart, Swing Box Fitness created opportunities for bonding and bridging connections. Trust grew between guests, instructors, and staff, building a sense of solidarity within the hotel community. Peer encouragement and shared participation helped reduce isolation and sparked small but meaningful networks of support.

Learning

The programme highlighted the importance of social connection as a health outcome in itself. Many participants valued the shared sense of community as much as the exercise. However, challenges included limited private space and the difficulty of sustaining engagement beyond the initial enthusiasm. A dedicated, protected fitness area would have supported longer-term participation and strengthened community ties further.

Warm Welcome Spaces Library Exercise Project

Background

The Warm Welcome Spaces campaign set out to provide safe, warm, and welcoming locations for residents during winter, helping tackle issues such as poverty, isolation, and cold housing. Brent Council's six libraries registered as Warm Welcome Spaces, and Public Health partnered with Brent Libraries and exercise provider Our Parks to pilot a 10-week programme of free exercise classes delivered in the library setting.

The project aimed to break down barriers to physical activity, particularly for residents who faced financial constraints or felt unable to access traditional venues like gyms. By bringing physical activity into trusted, accessible community spaces, it offered residents both warmth and wellbeing support.

Approach

The project reimagined libraries as hubs not just for learning, but for health and wellbeing. Exercise sessions were delivered in the familiar, non-traditional setting of the library, creating an inclusive environment where residents felt comfortable joining in. This approach helped attract participants who were largely inactive before the programme, providing them with an entry point into physical activity that was both accessible and free.

What made it different?

What set this project apart was the way it targeted residents who faced multiple barriers to activity. Over **270** residents took part (with **68%** living in areas of income deprivation), with most reporting less than 30 minutes of weekly activity beforehand. The sessions attracted a broad mix of participants; most were aged between 40–69, the majority from ethnically diverse backgrounds, and many living in areas experiencing high income deprivation.

Resident feedback highlighted how the sessions improved physical health, boosted confidence, and created opportunities to connect socially. The data collected provided strong evidence of impact, which supported the decision to extend the programme beyond the pilot. Free exercise sessions are now embedded across Brent libraries throughout the year, turning them into community spaces where health and social connection thrive.

Impact in residents words

- ***"Tai chi exercises help me keep physically fit, mentally alert, and I enjoy it. Before this, I never did any exercises. I am mentally and physically more alert and moving better and feel good all round. I've made a few friends at the session."***
- ***"I find the classes very relaxing mentally but also feel energised. I enjoy exercising there with my friends."***

Strengthening Early Connections: Start for Life Project

Background

The Healthy Start Project aimed to improve infant feeding, breastfeeding support, and perinatal wellbeing for families with babies and young children in Brent.
It brought together five connected workstreams:

- Expanding the Infant Feeding team with new capacity, including a Specialist Lactation Consultant, and embedding the team more visibly in community spaces.
- Commissioning a Breastfeeding Peer Support Service run by the Breastfeeding Network, training local parents to support and educate other families.
- Developing a breast pump loan scheme and providing new equipment to professionals to improve equity in breastfeeding support.
- Rolling out the Anya App; a 24/7 pregnancy, parenting and breastfeeding support app, featuring AI chat and 3D learning tools.
- Co-producing a communications and engagement plan with local parents to develop culturally resonant messages about perinatal mental health and infant feeding.

Approach

The approach combined professional expertise with community-led support, deliberately creating more accessible, resident-led services while also strengthening the infrastructure behind them. Training and relationship-building with health visitors and infant feeding staff were prioritised so that digital tools and new services would be embedded and trusted.

What made it different?

This project stood out for its investment in social networks and trust. Instead of relying solely on professional services, it empowered local residents as peer supporters and created a more consistent wraparound offer.
By pairing community-led support with digital tools and professional expertise, the project strengthened the web of connections around new parents, helping them feel supported, informed and less isolated.

Next Steps

The project laid strong foundations of trust and collaboration with local services. Continuing to build on these relationships will encourage future joint working, with partners more willing to engage because they have seen the local authority deliver on its commitments.

Brent

SUPPORT

Men's United: Building Bonds, Rebuilding Lives

Background

Launched in December 2023, Men United began as a health education pilot but quickly evolved into a space centred on connection, belonging and peer support. Feedback from participants made clear that men were not just seeking information, but somewhere to feel heard, valued and supported without judgement.

Based in Harlesden, the project operates from the Methodist Church, offering warmth, food, toiletries and companionship. Since launching in December 2023, the group has delivered an estimated **89 weekly sessions**, welcoming between **20 - 34** men each week. Over time, the project has engaged at least **250** individual men, with new participants continuing to join regularly.

What made it different?

Men United prioritises human connection over transactions. Rather than relying on signposting alone, the team provides hands-on support, helping men make phone calls, attend appointments, and navigate complex systems together. This relational approach has supported men to register with GPs, access housing adaptations, receive treatment for substance misuse, and secure financial support through benefits.

The project is underpinned by extensive partnership working. Partners include the Methodist Church, B3, Via, GamCare, BetKnowMore, CNWL, Brent Health Matters, Crisis, Adult Social Care, Radical Place Partnership, housing providers, community organisations, and local businesses, creating a broad network of support around participants. Through shared meals, conversation and laughter, men have formed genuine friendships and rediscovered joy. Responding directly to their interests, the team introduced physical activity and group sports, helping rebuild confidence and motivation. One participant has since moved into paid employment through the initiative, strengthening the project's peer-led ethos.

Learning and Impact

The success of Men United lies in the power of relationships. Trust, consistency and empathy have enabled men facing multiple disadvantages to re-engage with services and with one another. Now supporting between 20 and 34 men each week, the group demonstrates how social connection itself can act as a health intervention, improving mental wellbeing, reducing isolation, and creating pathways to support that might otherwise remain inaccessible.

For many participants, this is the first time in years they have felt part of something larger than themselves: a community built on mutual care, dignity and respect.

Impact in residents words

"I come here because it's like a social club and I've made friends which I haven't done since leaving school really. I've made at least half a dozen friends, and I get to see them regularly, every week. Before this I hardly had any friends and the few I had I wouldn't see them for months on end. Having a chat and a haircut and speaking to others is just so relaxing. It really sorts me out."

Commumty Brent

Theme 3: Radical Place-Based Leadership

Radical Place-Based Leadership

What does this mean in practice?

Radical Place-Based Leadership (RPL) is about reshaping how we lead and deliver health, not from the top down, but from within the places where people live, work, and connect. It means being bold enough to step into spaces not traditionally seen as “health settings,” and flexible enough to adapt services so they work in real-world contexts.

In practice, this means:

- **Going where others don’t:** bringing health services into everyday environments like high streets, factories, hotels, and takeaways.
- **Challenging traditional roles:** taking on issues (such as gambling harms) that sit outside usual public health remits, but which impact local wellbeing.
- **Acting locally, shaping nationally:** using evidence and innovation from Brent to influence wider conversations and policy.
- **Balancing power:** working alongside communities, businesses, and partners to design solutions that reflect the reality of people’s lives.
- **Staying flexible:** adapting quickly when challenges arise, and shaping delivery models that respond to local needs rather than fitting a rigid blueprint.

Why it matters:

- Radical leadership reframes what health looks like, taking it beyond clinics and campaigns into the everyday spaces that shape behaviour and opportunity.
- It helps us address hidden and overlooked inequalities, by reaching people in the places where those inequalities are most visible.
- It positions Brent as a leader and innovator, showing how local action can spark wider impact.

This section of the report highlights examples of Radical Place-Based Leadership in action. From turning chicken shops into health hubs, to reframing gambling as a public health issue, these case studies show how Brent is leading differently, from within communities.

Taking Health and Wellbeing onto the Factory Floor

Background

Brent Public Health has worked with Bakkavor (across three sites) and Greencore (since 2022) to bring health and wellbeing support directly into factories. These workplaces employ large numbers of shift workers who often cannot access traditional health services due to unsociable hours, family commitments, or cultural and language barriers. By entering workplaces and delivering targeted health checks and advice on site, the project aimed to reduce these inequalities and strengthen trust with a workforce that is often unseen in conventional community engagement.

Approach

This initiative required doing things differently. Public Health negotiated with factory managers to release staff from production and used staff canteens and other on-site spaces as health hubs. Sessions were designed to reflect the diversity of the workforce, overcoming language and literacy barriers, and addressing issues raised directly by staff. The model demanded flexibility; early mornings, late evenings, and adapting delivery to the unique conditions of factory life, while maintaining trust and partnership with HR leads and managers.

What made it different?

This project demonstrates radical place-based leadership: going into spaces not traditionally seen as sites of health intervention, adapting delivery models to meet people where they are, and building trust through persistence and visibility. Managers and staff recognised the value of the intervention, and Public Health's continued presence has strengthened relationships that now support repeat access.

Learning

Work with factory staff highlighted systemic barriers: disrupted sleep and nutrition patterns linked to shift work, limited access to primary care for nightshift workers, and cultural differences in health behaviours (such as sourcing medication from overseas). Challenges included securing sufficient release time for staff and overcoming hesitancy, especially around sensitive issues like tobacco use.

Next Steps

The approach offers a template for how health services can operate in non-traditional settings. With strong leadership, partnership, and persistence, this model could be extended to other workplaces in Brent, embedding health into the everyday environments where people live and work.

Mapping Inequalities – The Integrated Neighbourhood Dashboard

Background

The Integrated Neighbourhood Dashboard was developed to give a neighbourhood-level view of health inequalities and the wider determinants that shape them. It brings together population data, deprivation, housing, employment, and GP data on multiple health conditions. The dashboard is aimed at councillors, NHS and public health teams, service providers, and residents. By offering a single, place-based view of health needs, it helps shape decisions about where to focus resources and how to design services around local realities.

Approach

This project took a collaborative, system-wide approach from the outset. Public Health worked closely with the local Integrated Care Partnership (ICP) and neighbourhood teams to agree indicators, design the dashboard, and test its functionality. Since summer 2024, the dashboard has been shared through more than **10** engagement sessions, including meetings with Brent Health Matters neighbourhood working groups, ICP working groups, and neighbourhood-based partners. Once published on Brent's Open Data platform, it has been used to support shared understanding of local need and inform future iterations.

What made it different?

The dashboard represents a shift in how intelligence is used to drive local action. By integrating siloed datasets and presenting them by neighbourhood, it enables services to see not only where health conditions cluster, but also how they intersect with wider social factors like housing and employment.
During the early development of Brent's Radical Place-Based Leadership programme, insight from the dashboard helped identify priority communities (particularly in Harlesden) and supported conversations about balancing prevention with proactive care. The work brought together partners from Public Health, Brent Health Matters, the Integrated Care Partnership and voluntary and community sector organisations, creating a shared evidence base for neighbourhood decision-making.

Learning and Insights

Because the dashboard is public, it attracts users with very different levels of data skills. While it was piloted with multiple stakeholder groups, most feedback focused on the content rather than usability. A key learning is that building a dedicated working group would help maintain engagement and create space for more constructive input.

Next Steps

Future projects could build on this model by embedding multi-agency working from the outset and creating structured feedback loops, ensuring local intelligence continues to drive local action.

The Integrated Neighbourhood Dashboard can be accessed through the Brent Open Data website. https://data.brent.gov.uk/

Link to the Dashboard: Microsoft Power BI

Brent

Making Healthy Start Vitamins Universal in Brent

Background

The Healthy Start card scheme is a national programme providing low-income families with a weekly allowance for fruit, vegetables, and milk, along with access to free vitamins for pregnant women and young children. While the card scheme operates nationally, Brent had no established system for distributing vitamins.

To address this gap, Public Health piloted a universal vitamin dissemination scheme. By making vitamins available to all families, not just Healthy Start cardholders, the project aimed to reduce stigma, promote uptake of the national scheme, and encourage good nutrition practices. Phase 1 distributed vitamins through Family Wellbeing Centres, while Phase 2 extended the offer via Health Visitor new birth visits.

Approach

A single point of contact coordinated the scheme, ensuring clear communication and continuity. The project forged new partnerships with Family Wellbeing Centres, midwifery teams, health visiting services, Brent Hubs, and SUFRA, who helped promote and deliver the initiative.
Innovative methods were trialled to promote uptake, including working with Registration and Nationalities to embed Healthy Start messaging into automated birth registration emails. This approach ensured families received timely information about the scheme at a crucial stage.

What made it different?

The universal approach reduced the stigma often associated with targeted schemes, positioning vitamins as a normal part of early years care for all families. The pilot also strengthened local relationships across services, showing that collaboration can fill gaps where national support and data are lacking.

Learning and Insights

The project highlighted the challenges of limited national promotion and the lack of eligibility data from DWP. Training and education proved essential, particularly for Family Wellbeing Centres and midwifery teams, though hospital-based midwifery was harder to engage than community teams.

Future iterations would need stronger communications support and expertise to promote the scheme more widely, alongside consistent senior management buy-in to cascade messages effectively.

Health on the High Streets

Background

The Healthier Catering Commitment (HCC) is a London-wide voluntary scheme encouraging food businesses to make small menu changes that support healthier choices. In Brent, the Public Health team partnered with Selekt Chicken, Wembley, a takeaway popular with secondary school students, to explore how we could bring health promotion into everyday spaces.

Approach

Rather than giving standard advice, the Public Health team worked with the takeaway manager to co-design tailored changes. A new student offer of grilled wings and salad was introduced, and the drinks cabinet was rearranged to put water at eye level, with sugary drinks moved out of sight. These small but visible shifts aimed to make healthier choices the easier option in a familiar, trusted space.

What made it different?

This project is a clear example of radical place-based leadership. By stepping into a non-traditional health setting, the local chicken shop and working in partnership with the business owner, the intervention met young people where they already are. It showed that public health can extend beyond clinics and campaigns, embedding itself in the everyday spaces that shape behaviour.

Learning

The rearrangement of the drinks cabinet was highly successful, increasing water sales significantly. The new student meal, while less popular due to longer preparation times, revealed key insights: students are open to healthier choices, but convenience is a deciding factor. The project highlighted the need for creative, practical solutions that balance health with the realities of busy young people's lives.

Next Steps

Future plans include expanding this model to other takeaways near secondary schools, and working with students themselves to design healthier meal deals that are both appealing and practical.

Brent

Reframing Gambling as a Public Health Issue

Background

Gambling is usually treated as a regulatory issue, sitting outside the remit of Public Health. In Brent, we took a bold step: reframing gambling-related harms as a public health priority. This work challenged traditional boundaries and placed the issue firmly in the context of health inequalities and community wellbeing.

Approach

With limited datasets available, the team adopted an innovative, local approach by combining quantitative evidence with in-depth qualitative research. By engaging frontline professionals, voluntary organisations, and people with lived experience, we uncovered how deeply gambling harms were affecting residents.
Our mapping highlighted the prominence of betting shops on Brent's high streets, reflecting how embedded gambling opportunities are in the local environment

This evidence base not only informed local priorities but also gained wider attention: it has been briefed to councillors, reported in the media, and even cited in Parliament, strengthening the case for gambling reform and a preventative approach to harms.

What made it different?

This case study positioned gambling harms as a health equity issue, not just a regulatory concern. It demonstrated leadership by moving into an under-recognised policy space and ensuring that findings were disseminated widely, from local councillors to Parliament, amplifying Brent's voice in national reform debates.

Learning

The main learning from this project is that leadership often means going beyond traditional remits and tackling issues that matter to local people, even when they are not expected from Public Health. The team also recognised that mixed-methods and qualitative evidence are essential in making hidden harms visible, and that evidence only shapes debate when it is shared effectively.

Impact

The impact of this work has been significant. Evidence from the report was cited in Parliament by Dawn Butler MP, reported in the media, and used in local campaigns. The work has also shaped Brent's ongoing partnerships with organisations such as the Primary Care Gambling Service and Betknowmore. Importantly, the report continues to provide a robust evidence base that informs both local strategy and national reform discussions.

Summary and Looking Ahead

This Public Health Annual Report brings together examples of how Public Health in Brent has consistently worked alongside communities, partners and places to improve health and reduce inequalities. The case studies reflect an approach rooted in long-standing relationships, local knowledge and collaboration across the Council, the NHS and the voluntary and community sector.

Structured around three core themes; **Community Engagement, Social Capital and Radical Place-Based Leadership**, the report shows how public health activity is embedded in the everyday spaces where people live, work and connect. From schools, libraries and faith settings to factories, high streets and community events, these examples demonstrate how services are most effective when they are accessible, trusted and shaped by local context.

Across the case studies, several shared insights emerge. Meaningful engagement depends on consistency and listening, not one-off interventions. Strong social connections and peer support play a vital role in supporting wellbeing and access to services. And effective local leadership often involves working across traditional boundaries, adapting delivery models and responding flexibly to what communities need.
While activity data is included where available, the report also recognises that some of the most important outcomes, such as trust, confidence and connection develop over time. Together, the qualitative and quantitative evidence shows how community-centred approaches strengthen access, improve experiences and support more inclusive services.

Looking ahead, the learning captured in this report provides a strong foundation for future work. It reinforces the value of continuing to invest in partnership working, place-based delivery and approaches that put people and communities at the centre of public health action across Brent.

Acknowledgements

This report would not have been possible without the dedication, creativity, and passion of so many people across Brent.
We would like to thank:

Colleagues across the Public Health team: For their tireless commitment to improving health and reducing inequalities, and for contributing their time, insights, and case studies to this report.

Brent Council teams and services: Especially Libraries, Family Wellbeing Centres, Brent Health Matters; for their ongoing collaboration and support.

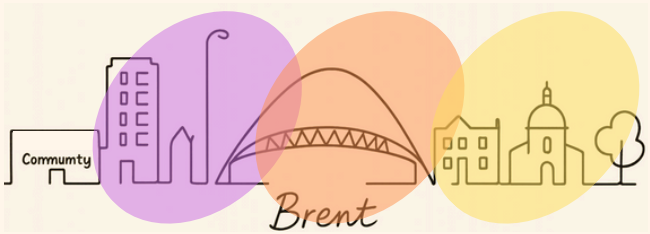
NHS partners, community health teams and primary care colleagues: For their partnership working, flexibility and dedication in reaching our most underserved residents.

Voluntary and community sector organisations: Including local charities, community groups, resident associations and grassroots leaders; for their invaluable role in shaping, delivering, and sustaining the work featured in this report.

Brent residents: For generously sharing their time, experiences, and voices, and for inspiring us to do better every day.

✨This report is a celebration of collective effort. It reflects what is possible when people across sectors and communities come together around a shared purpose: improving health and wellbeing for everyone in Brent.

We extend our sincere appreciation to Janice Constance and the Public Health Team for their invaluable contributions and collaboration in the development of this report.



References

- Brent Joint Strategic Needs Assessment (JSNA) – Brent Council. Brent Joint Strategic Needs Assessment (JSNA) 2023 | Brent Open Data
- Office for Health Improvement and Disparities (OHID). Public Health Profiles. https://fingertips.phe.org.uk
- Greater London Authority (GLA) Population and Demographics Data. https://data.london.gov.uk
- NHS England. Core20PLUS5 Approach to Reducing Health Inequalities. https://www.england.nhs.uk
- The Chief Medical Officer's Physical Activity Guidelines (2019). Department of Health and Social Care. Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK
- The Felix Project – Surplus Food Redistribution. https://thefelixproject.org
- Healthy Start Scheme – NHS Business Services Authority. https://www.healthystart.nhs.uk
- Department for Education & Department of Health and Social Care. Family Hubs and Start for Life Programme (2023). Family Hubs and Start for Life programme - GOV.UK
- Public Health England (now OHID). Health Matters: Addressing Oral Health Inequalities (2021). Inequalities in oral health in England

Brent NHS North West London	**Brent Health and Wellbeing Board** 29 January 2026
	Report from the Director of Brent Health Matters
	Lead Cabinet Member for Adult Social Care, Public Health and Leisure – Cllr Neil Nerva

Impact and Outcomes of the Brent Health Matters programme

Wards Affected:	None.
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 – BHM Achievements and Outcomes Presentation
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Nipa Shah (Director of Brent Health Matters) Nipa.shah@brent.gov.uk 07918377322

1.0 Executive Summary

1.1. To update the board on the impact and outcomes of the Brent Health Matters adults programme.

1.2. To update the board on the programme's achievements, challenges and future plans.

1.3. To inform the board of peer review commissioned with Local Government Association (LGA)

2.0 Recommendation(s)

2.1 To note the impact and outcomes of the Brent Health Matters adults programme.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The Brent Health Matters programme aligns with the 'A Healthier Brent' priority within the Borough Plan. It particularly focusses on the outcome of tackling health inequalities in Brent, through various initiatives delivered in the community. The impact and outcomes report attached to this report highlights the impact of the programme against several health inequalities measures.

3.2 Background

3.2.1 Brent Health Matters was set up in September 2020, following the first wave of COVID when Brent was disproportionately affected with number of cases and number of deaths.

3.2.2 Funding for the Clinical and Mental Health teams came from NWL ICB following a business case. Funding for the council employed team and Health Educators (provided by a consortium of voluntary organisations) came from a Public Health grant. Funding for CYP team came from NWL ICB HI allocation for Brent. This funding finishes in March 2026. We are in the process of writing a business case for ongoing funding.

4.0 Stakeholder and ward member consultation and engagement

4.1 Not applicable.

5.0 Financial Considerations

5.1 None.

6.0 Legal Considerations

6.1 None.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 None.

8.0 Climate Change and Environmental Considerations

8.1 None.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 None.

10.0 Communication Considerations

10.1 The annual report for 2024/25 Brent Health Matters programme has been produced. Following review and approval by senior managers and the Lead Member, it is expected to be published to stakeholders and the community in February 2026.

Report sign off:

Rachel Crossley
Corporate Director of Service Reform and Strategy

BHM outcomes and impact

Health and Wellbeing Board
29 January 2026

Brent

COLLABORATE PROACTIVELY

LEAD INCLUSIVELY

EMBRACE CHANGE

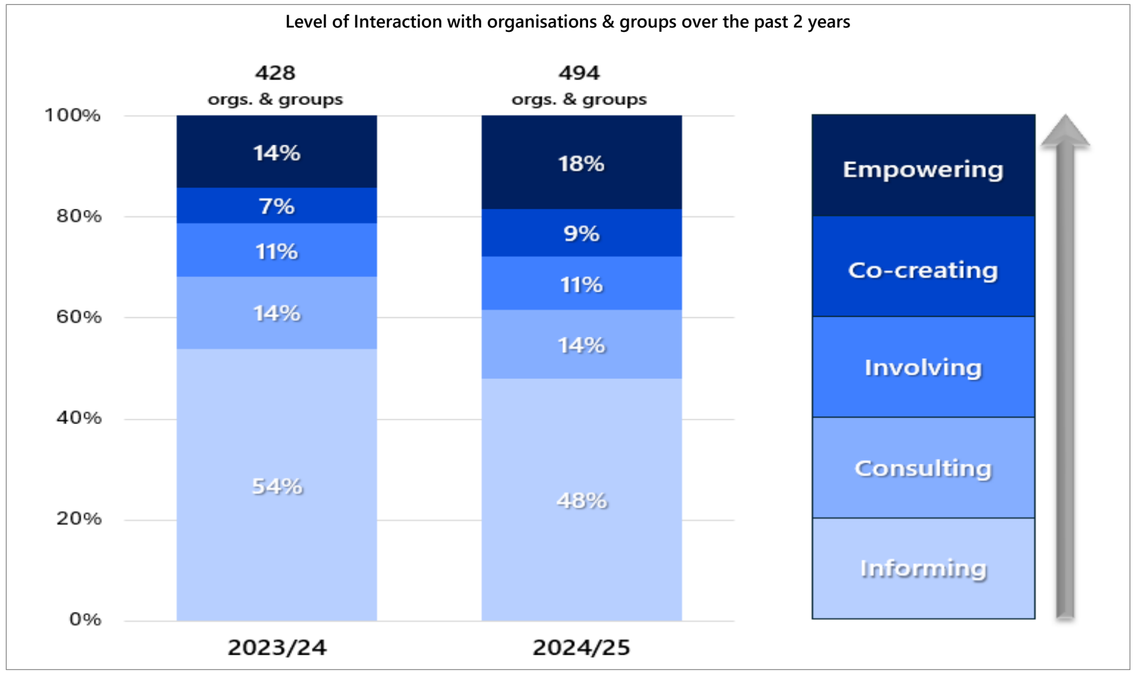
BE BOLD AND CURIOUS

CELEBRATE AND SHARE OUR SUCCESS

Introduction

- Brent Health Matters was set up in September 2020, following the first wave of COVID where Brent was disproportionately affected with number of cases and number of deaths.
- Funding for Clinical and Mental Health team came from NWL ICB following a business case and funding for the council employed team and Health Educators (provided by a consortium of voluntary organisations) came from Public health grant.
- Funding for CYP team came from NWL ICB HI allocation for Brent. This funding finishes in March 2026. we are in the process of writing a business case for ongoing funding

Community engagement



BHM have been working on engagement with community organisations from the start, but we have been collecting data on the ladder of participation data over the last 2 years. The number of organisations that we have engaged with, and their level of participation has consistently gone up over the years.

Community grants

Grant round	No. of organisations funded
2020/21	19
2022/23	30
2023/24	43

- We have given out 3 rounds of community grants to date, with total funding of £900,000 funded from underspend from ICB funding and public health grant reserve. We are currently evaluating the next round of grants where we have received applications from 112 organisations. Our aim is to announce these in January.
- We are working with community organisations to develop our outcomes framework. We have had some success over the last round and are hoping to build on this in the next round.
- For the 2024/25 grants round, 50% of the attendees experienced a lot of improvement due to the service, and 36% experienced a fair amount of improvement due to the service.

Community outreach events data

- To date at events:
  - We have held 351 events
  - 15,667 attendees
  - 14,218 health checks
  - 6,488 people seen by mental health team
  - 2,922 residents were escalated to their GPs

	2023/24	2024/25	2025/26 (until October 2025)
No. of attendees from IMD 1 and 2	28.7%	28.7%	27.1%

IMD 1and 2 population in Brent: 19.4%

Ethnicity	Prevalence in Brent (census data)	Attendees in 2023/24	Attendees in 2024/25	Attendees in 2025/26 (until October 2025)
Asian	32.8%	40%	42%	49%
Black	17.5%	29%	25%	26%
White	34.6%	14%	19%	16%
Other	10%	13%	10%	7%
Mixed	5.1%	4%	3%	2%
Unknown	n/a	1%	1%	1%

No. of people escalated, and no. diagnosed high BP (January to September 2025)

These are patients who are escalated to their GPs following health checks at outreach events for further tests for a possible diagnosis of long-term conditions.

Months	No. of people escalated for high BP	Diagnosed
Jan	15	1
Feb	8	0
March	6	0
April	8	3
May	11	4 (includes 1 person for HTN and diabetes)
June	13	1
July	7	0
August	6	0
September	28	6
Total	**102**	**15**

No. of people escalated, and no. diagnosed Diabetes (February to September 2025)

- The BHM team have directly facilitated diagnosis of hypertension in 15 residents and diabetes for 10 residents in 9 months.
- Although these are small numbers, these patients wouldn't have been diagnosed without BHM input.

Months	No. of people escalated for high blood sugar level	Diagnosed
Feb	11	1
March	5	1
April	4	1
May	14	2 (includes 1 person with diabetes and HTN diagnosis)
June	5	0
July	8	1
August	7	0
September	46	4
Total	**100**	**10**

Mental Health team

	2023	2024	2025
Outreach events attended	240	336	489
Residents engaged	4858	6830	8391
Residents sign posted	2189	3819	6158
1:1 consultations	1449	1449	2540
Coproduced MH workshops held with communities	5	11	14

Clinical outcomes: diabetes management

	Diabetes Register	% 9 Key Care Process in last 15m
2022		47.70%
Sep-23	34,214	57.89%
Sep-24	35,496	68.4%
Sep-25	36,380	70.32%

This success has been due to the work done across various stakeholders in Brent with BHM contribution mainly being in increasing awareness within communities of these conditions and working directly with residents that are not accessing statutory services.

Clinical outcomes: hypertension management

	% of hypertension patients who have no BP reading in last 12 months
Sep-23	17.54%
Sep-24	15.39%
Sep-25	13.20%

Clinical outcomes: bowel cancer screening

- This workstream was specifically targeted at residents living in core20 areas.
- Ordered 1,548 FIT test kits for people from priority groups since April 2023.
- Closed inequality in bowel cancer screening uptake gap by 3.4% in 2 years

Bowel cancer screening uptake	2023	2025
Most deprived areas in Brent (IMD 1)	54.3%	56.7%
Least deprived areas in Brent (IMD 8)	66.7%	65.7%

Health Educator Case Management Summary (July 2024 to June 2025)

Brent Health Educators provide one to one case management support for up to 3 months, to residents who are Prediabetic or have Type 2 diabetes

170

Residents were supported

154 Diabetics

16 Prediabetics

96% showed an overall average improvement

1% showed no change

3% showed an overall average decline

Average difference between goal scores at the start and end of the support (0-10). This is based on a questionnaire before and after the service completed by the service user.

On average, there was improvement shown for all of the goals of the patients, with ‘Manging Health Online’ having the most improvement

GP registrations, NHS app registrations

- Supported 395 people to register with a GP since April 2023

- Started supporting people to register with and use the NHS App in August 2024.
  - Supported 342 people to register with the NHS App
  - Supported 388 people to use the NHS App

	No. of patients registered with NHS App	No. of NHS App registrations between 1st Jan and October 2025	% increase in NHS App registrations between 1st Jan and October 2025
NWL	1,791,303	20,390	15%
Brent	327,723	5,784	18%

Children and young people team

Asthma:

- Reduction in A/E attendance for under 18 asthma related attendances is 40% compared to last year and 8% compared to 2023. Team started working in September 2024
  - April to September 2023: 2778
  - April to September 2024: 4283
  - April to September 2025: 2571
- Posters advising GP review within 48 hours in 5 different languages displayed at St Mary's and NPH
- 58 local residents trained to be asthma champions
- 40 spacers given out at community events

Immunisation:

- Project completed with Somali community including voluntary organisations and somali professionals. Action plan being implemented
- Clinical governance and SOP approved by CLCH for team to administer immunisation in the community

Mental Health:

- Directory of services based on thrive model completed
- Chat and Chill sessions started at 2 family wellbeing centres
- Since August 2024, the team have attended 170 community outreach events (out of which 76 were in IMD 1&2), engaged with 1,650 parents/carers and 700 children and young people

Case study

Hansa Gabher, 75, and her husband Pratap Gabher, 77, from Kingsbury and both are diabetic and attended a health bus event near their home. Pratap said, “Our son told us about the health bus visiting our local high street today. We thought we would get our health checked rather than sitting at home. This location is ideal. People are already here to use the library, to go shopping, so why not get your health looked at too?” Hansa said, “I learned my blood sugar was quite high, so now I need to go and see my GP on Monday. Even though I am diabetic, I am only invited for a check once a year, and it’s tough to get an appointment with a GP anyway, so this opportunity has given me a more regular update on how I am managing my diabetes – or not – as it has proved essential. ”

COLLABORATE PROACTIVELY

LEAD INCLUSIVELY

EMBRACE CHANGE

BE BOLD AND CURIOUS

CELEBRATE AND SHARE OUR SUCCESS

Case study

Mehdi Avarideh, 61, attended an event for the homeless in the borough. He said, “Today’s event was really good. The BHM team listened to me and was understanding. I wish every service worked like this. In my experience, I always found obstacles in accessing any health service, and little explanation as to why. It usually feels like I’m bothering them, or that they pity me, which is also not nice. I have felt a lot of inequality. I believe services should make life easier for people, but the system doesn’t work and it makes me angry and frustrated. Today was different. I had a great experience.”

Brent

COLLABORATE PROACTIVELY

LEAD INC

Welsh Harp wellbeing

We took the health bus to Welsh Harp and parked up outside a popular café to engage with the local Somali community and provide health checks and emotional wellbeing support.

In all we carried out 44 health checks, with nine (20%) leading to an escalation to the patient's GP. One patient we saw was sent to A&E because of raised glucose levels.

Zubeyda Hussein, Health and Wellbeing Community Connector, said "This is the Kingsbury and Kenton locality's first event in Welsh Harp and today we focused on engaging with Somali men.

"Lots of the men here don't regularly engage with health services and have not seen a GP for a long time. They regularly meet at this café, so this is a great place for us to come and share important health and wellbeing messages.

"BHM is working hard to make health care more accessible for the cohort. We have myself, Hassan and Ahmed here today from Somali backgrounds, and we have been able to translate the information, and I think the men feel more comfortable when they are able to speak in their own language."

Abdullahi Ahmad, 34, from Neasden told us, "I came to the café last week and my friends here told me that this event was happening. I thought it sounded like a good idea. Sometimes people don't go to the GP because we don't have time, or because they are not sure how to get an appointment. Today I felt really looked after."

EIGHT
Filipino Independence Day

Our work to engage with our Filipino community continued at the start of June as we marked Filipino Independence Day with a sepcial event at Brent Civic Centre in Wembley.

A festival atmosphere prevailed as Filipino culture was celebrated at the same time as the BHM Team promoted health and wellbeing messages, encouraging attendees to check on their health daily.

In addition, 78 health checks were carried out that led to 20 escalations – over 25% of those seen.

Ken Kiwas, a Senior BHM Nurse, said, "This is the first Filipino event in Brent with NHS health checks, emotional wellbeing support, and a full programme of performances. This event is helping to unite people with traditional music, food, arts and crafts and children's activities."

Rebecca Sarinas, aged 73, from Wembley, told us, "Today I am wearing our cultural traditional dress because I'm proud and want to share my indigenous culture and origins with our community and the wider community in Brent. I had a health check and I think today was fabulous for our community."

Quotes

COLLABORATE PROACTIVELY

LEAD INCLUSIVELY

EMBRACE CHANGE

BE BOLD AND CURIOUS

CELEBRATE AND SHARE OUR SUCCESS

Brent

Awards

- Shortlisted for 4 HSJ and 1 MJ awards
- Won 1 HSJ award
- Won award Brent Health and Care award and NHS NWL health equity award.

Brent NHS North West London	**Brent Health and Wellbeing Board** 29 January 2026
	Report from the Director of Brent Integrated Care Partnership
	Lead Member for Adult Social Care, Public Health and Leisure

Working Together in Neighbourhoods

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)	N/A
List of Appendices:	Appendix 1 – Working Together in Neighbourhoods presentation
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Josefa Baylon Head of Neighbourhoods and Integration, Brent ICP j.baylon@nhs.net Dan Shurlock Head of Place Leadership, Brent Council Daniel.shurlock@brent.gov.uk

1.0 Executive Summary

1.1. This paper provides an update on progress and next steps in developing a coordinated approach to neighbourhood working between Brent Council and the ICP (Integrated Care Partnership). Specifically, this report includes updates on:

- The context for neighbourhood working including the NHS 10-year plan and the ambition to shift towards a neighbourhood health model
- Progress made in neighbourhood working through the Harlesden Neighbourhood Prevention Team (part of the Radical Place Leadership work), Health Integrated Neighbourhood Teams (INTs) and Brent Health Matters (BHM)
- Planned next steps for programme integration and scaling to deliver improved health and wellbeing outcomes for residents and communities

1.2 An update on INTs and RPL was previously provided to the Health and Wellbeing Board in April 2025, with a series of actions emerging from that meeting. A summary of these actions and respective updates can be found at the back of Appendix 1.

2.0 Recommendation(s)

2.1 The Board is asked to:

i. Note and provide comment on the progress made to date.

ii. Consider and confirm the strategic direction to develop and deliver a single "Working Together in Neighbourhoods" approach that fully aligns the plans and resources of INTs, Radical Place Leadership and Brent Health Matters, to deliver improved health and wellbeing outcomes for residents and communities.

iii. Highlight any specific elements for prioritisation in the development and delivery of the "Working Together in Neighbourhoods" approach.

iv. Agree that a further update on progress and the latest national context comes to the Health and Wellbeing Board on 1 April 2026 as part of its oversight role for developing the neighbourhood health approach and plans.

3.0 Contribution to Borough Plan Priorities & Strategic Context

3.1 Work across the RPL, INTs and Brent Health Matters (BHM) programmes cuts across many themes within the Borough Plan, including supporting:

- A healthier Brent
- The Best Start in Life
- Thriving Communities

3.2 Work within the RPL programme is part of Brent Council's wider *Embrace Change Portfolio*, which seeks to deliver on the Brent Borough Plan 2023-2027 in a way that supports the financial sustainability of public services through stronger partnership working and a sharp focus on prevention.

3.3 The programmes also support the delivery of Brent's Health and Wellbeing Strategy goals and tackling health inequalities.

4.0 Background

4.1 Integrated Neighbourhood Teams (INTs), Radical Place Leadership (RPL) and Brent Health Matters (BHM) are three key pieces of the jigsaw for effective joint working alongside communities in local neighbourhoods – and positive progress has been made over the last six months (see Appendix 1 for detail). This is in the wider context of the national NHS 10-year plan and its stated ambition to shift from a hospital-centric model to a neighbourhood health service and more effective prevention through partnership working.

4.2 The Integrated Care Partnership (ICP) has agreed that over the next year we will bring Brent's current approaches together into a coherent approach to "Working Together in Neighbourhoods".

4.3 Activities to support the integration of programmes have already commenced, through the establishment of three Task and Finish groups that have

membership from across programmes and wider partnership (including the VCFSE). These workstreams cover:

- Population Health
- Community Connectedness
- No Wrong Front Door

4.4 The ICP have established a revised Neighbourhood and Health Inequalities Executive Group (merging what were previously two groups) which - at its first meeting in February 2026 - will review the work of the Task and Finish Groups and agree next steps for implementation.

4.5 As part of the wider system governance changes following the NHS 10-year plan the HWB Board will play a key role in overseeing the further development of neighbourhood working and plans. A further item on this topic is therefore proposed for the HWB Board on 1 April 2026. By this time, we also expect to have received further national NHS planning guidance for neighbourhood health.

5.0 Stakeholder and ward member consultation and engagement

5.1 Since the previous HWB item a briefing on Radical Place Leadership was held with ward members in May 2025. Further engagement with ward members is ongoing and a consolidated update to members on this approach will be provided following this Health and Wellbeing Board.

5.0 Financial Considerations

5.1 There are no direct financial implications arising from this paper. However, the direction of travel set out is critical to ensure maximum impact and value from our overall investments into neighbourhood-based support and action to address health inequalities.

5.2 Budgets across the system are constrained, meaning that a more joined-up approach is crucial, particularly in developing more effective preventative support alongside communities.

6.0 Legal Considerations

6.1 There are no legal considerations currently.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

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

8.0 Climate Change and Environmental Considerations

8.1 There are no climate change and environmental implications currently.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 There are no human resources/ property implications currently. Although note the plans to support workforce development as part of the neighbourhood working approach, including opportunities for co-location.

10.0 Communication Considerations

10.1 Communication, engagement and co-production with partners and a wide range of stakeholders is ongoing.

Report sign off:

Rachel Crossley
Corporate Director of Service Reform and Strategy
Rachel.Crossley@Brent.gov.uk

Dr Rammya Mathew
Borough Medical Director - Brent
rammya.mathew@nhs.net

APPENDIX 1

Health and Wellbeing Board

Working Together in Neighbourhoods: Progress update and planned alignment of partnership neighbourhood programmes

29 January 2026

Brent

Brent ICP
Integrated Care Partnership

Contents

Brent

Brent ICP
Integrated Care Partnership

1. Strategic context and direction

- Brent Council and the Integrated Care Partnership have **progressed multi-disciplinary, partnership working with residents and communities** through key initiatives such as Brent Health Matters (BHM), the Radical Place Leadership (RPL) programme, and the development of Integrated Neighbourhood teams (INTs) for health and care.
- Initial learning from these neighbourhood-level ways working have **confirmed the benefits and potential of these approaches for staff and communities** - staff benefit from better connectedness with colleagues and communities in the same geographies, while residents receive more joined-up support across public services. This chimes with national evidence on leading practices and impact.
- This learning – and the **NHS 10-year plan's ambitions for neighbourhood health and prevention** – confirm the **strategic opportunity to further align current initiatives and resources** across Brent Council and health partners.
- Therefore, a strategic direction for **"Working Together in Neighbourhoods**" has been agreed by the Integrated Care Partnership Executive, with work now underway to create a roadmap for 2026 and beyond.
- This approach will include shared intelligence and neighbourhood insights, closer alignment of resources, and coordinated approaches to working with the community with a particularly **focus on early support and prevention**.

Brent

Brent ICP
Integrated Care Partnership

Recap: NHS 10-year plan and three key shifts

Hospital to Community

- Neighbourhood Health service that brings care close to where people live; restoring GP access and introduce new neighbourhood provider contracts.
- Opening of Neighbourhood Health Centres; 12 hours a day, 6 days a week. Co-locating NHS, council and VCSE services
- £120m for ~85 MH (Mental Health) emergency departments co-located with A&Es

Analogue to Digital

- NHS app to become the front door to care
- All health and care providers using shared electronic patient records
- A digital-first service as standard across the NHS
- New AI tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, increasing productivity; including the use of ambient voice technology

Treatment to Prevention

- By 2027, 95% of people with complex needs will have an agreed care plan, co-created with patients and cover their holistic needs, not just their treatment
- Creation of a smoke-free generation
- Requirement for health warnings on alcohol labels
- Expansion of healthy start scheme, free school meals and increase soft drinks levy
- Collaboration to test weight loss service delivery models like GLP-1
- Mental Health support teams in schools and colleges
- Genomics population health service
- Increase uptake via neighbourhoods for vaccination and screening initiatives

Brent

Brent ICP
Integrated Care Partnership

NHS 10-year plan: What this means at Brent level

Hospital to Community

- Development of INTs to support better health and wellbeing in the neighbourhoods.
- Development of campus-hubs to provide care closer to home
- Developing community care:
  - Roll out of the new frailty model
  - Roll out of child health hubs and looking at ways to align with family wellbeing centres
  - Pharmacy First scheme roll out
- Build on this approach in subsequent years with more support around discharge and admission prevention

Analogue to Digital

- Work progressing on a single shared patient record through the LCR (London Care Record).
- Work happening to allow access to UCP (Universal Care Plan) for care planning purposes
- Better Care Portal developed by ASC (Adult Social Care) removing the need for a referral for care assessments
- Looking at the NHS App and further alignment and integration of services
- NHS App training for residents and staff
- Integrated Directory of Services available for residents and staff on services available (JOY)

Treatment to Prevention

- Radical place leadership approach using data-driven and community insights to provide more proactive support
- Support a proactive and preventative approach to mental health via cross-system working
- Tackle health inequalities by increasing access to services supporting our communities
- Implementation of local Thrive models for Brent, and expansion of Mental Health Support in Schools.
- Improve uptake of immunisations and screening initiatives across the borough
- Action on the wider determinants of health (healthy places) – housing, employment, safety, environment, social connection and infrastructure

Brent

Brent ICP
Integrated Care Partnership

2. Programme updates

- Integrated Neighborhood Teams and Neighbourhood Health
- Radical Place Leadership: Neighbourhood prevention
- Brent Health Matters (see separate update report to Health & Wellbeing Board at this meeting)

Brent

Brent ICP
Integrated Care Partnership

Neighbourhood Health: Progress Update (Jan 2026)

Harlesden Neighbourhood

- The Harlesden Neighbourhood Group is developing a data-driven action plan supported by strengthened local governance
- Review of population health data underway to inform targeted neighbourhood action plan
- Established a strategic leadership forum and an operational leads meeting to oversee delivery and maintain alignment across programmes
- Partnership with Imperial team on a community-based, one-stop pre-operative preparation pilot to support patients awaiting elective surgery

Willesden Neighbourhood

- The Willesden Neighbourhood Leads Group is providing strategic oversight of local priorities through data-driven planning, strengthened cross-sector collaboration, and coordinated efforts to improve outcomes for residents
- Developing a comprehensive action plan based on local population health data
- Proposed Children and Young People Asthma business case has been incorporated into the wider Child Health Hubs Business Case led by NWL ICB, ensuring alignment with system-wide priorities while maintaining clear benefits
- Neighbourhood working further strengthened through active engagement from a range of services and teams: Brent Health Matters, smoking cessation, Admiral Nursing for dementia and the Work Well employment programme

Wembley, Kilburn, Kenton & Kingsbury Neighbourhoods

- Neighbourhood INT development across Kilburn, Kenton & Kingsbury, and Wembley remains at an early but aligned stage, with initial engagement meetings held with PCN (Primary Care Network) Clinical Directors and management leads to agree emerging leadership arrangements and plan next steps. Regular multi-stakeholder neighbourhood meetings commenced this January, and local population health data is being reviewed to identify shared priorities and inform the development of strategic neighbourhood-level objectives across each neighbourhoods

Neighbourhood Health: Progress Update cont...

Mental Health Pilot (NW10, NW2, HA9): 12-month report (Nov 24-25)

- Earlier intervention to prevent crisis, reduce A&E attendances and avoidable admissions and improve long-term outcomes.
- Across three strands – *Community Connectors, Community Psychologists and the Home Treatment Team (HTT) Outreach Service* – the pilot reached wide audiences and demonstrated positive engagement and impact.
- Community Connectors engaged over 2,100 people, facilitating nearly 1,500 referrals
- Community Psychologists worked with 600 NHS staff and over 3,000 residents through training, workshops and co-production
- HTT supported 75 patients, predominantly from Black or mixed ethnic groups, with 70% avoiding A&E re-presentations.
- Feedback highlighted the **value of accessible, co-produced and culturally attuned approaches that built trust and enhanced understanding** of mental health support.

Brent

Brent ICP
Integrated Care Partnership

Neighbourhood Health: Progress Update cont...

System Impact (Apr-Oct 2025)

- Overall impact: INTs are contributing to reduced avoidable hospital admissions (ACSCs, frailty, paediatrics) and stronger discharge outcomes but rising urgent care attendances and persistent inequalities are constraining full system benefit.
- *Avoidable admissions:* Lower year-to-date ACSC admissions, particularly strong in Wembley, and reduced severe frailty admissions in several INTs, indicating more effective proactive and community management.
- *Flow and resilience:* High and stable discharge to usual place of residence (around 92–94%) and falling non-elective care home admissions support system flow and community resilience.
- *Urgent care demand:* UTC (Urgent Treatment Centres) and low-acuity A&E attendances are ~7% higher than last year and rising across all neighbourhoods, suggesting increased front-door demand and/or substitution from core primary care offer.
- *Neighbourhood variation:* Wembley shows excellent long-term condition management (very low ACSC rate) while Harlesden has consistently elevated UTC, paediatric ED (Emergency Dept) and ACSC rates, confirming higher underlying need and signalling priority for targeted INT support.
- *Inequalities:* Overall mental health emergency activity is falling, but admissions for Black communities are 18% higher year-to-date; Somali children's immunisation coverage remains low despite recent improvement, highlighting the need for more focused, co-designed action.
- *Experience of access:* GP experience is improving over time, with Kilburn and Willesden performing better, but many practices remain below NWL benchmarks and older people in Kingsbury & Kenton remain a concern.

Neighbourhood Health: Enablers Update

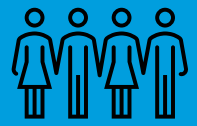
Digital Infrastructure

- Implementation of Universal Care Plans (UCPs) is progressing, with technical connections being established via Mosaic to enable secure information sharing. Completion is anticipated by January 2026.
- Plans to enable social care access to the London Care Record (LCR) may be temporarily paused during the transition of the national patient record solution from LCR to the OHIN (Oracle Health Information Network) platform, as new technical connections will not be able to be initiated during this period. This pause is expected to be managed to minimise disruption and will inform future planning for integrated digital access once the new solution is fully implemented.

Estates Optimisation

- The Strategic Estates Group (SEG) is overseeing a strengthened primary care estates pipeline, including new approvals and capital allocations at Gladstone Park, Alperton, Uxendon Crescent, Wembley and Willesden, alongside development of a neighbourhood hub campus model to target investment where need and opportunity are greatest.

Workforce, OD & Leadership



- Neighbourhoods reaffirmed as the central priority for 2026 by the Workforce & OD Steering Group in December.
- Work is underway to align workforce strategies and neighbourhood plans between CNWL, CLCH, LNWHT (London NW University Healthcare) and Brent Council.
- There are funding / resource constraints for the full delivery of agreed training priorities and scaling of the existing neighbourhood leadership development offer (a customised version of CNWL's 21st Century Leader Programme), which is currently being prototyped in Harlesden. The plan is to prioritise use of training capacity within our local system to address this.

Radical Place Leadership - Neighbourhood Prevention: Progress Update

Harlesden Neighbourhood Prevention Team

- Completed recruitment / realignment to full time positions within the Harlesden Neighbourhood Prevention Team. This gives us a core of 3 dedicated prevention workers focussed on the Harlesden Connects footprint, as well as a team lead.
- Begun working alongside residents at risk of homelessness and financial hardship – introductions made through community or service settings (e.g. Sufra, New Horizons Community Wellbeing Service).
- Wider team colocation 1x per week for case discussion, ensuring lead worker provides informed and holistic support that connects into community support offers.
- Developing internal data and insight capacity for predictive analytics around homelessness and financial hardship, with exploration of external partnerships with Xantura and LIFT.
- Working alongside colleagues from Public Health, Early Years and Inclusion to coordinate a test and learn approach to school readiness in Harlesden.

Community Power

- Commenced Community Convening work with Harlesden Neighbourhood Forum to explore: a better coordinated local VCSE offer, resident-led governance of the neighbourhood programme and community myth-busting activities (e.g. around housing services)
- Delivered initial meeting between Community Convening partners and colleagues from Housing Needs to consider the role that community groups can play in homelessness prevention. This will develop into an ongoing series and shape the work that the Community Convenors undertake.
- Delivered initial round of grant funding through Brent Giving to explore participatory grant making activities. 10 projects in Stonebridge, Harlesden and South Kilburn to be funded in 2026 focussed on poverty reduction.

Neighbourhood networks

- Delivered 2x Neighbourhood Leadership training cohorts with the NHS for colleagues from across the partnership working in the Harlesden area, building stronger connections and shared insights.
- Developing online network for professionals working in the neighbourhood, offering opportunities to continue building connections, sharing neighbourhood-level insights and opportunities to join-up and coordinate activities to maximise impact.

3. A single framework: Working Together in Neighbourhoods

Challenges...

Service siloes:

- Have to tell story multiple times
- Fall between gaps
- Nobody having time to understand the person and their whole picture

Ways of working:

- Teams feeling stuck in processes
- Lacking time to build trust with people and communities
- Lack of easy join up with other teams

Access barriers:

- Struggle to access right services
- Hard to navigate systems

Crisis response:

- Failure to respond to real and underlying needs earlier drives complexity and crisis presentations

Brent

Brent ICP
Integrated Care Partnership

Solutions: A single “Working together in Neighbourhoods” framework and approach…

Purpose:

- A unified framework that brings together three key programmes (INTs, BHM, Radical Place) to deliver better outcomes through neighbourhood-based integration.

Key Message:

- By bringing plans and resources together across the partnership we can amplify impact, making us more than the sum of our parts

Impact:

- Closer coordination between colleagues working ‘on the ground’ - common purpose and approach to maximise resource
- Targeted efforts within neighbourhoods through shared neighbourhood intelligence and insights
- Closer working alongside communities, working *with* not doing *to*

This will draw together three key current programmes to maximise value and impact

Programmes:

- **Integrated Neighbourhood Teams (INT)** - health-focused neighbourhood working
- **Brent Health Matters (BHM)** - community engagement and social prescribing
- **Radical Place Leadership (RPL)** - community leadership and prevention

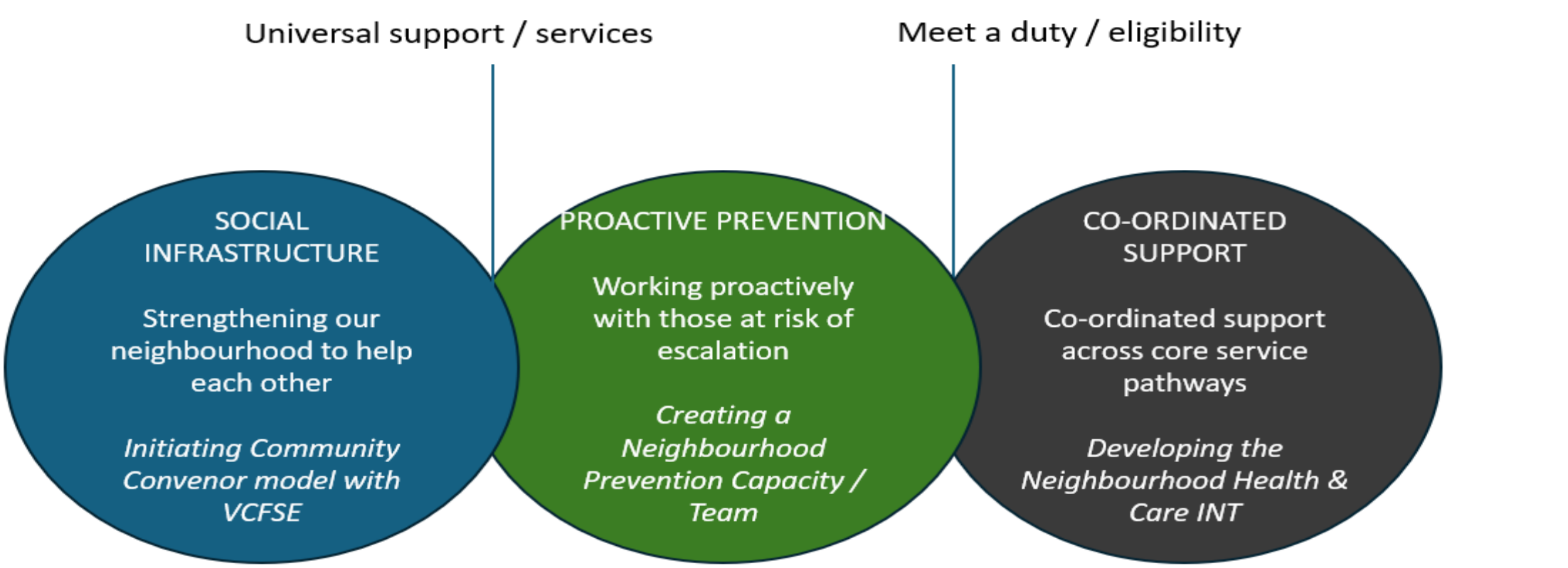
Key Synergies:

- **Population Health:** evidence on inequalities and population health to tailor and target activities
- **Workforce:** All partners have social prescribers, community coordinators, care navigators - opportunity for common purpose and a harmonised and targeted approach
- **Geography:** All partners are working in same neighbourhoods with similar target populations
- **Shared Goals:** Prevention, early intervention, community empowerment, reducing health inequalities

Brent

Brent ICP
Integrated Care Partnership

It will improve health and wellbeing through social infrastructure, proactive prevention, and more coordinated support



Neighbourhood Working Network + Training & Development
All the "teams of teams" + all programmes in the neighbourhood

Neighbourhood governance / leadership

Neighbourhood operating model
Service Delivery set up + Management + Contracts + Locations + Data / Insights

4. Implementation and next steps

Task and Finish Groups feeding into ICP Executive

- Three partnership Task and Finish groups have been set up (Jan-Feb) to develop the **more detailed plans and roadmap** to put the framework into practice (see table)
- The ICP have established a revised **Neighbourhood and Health Inequalities Executive Group** (merging what were previously two groups) which, at its first meeting in February 2026, will review the work of the Task and Finish Groups and agree next steps

Task and Finish Group	Lead convenors	Purpose
Population health	Public Health (Brent Council) / Central and North-West London (CNWL)	Provide borough-wide evidence and oversight on inequalities and population health, ensuring neighbourhood action plans are feasible, aligned and informed by Brent Health Matters (BHM) learning.
Community connectedness	Commissioning (Brent Council) / Voluntary, Community, Faith and Social Enterprise	Develop a coherent borough-wide approach to community connectedness by mapping and harmonising community connecting roles, strengthening OD support, and designing an empowered VCFSE partnership model.
No wrong front door (access / complex needs)	CNWL / Central London Community Healthcare	Align borough-wide access and complex-needs programmes into a coherent “no wrong front door” model, using a High Intensity Users (HIU) programme as a unifying focus across services.

Brent

Brent ICP
Integrated Care Partnership

5. Recommendations

The Board is asked to:

i. Note and provide comment on the progress made to date.

ii. Consider and confirm the strategic direction to develop and deliver a single “Working Together in Neighbourhoods” approach that fully aligns the plans and resources of INTs, Radical Place Leadership and Brent Health Matters, to deliver improved health and wellbeing outcomes for residents and communities.

iii. Highlight any specific elements for prioritisation in the development and delivery of the “Working Together in Neighbourhoods” approach.

iv. Agree that a further update on progress and the latest national context comes to the Health and Wellbeing Board on 1 April 2026 as part of its oversight role for developing the neighbourhood health approach and plans.

Brent

Brent ICP
Integrated Care Partnership

Annex

Updates on specific actions / issues discussed at the Health and Wellbeing Board item in April 2025

Action (April 25 – 1 / 2)	Action update (Jan 26 – 1 / 2)
• Ensure engagement with housing colleagues, Housing Associations, ward members and the wider community, with an emphasis on avoiding duplication with Brent Hubs and Family Wellbeing Centres	• Housing colleagues are now embedded within the Harlesden Neighbourhood Prevention Team and have already made significant contributions to our new ways of working. • Presentation provided at Registered Providers and Members Event in October 2025 to provide an overview and updated on the Radical Place Leadership programme and Harlesden Neighbourhood Prevention Team. • Presentation at Brent Hubs partners day in October 2025. • We are working closely with colleagues from Hubs and Family Wellbeing Centres to ensure that we avoid duplication and actively seek out opportunities to enhance existing offers. • We are working closely with a wide range of community partners in Harlesden through our Community Convening work, notably: Harlesden Neighbourhood Forum, Sport at the Heart, Sufra, Jason Roberts Foundation, Rumi's Cave, etc. This has proved essential in ensuring connection between areas of opportunity in the Harlesden area (e.g. Picture Palace, Church End Youth Anchor Hub).
• Provide an update on scalability across Connect areas, including potential resource needs, VCSE capacity building and funding opportunities	• To date, RPL focus has been applied to getting the Harlesden Neighbourhood Prevention Team up and running, built on strong connections within the team and with community partners. As this is now more established, in 2026 we will start to establish key aspects of the overall Neighbourhood working approach across all areas of the borough alongside health partners. • We have worked in partnership with Brent Giving to launch the first round of a new participatory grant making scheme, which empowers residents as panel members to distribute funding to initiatives within their local community. The first funding round ran until November 2025, with projects to be funded from March 2026. • We have a dedicated programme of work focussed on building capacity within the VCSE, with an initial listening and consultation event held in October to work with VCSE partners to identify opportunities – this is now helping to shape a new VCSE capacity and capability offer that reflects what the sector has told us.

Brent

Brent ICP
Integrated Care Partnership

Action (April 25 – 2 / 2)	Action update (Jan 26 – 2 / 2)
• Report back on culture change within the Council and partner organisations, including training and trust-building	• We have now delivered 2 cohorts of 'Neighbourhood Training' for a wide range of partners and colleagues (including different council services and NHS), building connection between colleagues working within the same neighbourhoods with one another, but also with the local community. We will continue to develop this approach alongside health colleagues to support the culture change required to shift towards neighbourhood delivery right across the borough. This will likely include 8-10 further cross partnership cohorts attending the "Neighbourhood Training" in 2026. We are also exploring the potential for models like Camden's Centre for Relational Practice. • Internally within the Council, we are exploring mechanisms to amplify the learning and impact of the work that is being undertaken in Harlesden. This includes the delivery of a new series of 'Test, Learn, Grow' showcases in the Council's innovation hub, The Base. The first of these sessions will launch in January 2026 to showcase neighbourhood working and opportunities for innovation.
• Provide an update on data capture, sharing and evaluation strategies, including the use of the Social Progress Index for longitudinal research	• We are beginning to capture data related to the residents accessing support from the Harlesden Neighbourhood Prevention team, which will support in the ongoing monitoring, evaluation and iteration of our neighbourhood approach in Harlesden. We are also putting in place arrangements for independent evaluation (e.g. demonstrating impact of prevention work on outcomes and costs and also exploring a potential University College London partnership on Community Convening / Power work). • As this develops, we will also utilise the Social Progress Index as a mechanism of longer-term baselining and evaluation.

Brent

Brent ICP
Integrated Care Partnership

This page is intentionally left blank