



**Brent**

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**West and North London**

# Health and Wellbeing Board

**Thursday 16 April 2026 at 6.00 pm**

Conference 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)	GP / Primary Care
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
Vacancy	Residential and Nursing Care Sector
Rachel Crossley	Brent Council - Non-Voting
Kim Wright	Brent Council - Non-Voting
Nigel Chapman	Brent Council - Non-Voting
Ruth Du Plessis	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\*\*](http://www.brent.gov.uk/democracy)

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

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

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

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

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

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

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

The business relates to or affects:

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

or

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

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

Introductions, if appropriate.

Item	Page
<b>1 Apologies for absence and clarification of alternate members</b>	
For Members of the Board to note any apologies for absence.	
<b>2 Declarations of Interest</b>	
Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
<b>3 Minutes of the previous meeting</b>	1 - 10
To approve as a correct record, the attached minutes of the previous meeting held on 29 January 2026.	
<b>4 Matters arising (if any)</b>	
To consider any matters arising from the minutes of the previous meeting.	
<b>5 Age Friendly Group Progress Update</b>	11 - 30
To provide an update on the development of Age-Friendly Brent, a borough-wide, resident-led initiative aimed at improving the quality of life for older people.	
<b>6 Children and Young People Services Updates</b>	
a) <u>Brent ICP Mental Health and Wellbeing Exec Group Progress Update</u>	31 - 36
To provide an update on the newly designed and commissioned emotional wellbeing and mental health support offer for children and young people in Brent.	
b) <u>Brent Children's Trust Progress Update</u>	37 - 50
To provide an update on the Brent Children's Trust (BCT) work programme covering the period November 2025 to April 2026.	

**7 Brent Food Strategy**

51 - 112

To present the first draft of a new Food Strategy for Brent, fulfilling commitment 1.1 of the Joint Health and Wellbeing Strategy.

**8 Proposal to refresh the Brent Health and Wellbeing Board Terms of Reference** 113 - 120

To propose amendments to the Brent Health and Wellbeing Board Terms of Reference to allow relevant Council Directors to be included as voting members.

**9 Health and Wellbeing Board Forward Look**

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

**10 Any other urgent business**

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

**Date of the next meeting: to be confirmed**

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## **MINUTES OF THE HEALTH AND WELLBEING BOARD** **Held as a hybrid Meeting on Thursday 29 January 2026 at 6.00 pm**

**Members in attendance:** Councillor Nerva (Chair), Dr Rammya Mathew (Vice Chair), Councillor Knight (Brent Council), Councillor Grahl (Brent Council), Councillor Donnelly-Jackson (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director), Ruth du Plessis (Interim Director of Public Health and Leisure, Brent Council – non-voting), Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council), Shirley Parks (Director of Education, Partnerships and Strategy) on behalf of Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care, Brent Council – non-voting)

**In attendance:** Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Nipa Shah (Director of Brent Health Matters), Jonathan Turner (Borough Lead Director – Brent, NWL ICB), Dan Shurlock (Head of Place Leadership, Brent Council), Will Holt (Change and Improvement Programme Lead, Brent Council)

The Chair opened the meeting by highlighting this would be a themed Health and Wellbeing Board meeting focused on health inequalities and neighbourhoods in Brent.

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

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Nigel Chapman (Corporate Director Children, Young People and Community Development)
- Tom Shakespeare (Director – Brent Integrated Care Partnership)

### **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 (20 November 2025)**

RESOLVED: That the minutes of the previous meeting, held on 20 November 2025, be approved as an accurate record of the meeting.

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

None.

### **5. Overview of Health Inequalities**

Ruth du Plessis (Director of Public Health and Leisure, Brent Council) and Dr Rammya Mathew (Vice Chair of Brent Health and Wellbeing Board) led a presentation on inequalities

in Brent, highlighting what inequalities were in terms of key data and national and regional comparators, best practice for tackling inequalities. Also how local insights and data had been used to further develop the approach to tackling health inequalities in Brent, and how Brent continued to refine efforts towards tackling inequalities. They highlighted the following key points:

- The recently published Indices of Multiple Deprivation (IMD) 2025 was used to indicate Brent's position in terms of inequalities across the 296 local authority areas. Brent was ranked 41<sup>st</sup> most deprived area in England and 12<sup>th</sup> highest for income deprivation. Within London, Brent remained the 4<sup>th</sup> most deprived borough since the last IMD in 2019. Data showed clear gaps in life expectancy at birth between the most deprived and least deprived areas in Brent, and a gender gap with males living an average of 6 years less than females in Brent.
- Brent was focused on tackling inequalities through a prevention lens, based on population health data and the wider determinants of health, using evidence-based interventions that were tailored to local need. In order to do this, health services were being asked to design services based on the wider determinants of health, using neighbourhood health as an opportunity to tackle inequalities as core business.
- Workstream one was for all partners to take a 'no wrong door' approach, taking a joined-up, system-wide approach to supporting vulnerable residents and identifying those who may need additional support.
- Workstream two focused on community connectedness, building trust, capability and connection with Brent's diverse communities, including through aligning community-based roles such as social prescribers, community connectors and health educators, and embedding VCSE partners, into the inequalities programme. This workstream would also review community grants to ensure alignment with resident-identified needs and population health priorities.
- Population health management was the third workstream, using data and insight to target resources where they were most needed, applying proportionate universalism (universal services for all with more intensive support for communities with greatest need) and aiming to reach residents with unmet needs.

The Chair thanked colleagues for their presentation and invited contributions from those present. The following points were made:

- The Chair highlighted the importance of learning from this work in order to inform public services across Brent and future plan in relation to inequalities and neighbourhoods. He noted that working together in neighbourhoods and the Brent Health Matters Annual Report were also due to be discussed during the meeting, which all linked with the work being done to understand and address inequalities in Brent.
- Councillor Donnelly-Jackson advised that she was pleased that the Council had adopted the Socio-economic Duty, ensuring that socio-economic status was considered as a protected characteristic, and encouraged other partners to do the same.
- Noting the references in the presentation to unmet need, the Board asked for further clarity on what was meant by that. Dr Rammya Mathew explained that this referred to large and varied needs. As a GP, she saw patients coming to her attention very late in their condition with multiple chronic unmanaged conditions, which was often linked to the fact they found it difficult to access services, including screening and vaccination offers. Low uptake of screening and immunisations was found to be more common in deprived communities.
- Resource allocation was raised, with it noted that this had historically not been done proportionately across North West London and London as a whole, with outer boroughs traditionally receiving less resource, particularly around community and mental health services, and Brent not receiving an allocation that recognised it was one of the most deprived of the 8 NWL boroughs. This was an issue that Brent Integrated Care Partnership

(ICP) had raised consistently, highlighting an aim to develop and put more money into services to level Brent up, and the ICP would continue to raise that as the 8 boroughs merged with North Central London in April 2026 to become a 13 borough Integrated Care System (ICS).

- Within the new North West and North Central ICS, 4 pillars of proactive care had been set out, including creating community assets for health and wellbeing, early identification and early help. Over the last few years, particularly in children's services, Brent had started seeing new money, but this was still not the case for community services, so members felt it was important to continue to raise this and for partners to understand the population and levels of deprivation in the borough. Brent was also addressing the lack of resource through neighbourhood health, piloting approaches in areas such as Harlesden where there were more pressures and more deprivation. Members could foresee the positives of a neighbourhood health approach in this regard, where the model would depend on the individual need of neighbourhoods and could be flexible based on that.
- In relation to lack of access to health services for those in higher areas of deprivation, the Board asked what the factors leading to this were, and whether this was because there was a less equal spread of services across those areas or because families were not making use of the services. Ruth du Plessis advised that there were a number of factors affecting access, such as the system not yet having got it right in terms of putting resource where it was needed, the lack of resource in more deprived communities, and evidence suggesting that some families did not have the confidence to access services even where resources were available. Shirley Parks added that some of that was being addressed at Family Wellbeing Centres (FWCs), where referrals and signposting helped vulnerable families navigate the health system, recognising that it was a complex system, particularly for those whose first language was not English, in order to understand what was available to them. FWCs also hosted some health services within the centres to make it more accessible to families to access services in one place. In addition, the Brent Health Matters Health Inequalities Children's Programme had specific resource to address access for hard-to-reach communities and was looking to make a bid for further funding to resource people whose active role was to help connect families with services and help them understand the benefits of the services available to them. Schools also played a big role in helping families understand what services were available to them.

In concluding the discussion, the Chair encouraged partners to consider adopting the Socio-Economic Duty in the same way the local authority had done. He highlighted the opportunities with the new ICS for the Health and Wellbeing Board to communicate directly with the Integrated Care Board (ICB) around resource allocation and neighbourhood working. He recommended that he, as Chair, and Dr Rammya Mathew, as Vice Chair, wrote to the incoming ICB on the points raised during the discussion on behalf of the Health and Wellbeing Board.

## **6. Public Health Annual Report 2025**

Ruth du Plessis (Director of Public Health and Leisure, Brent Council) introduced the report and led a presentation detailing the Public Health Annual Report and the work of Public Health in Brent in addressing health inequalities in Brent. She advised Public Health was working through community-centred approaches and emphasised the three themes for reshaping public health – Community Engagement, Social Capital, and Radical Place Leadership. She thanked those involved in the drafting of the report for their collaboration, particularly Janice Constance (Principal Public Health Strategist, Brent Council) and her team, and communities and partners who had input.

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

- The Board were pleased that Social Capital was a key theme for Public Health and that the report encapsulated the importance of relationships and networks through warm welcome spaces and the library exercise project, where over 270 residents had taken part.
- The Board commended the work in the report, particularly the integration of sports, culture and libraries, school-based oral health assessments, translation of letters into community languages and bigger policy campaigns such as treating gambling harm as a public health issue.
- The Board asked for more detail on how Public Health would ensure a joined-up, system-wide approach was in place to support vulnerable residents who may be using warm spaces. Ruth du Plessis advised that Public Health wanted to make every contact count, whichever way people presented to services. To do that, there was a need to upskill the workforce, and she highlighted that library staff had been very keen to support this approach and willing to learn these skills. Public Health wanted to build more on that with the neighbourhoods workstreams, and there was also the new Joy app that supported that join-up. Robyn Doran added that she had attended Willesden library recently and witnessed people using the blood pressure machines that were available, and in her local library there had been vaccinations being provided by CLCH, showcasing that approach towards making every contact count and bringing healthcare into the community.
- The Board raised concerns that 43.4% of 5-year-olds in Brent had obvious dental decay, compared to 22.4% nationally. They recognised the work Public Health were doing in that space, particularly with the oral health bus and its impactful visits to schools, but asked whether any more resource could be put in to make bigger improvements, raising concerns that this could affect the quality of life of those children and the number of children attending A&E. Ruth du Plessis acknowledged the concerns raised and advised that Public Health were putting more resource into oral health having secured more funding, and were pulling together dental packs and looking to expand the work particularly for children in school.
- The Board highlighted that progress with the Food Strategy had been challenged at a recent scrutiny meeting and asked for an update on where that was. Ruth du Plessis highlighted that the Food Strategy had been drafted and the Steering Group had reviewed it and fed back. The Public Health team was now reviewing that feedback and would send the draft strategy out for wider engagement before bringing it to the Health and Wellbeing Board.
- The Board queried where the data outlining ethnicity and language in the report had been obtained, and heard that some data would be from the Office for National Statistics (ONS) and some would be census data. Officers agreed to look into this and provide a response on where the data was obtained.

As no further issues were raised, the Board welcomed the report and thanked those involved, including Dr Melanie Smith as the predecessor of Director of Public Health who had overseen the report, and highlighted the need for sustained focus on oral health, particularly in children. The Board noted that the Food Strategy was coming to a future meeting, and asked for both the Public Health Annual Report and upcoming Food Strategy to be published prominently on the Council website.

## 7. **Brent Health Matters Impact and Learning**

Nipa Shah (Director of Brent Health Matters) welcomed two Brent Health Matters (BHM) Community Champions, Viorica and Bee, to the meeting, who provided an outline of their role within the community. Viorica explained that her role was to promote health education and prevention, and provide information and resources to people to improve their health. She had

a specific focus on educating people about diabetes, expanding people's knowledge and facilitating them to take care of their own health and view their health as a priority. She highlighted that it was a very active role, attending many different events and speaking with many different communities, particularly as she spoke 4 languages. She had also had the opportunity to translate for the clinical team when needed. Bee volunteered as a Brent Family Help Parent Champion, doing outreach in nurseries, largely with under 5-year-olds such as through rhythm and singing exercises, ensuring a physical presence in spaces where parents gathered in order to provide information on the services provided in Brent. This also included attending libraries, schools, events and functions to promote Brent's services, focusing on vaccinations and oral hygiene with an early year's focus. She added that she had benefited from volunteering as she had learned more about the breadth of services available in Brent which she could then share with others. She worked closely with BHM co-ordinators in Kilburn, and she had connected Oxford University to Brent parents who had undertaken a study to understand the impact of social media on vaccination uptake. That study had been complimentary to Brent's work on vaccinations and outreach during covid.

Nipa Shah then took the Board through the presentation included with the agenda pack, highlighting the following key points:

- She thanked Viorica and Bee for their remarks, highlighting their contributions as live examples of champions acting as the voice for services, helping to build trust amongst communities.
- She reminded members that BHM had been set up following the first wave of Covid, where Brent had been disproportionately impacted by the number of cases and deaths.
- BHM was funded by NWL Integrated Care Board (ICB), with the Council employed team and Health Educators funded through the Public Health Grant.
- NWL ICB had also funded the focused work on children and young people through the health inequalities pot, but that would come to an end in March 2026. A business case was being put forward for continued funding for the children and young people workstream.
- Post-covid, she felt that trust in the system had been at a minimum, and it had taken time and focus talking to communities to understand what was important to them and how they could be supported to be in charge of their own health to improve their health and wellbeing outcomes.
- BHM was in contact with around 500 community organisations in Brent and was slowly trying to get from an informing stage to a co-creation and empowering stage, where BHM was only there to support the community to take responsibility for health and wellbeing in their own communities.
- Part of that empowerment work involved community grants, and, in the past 5 years, three rounds of community grants had been allocated. There was now commitment through the Public Health grant for community grant funding to continue for the next three years, and she felt it was noteworthy that the number of grassroots organisations had increased each year, with applications received from over 120 organisations. BHM supported the community in applying for those grants and monitoring their outcomes so that they could use those outcomes as evidence when applying to other grants available across the country. She added that there were some good examples of Brent organisations being successful in grant applications following the monitoring support provided by BHM.
- One of BHM's unique key aspects of the approach included the outreach events that had been done, which included visiting faith centres, factories, community centres, schools, libraries and high streets. To date, 351 events providing health checks had been held, with other events also held for health promotion. From that, over 15,000 residents had been seen and over 14,000 health checks completed.

- Around 28% of attendees for health checks were from the Indices of Multiple Deprivation levels 1 and 2, which were the most deprived levels, but she felt that more work was needed to reach residents from those areas where it was known inequalities were higher.
- When BHM clinical team did health checks, if there was a need to escalate health issues to GPs then the team would do that. Data covering the previous 9 months showed that, of the 102 people escalated due to high blood pressure, 15 were subsequently diagnosed with hypertension, which would not have happened if BHM had not done those checks. Similarly, 10 people had been subsequently diagnosed with diabetes following escalation to their GP by BHM.
- Clinical focused work had looked at improving the percentage of people with diabetes completing their 9 key care process, which had increased from 47% in 2022 to 70% in 2025. She attributed this success to the collective work of the community teams, GP colleagues and BHM.
- There had also been focused work on bowel cancer screening, looking at those living in the most deprived areas of the borough, as the uptake of bowel cancer screening in those areas was significantly lower than more affluent areas of the borough. The number of people receiving bowel cancer screening in the most deprived boroughs had increased by 3.4% across 2 years as a result of those efforts.
- The mental health team had done additional outreach events, co-produced with communities, and engaged with a large number of residents including 1 to 1 consultations.
- Health educator work was provided by a consortium of volunteer organisations and had supported 170 people in just one year, including providing healthy lifestyle advice and digital upskilling, helping residents to register with a GP and for the NHS app. She thanked frontline Council staff, including library staff, for the support they had provided people in signing up to the app.
- The children and young people team had focused on 3 workstreams – asthma, immunisations and mental health – with a priority to reduce attendance at A&E in children under 18. She confirmed that there was now a positive trajectory with lower attendance at A&E in 2025 compared to 2023, and thanked the various community teams, GPs and BHM for that collaborative work. In relation to asthma, local residents such as Bee had been trained to become Asthma Champions, enabling them to have proactive conversations with the community about asthma and services. A particular focus for immunisations had been to improve uptake of the MMR vaccine in the Somali community, where uptake was lowest, and an Oxford professor of Somali heritage had supported that work. There was an action plan for improving that uptake and the clinical team now had approval to vaccinate in the community. A directory of services based on the thrive model had been created in relation to mental health for children and young people, and chat and chill sessions had also been introduced at 2 Family Wellbeing Centres.

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

- The Board was encouraged by the positive outcomes of the Brent Health Matters programmes, particularly around bowel cancer, agreeing that routine screening saved lives. They particularly highlighted the positive that over 15,000 residents had attended BHM events and health checks.
- The Board asked how BHM streamlined their programme to fit with primary care and address issues with access, noting the case study included in the report which detailed the difficulties a patient had in getting a primary care appointment. Nipa Shah advised that was a work in progress, and whilst BHM worked to empower residents in accessing services, sometimes it was appointment times that caused barriers. Where those issues arose, BHM worked to support individuals to work with GP practices to

tackle those barriers, such as supporting someone to use a phone app to book an appointment if they were not digitally literate.

- From a primary care perspective, Dr Rammya Mathew advised that it had been challenging to integrate BHM with primary care. For context, she highlighted that primary care capacity was limited and services were stretched, and a strategic approach was needed to align the local primary care provision with the work BHM were doing to ensure synchronicity. She advised that the strain on GPs was increasing, with around 2,000 patients per GP. Funding was constrained and she clarified that GPs were not incentivised to put patients on prescriptions and were not receiving additional allowances to do that.
- Noting the slide showing the number of people escalated to primary care for high blood pressure compared to the number of people subsequently diagnosed, the Board asked why there was that discrepancy. Nipa Shah advised that the data provided had only been tracked for 9 months, so whilst BHM may have been escalating people, there had been no mechanism to track that back to GP notes previously. There were also some people seen by BHM who lived in Brent but did not have a GP in Brent, meaning BHM did not have access to their medical notes. In addition, one reading of high blood pressure could not be taken in isolation, and there was a need for a 24-hour measure in order to diagnose someone with hypertension. The readings helped to make people aware, and their GP aware, that there had been a high blood pressure reading, in order to continue to track that and make lifestyle changes where necessary to reduce blood pressure.
- The Board noted that the number of people engaged by the mental health team was high, particularly the number of people signposted, but noted that mental health was a wide bracket and asked for a further breakdown of that data. Nipa Shah advised that the figures were a result of conversations happening out in the community at outreach events, so covered a range of mental health conditions including stress, anxiety and severe mental health conditions. A wide variety of conversations were happening where the team would refer individuals on, including to talking therapies or specialists if needed. She added that having those personal conversations in community spaces presented challenges.
- The Board noted from the data provided that some ethnic communities were attending BHM events more compared to others, and asked whether that reflected the percentage of ethnicities within the community. Nipa Shah confirmed that on the whole, the figures did reflect the community. She felt that the figures also reflected BHM making progress with some communities. There were some communities that BHM still struggled to engage, such as some Eastern European communities, whereas some Asian communities were very willing for BHM to conduct health checks, so BHM had started with communities that were willing to have them in their spaces, and was then slowly using those examples to reach the communities it struggled to engage.

As no further issues were raised, the Chair drew the discussion to a close, celebrating the good work being done and highlighting the challenges patients faced when seeking services. He advocated for discussions involving BHM, social prescribers and GPs to do some learning, acknowledging that BHM planned to align services to the neighbourhood work and work much closer with primary care colleagues to join work up. In closing the item, he noted that the funding for BHM for children's services was due to conclude but endorsed the business case for continued funding.

## **8. Working Together in Neighbourhoods**

Dan Shurlock (Head of Place Leadership, Brent Council), Jonathan Turner (Borough Lead Director – Brent, NWL ICB) and Will Holt (Change and Improvement Programme Lead, Brent Council) introduced a paper providing an update on progress in developing a coordinated

approach to neighbourhood working between Brent Council and the Integrated Care Partnership (ICP). In presenting, they highlighted the following key points:

- It was felt that Brent had some pieces of neighbourhood working in train already, with some parts more mature than others, such as Brent Health Matters (BHM) and Public Health campaigns. There was also work being done to implement additional parts of the model, including Integrated Neighbourhood Teams with campus-style health hubs and more proactive prevention alongside local voluntary sector organisations (Radical Place Leadership), and a focus on piecing those workstreams together.
- Jonathan Turner highlighted some areas of achievement, including the Child Health Hubs, which had now been set up in all 5 neighbourhood areas with a standardised approach and appropriate referral pathway across all neighbourhoods. There was consultant and GP collaboration with other parts of the community system as well, with consultants out in the community, sometimes virtually, doing appointments for common child health conditions such as asthma and epilepsy. He advised that this was helping to upskill the GP population so that some of those issues that might otherwise have been referred to hospital could now be seen in the community. Links with Family Wellbeing Centres had also been built into referral pathways.
- The mental health pilot had been running across NW10, NW2 and HA9 postcodes, which had been an area of particular focus based on evidence. Community connectors, community psychologists and the Home Treatment Team Outreach Service had all been working together to pilot this outreach approach, and there had been significant activity with over 3,000 residents involved through training, workshops and co-production.
- Some of the neighbourhood health enabler workstreams were around digital infrastructure, estates optimisation, workforce, operational development and leadership. Estate optimisation was progressing with a new hub at Gladstone Park and a further hub in the pipeline in Alperton, and additional investment secured from the ICB to expand GP rooms at Wembley Centre for Health and Care. There had also been estate planning around the neighbourhood campus model, identifying possible sites for each of the 5 neighbourhoods that could be linked together to have Multidisciplinary team meetings and wider contributions from the voluntary sector within that, as well as Council services where appropriate. That was a developing piece of work which would need further input from estates teams to cost options for future bids.
- In relation to Radical Place Leadership (RPL), there was now a dedicated team of people working alongside residents in Harlesden, providing new 1 to 1 relational support and working in a much more preventative way ahead of crises presentations, particularly with people who might be at risk of financial hardship or homelessness.
- A strong presence had also been built to support community settings and build connections, and the team was working with those who might be getting turned away from different settings or who might be engaged with community groups but not Council or NHS services.
- Through cross-partnership working, residents were being connected to holistic support at the right stage, and around 20 residents were currently receiving dedicated support from the wider neighbourhood prevention team.
- Officers were working in a different way alongside community organisations and key community partners in Harlesden to establish the role they could play in neighbourhood prevention work, establishing strong pathways and ways of working for organisations to be a part of the prevention effort, including in areas such as homelessness prevention.
- Another focus was enabling the voluntary sector to better understand Council services to provide support and advice to the residents they worked with day to day, helping to break down barriers between the Council, NHS and voluntary sector.

- The aim of the working together in neighbourhoods approach was to pull all the different programmes together into a consolidated framework, including BHM, INTs and RPL. One of the risks of moving to a neighbourhood approach was that different organisations and stakeholders all developed their own neighbourhood approaches, so it was important to find a way of working that all partners wanted to adopt and commit to in an interconnected way across the different programmes, that brought all services and community assets together as one. Some of these strands of work would be done through Task and Finish Groups who would work to get this right in practice, focused on using data and insights collectively and ensuring community bridging roles were working effectively.
- The Joint ICP Executive on Neighbourhoods and Inequalities would be receiving further reports on this work in February 2026 and officers recommended a future update at a Health and Wellbeing Board meeting following that. It was also noted that further national guidance on the NHS Neighbourhood Health model was awaited and that this would likely include more detail on the role of Health and Wellbeing Boards.

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

- The Board were encouraged by the presentation and looked forward to having further details in April 2026.
- The Board were encouraged by the work being done to engage with housing colleagues, and asked for more detail about the integration with housing at the next update.

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 and looked forward to further details in the future.

## 9. **Health and Wellbeing Board Forward Look**



The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future, adding that there was one more meeting of the municipal cycle.

## 8. **Any other urgent business**

None.

The meeting was declared closed at 7:55 pm  
COUNCILLOR NEIL NERVA, CHAIR

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  <b>West and North London</b>	<b>Brent Health and Wellbeing Board</b> 16 April 2026
	<b>Report from Elders Voice</b>
<b>AGE-FRIENDLY BRENT UPDATE</b>	

<b>Wards Affected:</b>	ALL
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	Appendix 1 - Age-Friendly Brent Strategy and Action Plan Appendix 2 - Summary
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	External partners: Rita Nath-Dongre and Fay Austin from Elders Voice Tony Burch Age-friendly Champion.  Internal Officers: Charlene Santos Community Engagement Lead Charlene.santos@brent.gov.uk

## 1.0 Executive Summary

- 1.1. This report provides an update to the Health and Wellbeing Board on the development of Age-Friendly Brent, a borough-wide, resident-led initiative aimed at improving the quality of life for older people.
- 1.2. The report outlines key insights gathered through extensive engagement with older residents, including the Age-Friendly Brent Launch event held on 11 November 2025, and presents the emerging Age-Friendly Brent Strategy and Action Plan (2026–2028).
- 1.3. The findings highlight that while Brent is a vibrant and diverse borough with strong community assets, older residents continue to face barriers relating to accessible transport, outdoor spaces, access to health and care services, and digital inclusion. The report sets out a coordinated, partnership-based response to address these challenges and support healthy, active and independent ageing.

## 2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to note the progress made in developing Age-Friendly Brent and the key findings from resident engagement.

2.2 The Health and Wellbeing Board is asked to support the implementation of the Age-Friendly Brent Strategy and Action Plan (2026–2028), including:

- Promoting a whole-system, partnership approach across Council services, NHS partners and the voluntary sector
- Supporting the integration of Age-Friendly principles into relevant strategies and service planning
- Championing Age-Friendly Brent across organisations and networks

## 3.0 Detail

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

3.1.1 The Age-Friendly Brent programme directly contributes to Brent’s Borough Plan priorities, particularly:

- **A Healthier Brent** – supporting healthy ageing, improving access to services, and reducing health inequalities
- **Thriving Communities** – strengthening social connections, reducing isolation, and promoting inclusive participation
- **The Best Start in Life & Prosperity and Stability** – by supporting intergenerational approaches and enabling older residents to remain active contributors to community life

3.1.2 The programme also aligns with:

- The UK Network of Age-Friendly Communities (Centre for Ageing Better)
- The World Health Organisation Age-Friendly Framework
- Brent’s commitments to equity, inclusion and reducing inequalities

3.1.3 Age-Friendly Brent provides a framework to embed these priorities across Council, NHS and community partners.

### 3.2 Background

3.2.1 Age-Friendly Brent is a resident-led initiative developed in partnership with Brent Pensioners Forum, Elders Voice, Brent Council, Ashford Place and Age UK Hillingdon, Harrow and Brent.

3.2.2 Brent was officially recognised as part of the UK Network of Age-Friendly Communities in June 2025.

3.3.3 Over the past 18 months, extensive engagement has taken place with older residents through:

- Community workshops and forums
- Surveys (online and paper-based)
- Focus groups

- The Age-Friendly Brent Launch (November 2025), attended by approximately 200 residents and stakeholders
- The Deputy Mayor of London Debbie Weekes-Bernard visit to Brent hosted by [Age-Friendly Brent Partners](https://issuu.com/brentcouncil/docs/your_brent_magazine_-_spring_2026)  
[https://issuu.com/brentcouncil/docs/your\\_brent\\_magazine\\_-\\_spring\\_2026](https://issuu.com/brentcouncil/docs/your_brent_magazine_-_spring_2026)

Key findings identified:

- Strong appreciation of Brent’s diversity, parks and community assets
- Persistent barriers including:
  - Accessible transport and Freedom Pass restrictions
  - Unsafe pavements and lack of public toilets/rest areas
  - Difficulties accessing GP appointments, social care and community support services (particularly non-digital access)
  - Digital exclusion and lack of accessible information

These insights have shaped the **Age-Friendly Brent Strategy (2026–2028)**, with five priority areas:

1. Accessible Transport
2. Outdoor Spaces & Buildings
3. Community Support & Health Services
4. Social Participation
5. Housing  
(with Communication & Digital Inclusion as a cross-cutting priority)

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

4.1 The development of Age-Friendly Brent has been underpinned by extensive stakeholder engagement, including:

- Older residents
- Brent Pensioners Forum
- Voluntary and community sector organisations
- NHS partners and Integrated Care Board representatives
- Local community groups and forums

4.2 Engagement has been inclusive of diverse communities across Brent, ensuring voices from different backgrounds, abilities and experiences are represented.

4.3 Our Age-Friendly Ambassadors who are local resident are also championing the voices of older people to ensure changes reflect the needs of our community.

4.4 The Mayor, Cllr Ryan Hack, along with Cllrs Mili Patel, Neil Nerva, Robert Johnson and other councillors, have been engaged through the Age-Friendly Launch, local forums and community networks. These engagements have provided opportunities to support neighbourhood-level delivery, such as the monthly Seniors Hub pilot - launched at Harlesden Library at the end of March 2026. Collectively, they have expressed a shared commitment to fostering a borough in which all generations can thrive.

Age-Friendly Brent was invited by the GLA to host a visit by the Deputy Mayor of London, Debbie Weekes-Bernard on 5 December 2025. Cllr Muhammed Butt, and Krupesh Hirani (AM) the Assembly Member for Brent & Harrow welcomed the opportunity to showcase our collaboration and partnership in action.

## **5.0 Financial Considerations**

5.1 There are no immediate direct financial implications arising from this report. The delivery of the Age-Friendly Brent Action Plan is currently supported through:

- Existing Council resources
- Public Health fund the part time Coordinator post for 24 months. Funding ends July 2027.
- External funding opportunities
- Voluntary and community sector in kind contributions

5.2 Future funding requirements will be developed through partnership planning and brought forward where necessary.

## **6.0 Legal Considerations**

6.1 There are no specific legal implications arising directly from this report.

6.2 The proposals align with the Council's statutory duties, including responsibilities under the Care Act 2014 and wider public health and wellbeing duties.

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

7.1 The Age-Friendly Brent programme directly supports the Council's duties under the Equality Act 2010 and the Public Sector Equality Duty.

7.2 The initiative aims to:

- Reduce inequalities experienced by older people
- Improve access to services for those facing barriers due to disability, income, language or digital exclusion
- Promote inclusive, accessible environments

7.3 Engagement has ensured that the voices of diverse older residents are reflected in the strategy and action plan.

7.4 The programme also contributes to addressing health inequalities, particularly those linked to social isolation, access to services and digital exclusion.

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

8.1 The proposals support environmental objectives by:

- Encouraging walkable, accessible neighbourhoods
- Promoting use of public transport
- Supporting improvements to public spaces and local high streets

8.2 Age-friendly environments contribute to more sustainable, inclusive communities

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

9.1 The Council & partners may wish to consider signing up to the **Age-Friendly Employer Pledge**. Participation in the Pledge would further reinforce the Council's commitment to supporting an age-friendly workforce and inclusive working environments. Brent (public buildings) has already signed up to the **GLA Dementia-Friendly Venues Charter**. Further work could explore involving older residents in auditing and encouraging commitment from our wider partner organisations.

## 10.0 Communication Considerations

10.1 A coordinated communication approach will be essential to support delivery of Age-Friendly Brent, including:

- Promotion through **Your Brent magazine** and Council communications channels
- Use of **printed and non-digital formats** to ensure accessibility
- Engagement through community networks, faith groups and voluntary organisations
- Public events such as Age-Friendly annual summit and campaigns (e.g. Ageing Without Limits Day)

10.2 Clear, accessible communication will be critical to ensuring older residents are aware of services, opportunities and developments.

**Report sign off:**

**Ruth du Plessis**  
Director of Public Health

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# Age-Friendly Brent Strategy & Action Plan (2026-2028)

Shaped by Older People – Delivered in Partnership

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## 1. Introduction

Age-Friendly Brent is shaped and driven by older people themselves, who are not only consulted but are central to decision-making. Older residents are active partners and leaders, ensuring that priorities are delivered through the community rather than relying on others, and guiding decision makers to act on what older people want.

Our strategy recognises the need for plentiful opportunities for older people to take part in cultural activities, physical activity, learning and wider community participation—supporting both brain and body health. We work towards a borough where ageing is positive, active and valued, and where older people’s experience and leadership guide the work. Central to this is a commitment to recognising older residents as assets and contributors to society, alongside the environmental and social changes required to support this.

We, as the Age Friendly Brent partnership, are led by older people and work collectively through a consortium including Brent Pensioners' Forum, Brent Council, Elders Voice, Ashford Place and Age UK Harrow, Hillingdon, Brent. We have joined forces to make life better for older people as we grow older.

The campaign was initiated by Brent Pensioners Forum. Brent's application to become a member of the UK Network of Age-Friendly Communities was endorsed by the Centre for Ageing Better, in June 2024.

Our work is guided by the World Health Organisation's principles of equity, accessibility and inclusiveness. We are creating age-friendly environments that support healthy, active and connected living.

Our engagement over the past 18 months, including the Age-Friendly Brent Launch on 11 November 2025, highlighted that while Brent is a good place to live, older people continue to face challenges accessing transport, safe public spaces, GP appointments and clear non digital information.

Our older population is significant and growing. Between 2014-2024 Brent population aged 65+ increased by 23.2%. Currently 29% of Brent residents are aged 50+ within an estimated population of 353,000. The 65+ population is predicted to increase by 57%, between 2024 and 2041. (Source: ONS National Life tables)

Our older residents are mentors, volunteers, carers, and community leaders. They bring wisdom, and experience that strengthen Brent and build community cohesion. We will continue to evolve this Plan as we keep the conversation going.

## **Vision**

**Our vision for Brent is a borough where people can enjoy a healthy, active and fulfilling later life, supported by accessible transport, safe public spaces, affordable housing and clear information** — a vision that *older people themselves define and shape*.

Older residents will determine what an age-friendly borough means in practice and will guide, challenge and direct decision-makers and commissioners to ensure the vision is delivered in ways that reflect their priorities, lived experience and leadership.

Our strategy reflects the call from residents at the Age Friendly Brent Launch for an:

***Integrated, holistic, inclusive and respectful approach – delivering change that benefits today's older residents and future generations.***

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## 2. Strategic Principles

- Older people lead & co design
- Equity & Inclusion
- Accessibility by default
- Prevention & Independence
- Partnership Delivery

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## 3. Strategic Priorities

1. Accessible Transport
2. Outdoor Spaces & Buildings (including Toilets & places to rest)
3. Community Support & Health Services
4. Social Participation
5. Housing

With **Communication & Digital Inclusion** is a cross-cutting priority affecting all areas.

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## 4. Outcomes & Delivery

### By March 2027

- Printed Age-Friendly Directory produced and distributed.
- Digital Skills delivered across the borough for older people.

- Pavement walkabout audits completed and reported.
- Rest & Toilet Community Network launched.
- Campaign for removal of restrictions affecting travel concessions.
- Audit of bus stopping/boarding practice piloted.
- Age-Friendly features in local publications and events.
- Age-Friendly Councillor nominee in place.

### **By March 2028**

- Age-Friendly GP access standards agreed and piloted.
- Friendly Bus Driver Award launched.
- Age-Friendly Hub piloted.
- Increased participation in neighbourhood activities.

### **Long term Impact**

This strategy will:

- Improve independence
- Reduce isolation
- Improve access to services
- Support healthy ageing
- Reduce inequalities
- Strengthen communities

## 5. Governance & Accountability

The Delivery will be overseen by the Age-Friendly Steering Group supported by Brent Pensioners Forum and Age-Friendly Ambassadors.

Progress will be reviewed annually through a public Age-Friendly Summit and published progress report.

### Age-Friendly Brent Leadership Model

Group	Role
Pensioners Forum/Older People Ambassadors	Co-design, lived experience, community champions, delivery
Age-Friendly Steering Group	Strategy, accountability, delivery oversight
Wider Consortium Partners	Programme delivery
Residents Association/Forums/Groups	Neighbourhood Leadership
KOVE	Toilets and public space campaigns
Residents	Programme delivery, oversight annual summit

## 6. Conclusion

This strategy responds to older residents' call for practical, visible change and places us alongside older residents at the centre of decision-making.

## 7. Action Plan

The Action Plan sets out our overall goal and actions for each of the priority area over the next two years 2026-28. Over the next 12 months (2026/27) our focus will be on delivering the actions associated with priorities: 1. Accessible Transport, 2. Outdoor Spaces & Buildings (Toilets & places to rest) and the cross-cutting area of Communication & Digital Inclusion.

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### Priority 1 Accessible Transport

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**Goal:** Older people travel safely, confidently and without restrictions

Challenge identified	Action	Lead Partners	Timeline
Freedom Pass Restrictions	Campaign for removal of restricted Affecting concessionary travel	Pensioners Forum, TfL London Councils/Age UK London	ongoing
Bus Driver practice & attitudes (Stop at all stops Provide time to be seated etc.)	Friendly Bus Driver Award established Campaign for older people to be involved in Bus Driver EDI Training	TfL, Bus Operators AFB Ambassadors/Pensioners Forum/ Age UK London	26-28
Unsafe boarding- risk of falls	Pilot Bus Driver audit of stopping & Boarding practice	TfL, Bus Operators/AFB Ambassadors Pensioners Forum/Age UK London	26-27
Poor accessibility	Improve Bus shelters, lifts, seating info Screens on buses; step free access at stations	TfL, Brent Council,	26-27
Accessing Public Buildings	Improve drop-off access at public buildings for people with mobility or disability issues	Council	26-27
Dial-A-Ride unreliable infrequent	Improve frequency reliability of door-to-door Transport/Campaign for a Brent Community Door transport service	TfL Pensioner Forum/AF Ambassadors	27-28 ongoing

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## Priority 2 Outdoor Spaces & Buildings (Toilets & places to rest)

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**Goal:** Public spaces are safe, welcoming and accessible for older people

Challenges identified	Action	Lead Partners	Timeline
Unsafe pavements	Pavement Walk-about Audits	Resident Associations/Pensioners Forum/ Ward Councillors	2026-27
Lack of benches & toilets/ places to rest	launch an Age-Friendly Rest & Toilet Community Scheme	KOVE, Council, and High Street Businesses	2026-27
Anti-social behavior/ Unsafe high streets	Community Safety partnerships - Older Person representation	Brent Council, Police, Residents Forums	2026-27
Dementia Friendly Spaces & building	Promote sign up and commitment to London Mayor's Dementia Friendly Venues Charter	Brent Council (EDI Dept),	ongoing

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## Priority 3 Communication & Digital Inclusion (cross cutting)

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**Goal:** Older people can access information in ways that work for them

Challenges identified	Actions	Lead Partners	Timeline
Over reliance on digital information	Produce Printed Age-Friendly Directory / AFB features in Your Brent magazine	Brent Council	2026-27
Confusing information	Plain English standard/community languages	NHS Brent Council AFB Partner agencies	2026-27
Digital exclusion	Community digital skills support programme tailored to the needs older people in partnership with voluntary/community/schools	Council Digital Inclusion Team /Multi faith Forum/Vol Sector/ Schools	2026-27

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Lack of awareness activities	Regular Age-Friendly features & events in local publications	Council (Comms Team)	2026-27
Positive images of older people	Older Person representation on Your Brent Magazine Editorial Board		

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### Priority 4 Community Support & Health Services

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**Goal:** Older people can access care and support easily, locally and with dignity.

Challenges identified	Action	Lead Partners	Timeline
Difficulty accessing GP/Medical	Introduce Age-Friendly operational standards and procedures (SOP) (Phone booking, letter, in person appointment priority)	Brent ICB, GP Networks, PPG Council	2027-28
Medical appointments booked before 9.30 (Not able to use over-65s Freedom Pass)	Raise awareness with NHS Community & Acute Trusts booking appointments	NHS, Integrated Care Board (ICB)	2026-28
Fragmented health & social care	Establish integrated Neighbourhood Health & wellbeing hubs for older people	NHS, Brent Council, Vol Sector Brent Council, ICB/BHM/Voluntary Sector	2027-28 2027-28
	Lack of district nursing & winter support	Lobby to expand community nursing and Winter Resilience services - improve information	Pensioners Forum, NHS, ICB, Public Health 2028
Older people feel excluded from service	Promote Adult Social Care Coproduction Grp	ICB, Council	2027
Design	Nominate a Councilor as the Age Friendly Champion	Council	2027

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### Priority 5 Social Participation

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**Goal:** Older People have opportunities to connect, contribute and thrive.

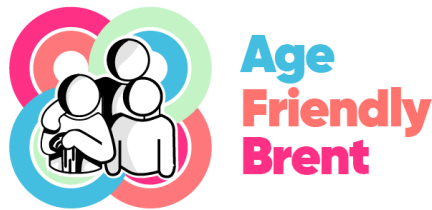
<b>Challenges identified</b>	<b>Action</b>	<b>Lead Partners</b>	<b>Timeline</b>
Lack of free spaces for activities	Create Age-Friendly Community Space Network	Council, Libraries, and Hubs	2028
Isolation, limited activities/difficulty getting to activities	Expand Neighbourhood activity programmes exploring grant funding opportunities	Voluntary Sector – AFB Coordinator	2028
	Social prescribing and buddy schemes established	Voluntary Sector, Multi faith Forum	2028
Volunteering opportunities not easy to find	Directory of social & community activities & volunteering opportunities	Council, Joy App, Grandmentors Brent (Volunteering Matters)	2028

## Priority 6 Housing

**Goal:** Older people live in safe affordable adaptable homes

<b>Challenges identified</b>	<b>Actions</b>	<b>Lead Partners</b>	<b>Timeline</b>
Lack of affordable rentable homes	Age-Friendly Housing Strategy	Brent Housing, Developers	2028
Lack of information on accessing Home adaptations	Improve information and expand home grants	Brent Council DFG	2028
Maintaining safe environment	Handyperson services in the borough expanded/	Brent Council/Vol Sector	2028
Multi-generational housing	Introduce age friendly planning standards	GLA, Council	2028





## Age-Friendly Brent Strategy & Action Plan 20206-2028 Summary

Shaped by older People – Delivered in Partnership

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## Strategic Priorities

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## Outcomes & Delivery

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## **Long term Impact**

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## **Governance & Accountability**


Delivery will be overseen by the Age-Friendly Brent Steering Group. Progress will be reviewed annually through a public Age-Friendly Summit.

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## **Conclusion**

This strategy responds to older residents' call for practical, visible change and places us alongside older residents at the centre of decision-making.

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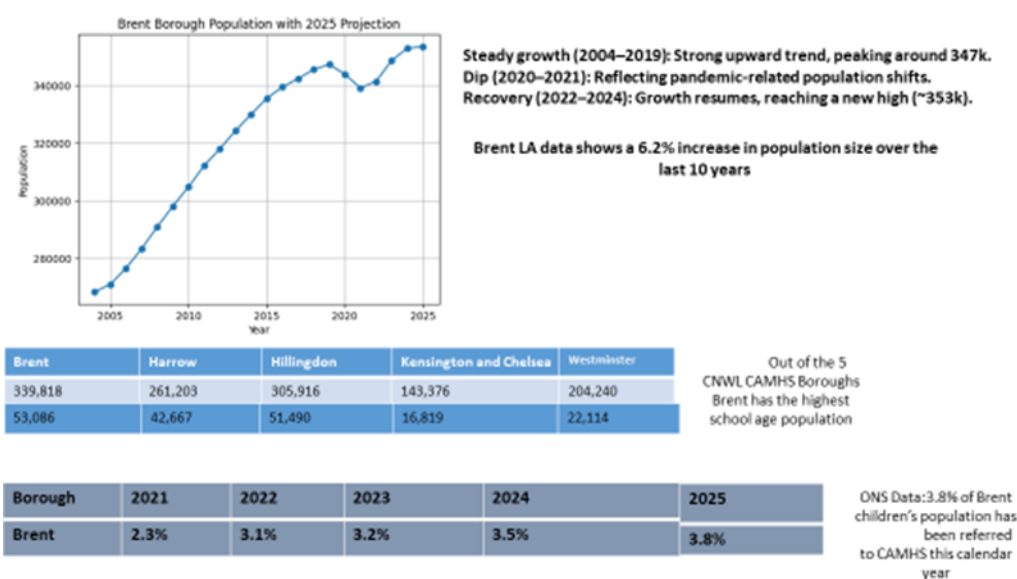
 <p style="font-weight: bold; margin-top: 10px;">West and North London</p>	<p style="font-weight: bold; font-size: 1.2em;">Brent Health and Wellbeing Board</p> <p>16 April 2026</p> <hr/> <p style="font-weight: bold;">Report from Brent ICP Mental Health &amp; Wellbeing Executive Group</p> <hr/> <p style="font-weight: bold;">Lead Cabinet Member for Adult Social Care, Public Health and Leisure – Cllr Neil Nerva</p>
<p style="font-weight: bold; font-size: 1.1em;">Brent ICP Mental Health &amp; Wellbeing Executive Group Progress Update – Children &amp; Young People Transformation</p>	

<b>Wards Affected:</b>	All wards
<b>Key or Non-Key Decision:</b>	Non-Key Decision – for noting
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	None
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Sarah Nyandoro Head of Place, Mental Health & Wellbeing (All Age) Brent ICP <a href="mailto:Sarah.Nyandoro@nhs.net">Sarah.Nyandoro@nhs.net</a>

## 1.0 Executive Summary

- 1.1. This report provides an update on specialist CAMHS arrangements, planned neurodiversity profiling tool, planned children and young people’s crisis safe hub and information on a newly designed and commissioned emotional wellbeing and mental health support offer for Brent’s Children and Young People (LYRA). The new Brent Partnership Local Young People Resources and Advice Service (LYRA) was launched in early March of this year. This offer has been commissioned as a prototype care model to deliver early intervention and prevention support for children and young people’s emotional wellbeing and mental health in Brent.
  
- 1.2. LYRA has been established in response to the acute and increased mental health needs of Brent children and young people. It represents Phase 1 of a new way of working that is in line with the Mental Health THRIVE approach for Children and Young People in providing a community-based model of care designed to support early identification and timely access to appropriate information, guidance and interventions, before mental health needs escalate.
  
- 1.3. Brent’s children and young people have the highest presenting mental health and wellbeing needs of all boroughs in North-West London. The current Brent system is under exceptional and unsustainable strain with:
  - 1 in 6 children presenting with a probable mental health disorder,
  - 13 referrals per day to Brent CAMHS
  - 19% increase to CAMHS caseload in the last 12 months.

- 1.4. LYRA has been designed and developed to directly address some of these challenges by bridging the gap between community and specialist mental health services through a single front door and a collaborative approach to early intervention and prevention.
- 1.5. LYRA is aligned to the Brent Borough Plan 2023-27 Priorities – *Thriving Communities, Best Start in Life and A Healthier Brent*. LYRA is also directly aligned to *NHS West and North London ICB’s Children & Young People’s Mental Health Strategy and the NHS 10-Year Plan* ambitions for shifting care from acute to community-based care and prioritising early intervention and prevention.
- 1.6. The Health and Wellbeing Board is asked to note the new Phase 1 development, aimed at testing the LYRA arrangements to inform a longer-term much broader, system-wide Phase 2 service offer that would be launched in April 2027. It will align with further investment from the ICB into children’s mental health and wellbeing through the Brent Circle Safe Hub that is expected to come online in late summer (to be known as the Brent LYRA Hub). This will be an emergency out-of-hours drop-in centre for children and young people who will be able to access advice, guidance and clinical support.
- 1.7. Demand for Brent specialist CAMHS continues to increase.



- 1.8. Brent CAMHS - Brent CAMHS caseload has increased by 22 % in the last 12 months. The Brent caseload is approximately 1/3 of CAMHS overall caseload of the 5 CNWL Boroughs. It is projected that the caseload will continue to increase in the coming years. Brent specialist CAMHS also introduced the use of AI (Anathem roll out) which supported the reduction of some administrative functions (mostly letters) by over 60%). There are plans to consider rolling this out to support with assessments. There has also been some non-recurrent CAMHS investment in 25/26 to support with clearing the backlog of children and young people waiting for neurodiversity assessments but as yet, there are unclear plans for getting the demand onto a sustainable footing. Brent CAMHS needs a minimum of 8 band 7 WTE to meet the increasing demand. The new LYRA service will make a contribution to supporting core CAMHS referrals, but this is unlikely to address the scale of demand in the short to medium term.
- 1.9. Neurodiversity Waiting list and Waiting times - NWL ICB provided non-recurrent funding to support children and young people’s neurodiversity assessments to the end of 25/26 financial year. This was to reduce the number of children and young people waiting for assessments and the length of time they have been waiting. This funding helped to reduce the historic caseload numbers of 900 from December 2025 to 199 in March 2026. Current waiting times for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) have been reduced from 34 months in December 2025 to 12 months in March 2026.
- 1.10. Neurodiversity Profiling Tool – Brent has been leading the work around developing the Neurodiversity Profiling tool. This is a needs-based profiling approach instead of a diagnosis-

led pathways. The tool identifies needs early, even without a formal diagnosis, supports schools to make reasonable adjustments, inform EHCPs (Education, Health and Care Plans), guides referrals to services (e.g. speech therapy, CAMHS) and helps to reduce long waiting times for diagnosis by offering support sooner. The profiling tool typically assesses communication and language, attention and concentration, sensory processing (e.g. sensitivity to noise, textures, emotional regulation, social interaction and functioning (planning, organising, and memory)). It is designed to support with creating a support plan tailored to meet the needs of children and young people on the neurodiversity spectrum focusing on emotional and social developments, strengths and difficulties. NWL ICB is working to identify funding resources to pilot the Neurodiversity profiling tool across 3 NWL Boroughs – Brent, Ealing and Hillingdon.

- 1.11. Brent Circle Safe Hub – Brent is developing a crisis intervention safe hub for children and young people. This provision will offer a safe space to access assessment, brief intervention, stabilisation and treatment support for those children and young people who have self-identified or have been identified by professionals as having a mental health crisis. It is being designed to deliver an integrated crisis prevention pathway embedded within the Brent early intervention and prevention Offer (LYRA), primary care and neighbourhood MDTs for children.

The service will support with reducing escalation of risks by supporting children and young people presenting with self-harm, suicidal thoughts without intent, anxiety, depression and emotional dysregulation through early intervention and repeated brief support where required. It will offer an alternative to urgent and emergency care attendance where needs can be safely met in a community setting, including follow-up support for children and young people seen in emergency departments who do not meet specialist CAMHS thresholds. We are creating an alternative pathway for crisis prevention similar to the Circle Safe hub commissioned in Ealing but Brent specific. This will address inequality issues and provide a service that represents and meets the needs of Brent’s diverse communities. We are aiming for this new service to go live in late summer 2026.

## 2.0 Recommendation(s)

- 2.1. The Health and Wellbeing Board is asked to:

- Note this progress update on LYRA Phase 1 (pilot).
- Endorse the strategic direction of LYRA Phase 2 long-term.
- Support continued cross-system collaboration to embed LYRA within the wider children and young people’s mental health landscape.
- Note the plans to develop a neurodiversity profiling tool in Brent
- Note the plans to develop a crisis Circle safe hub for children and young people in Brent
- Note the lack of investment to specialist CAMHS to manage increasing demand

## 3.0 Detail

### Contribution to Borough Plan Priorities and Strategic Context

- 3.1. LYRA supports three of the five Brent Borough Plan 2023-27 priority areas:

- **Thriving Communities** – a defining feature of LYRA is that this is delivered in collaboration with long-standing, trusted VCSE organisations in Brent who have deep roots within local communities and a proven track record in delivering mental health care and support for children and young people. LYRA works through existing statutory and community expertise, embedding support in the places and relationships that children, young people and their families already trust. This includes organisations with specialist knowledge of Brent’s diverse communities, where stigma, language barriers and previous negative experiences have historically prevented families from seeking help early. By anchoring this offer within a collaborative approach between statutory and VCSE, LYRA aims to strengthen children and young people’s resilience, reduce stigma around mental health and ensure that support reaches Brent’s diverse communities through traditional clinical and non-clinical routes.
- **The Best Start in Life** – LYRA will provide timely, needs-led emotional wellbeing and mental health support for children aged 5-18 and up to 25 with SEND. By intervening early through schools, community settings and through peer and family support, the service will help children and young people to remain in education, to build emotional resilience and

to develop coping skills. Preventing the developmental harm caused by prolonged untreated emotional distress and mental health needs is central to this care model.

- **A Healthier Brent** – LYRA directly addresses health inequalities that are both increasing in acuity and in demand. This community-based offer sits alongside and reduces pressure on already overstretched specialist CAMHS and A&E attendances. LYRA has been developed as a more sustainable and equitable prevention and early intervention emotional distress and mental ill health offer. Children and young people locally, including from Brent's most deprived areas and marginalised communities, who currently account for a large share of crisis presentations, will be the primary beneficiaries of this new model of care.

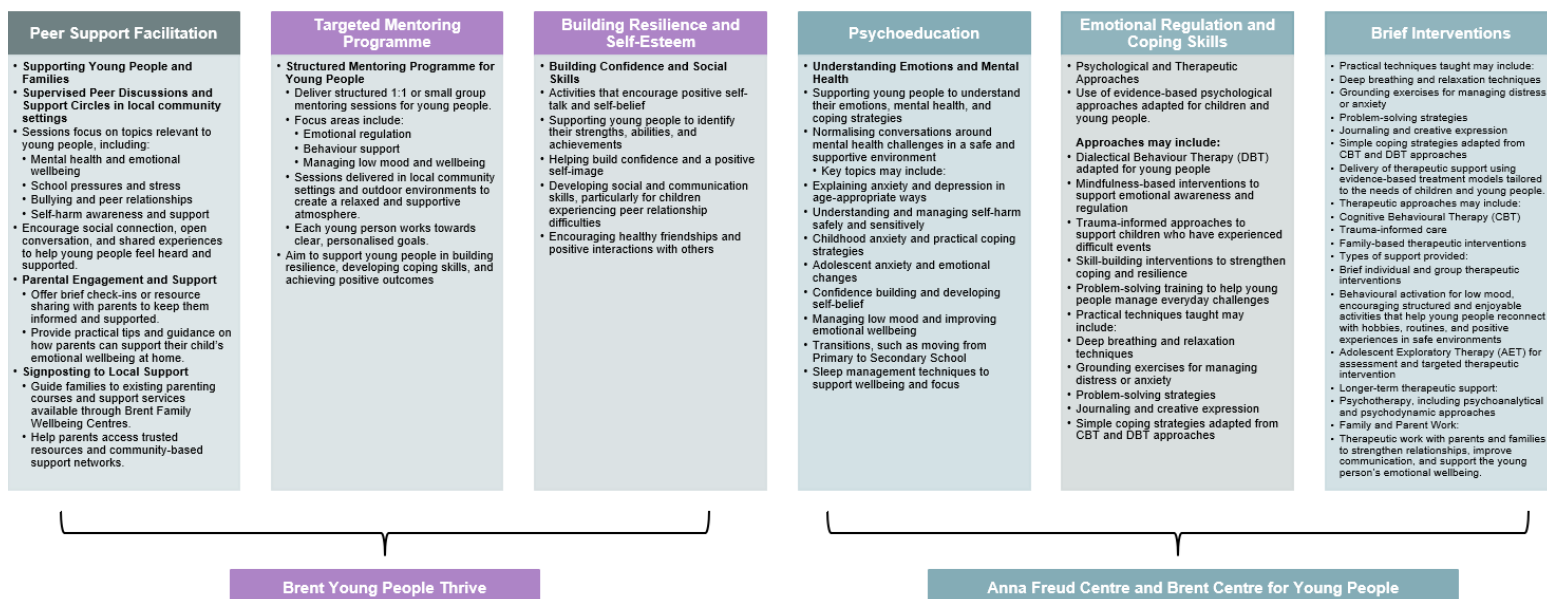
## Background

- 3.2. Brent faces the greatest pressures on children and young people's mental health in North-West London, driven by high levels of deprivation, diversity and rising demand. Brent has the highest school-age population of the five CNWL CAMHS borough (53,086), with 1 in 6 children with a probable mental health disorder. Brent CAMHS receives approximately 13 new referrals daily, a caseload that has grown by 19% in the last 12 months. GP referrals have almost doubled since 2021 and in 2024 alone, there were 2,395 GP visits by Brent children and young people for anxiety and depression and 403 for self-harm and suicidal thoughts. Brent accounts for 45% of all CNWL CAMHS referrals and 40% of children and young people mental health A&E presentations across the eight NWL boroughs.
- 3.3. One of the root causes of this pressure is a significant gap in Tier 1 and Tier 2 / Getting Advice and Getting Help (THRIVE) services. Without accessible, culturally competent, early intervention in the community, children and young people have nowhere to turn before they reach crisis point. Without preventative and early support more and more of our children are directly referred into specialist CAMHS. This is compounded by Brent's deprivation levels, being the 2nd most deprived borough in London, and poverty that impacts on children and young people's wellbeing.
- 3.4. It is essential that children, young people and families get the right support, in the right place early to prevent escalation of mental health and wellbeing issues. That this has not been accessible across the borough is a key driver for working differently to redesign a children and young people's Getting Help mental health offer. The new service was developed jointly with children, young people, families and carers and professionals as a collaborative, consortium-led early intervention and prevention model directly addressing these challenges.

## Brent Partnership LYRA

- 3.5. LYRA is a needs-led THRIVE informed emotional wellbeing offer for children and young people. We are testing a new way of working via a one front door approach through the CNWL Single Point of Access for all children and young people's emotional and mental health concerns. The aim is to reduce system fragmentation and support earlier access through a multidisciplinary team that ensures that a child or young person is connected to the most appropriate support to meet their needs. The aim is to ensure:
  - **Provision of support earlier and closer to home:** children, young people and families will have access to timely evidence-based interventions in trusted community settings reducing reliance on overstretched system partners such as CAMHS and avoid escalation into crisis
  - **Streamlined access to services, reducing fragmentation:** A single co-ordinated pathway with clear referrals routes and strong local partnerships, ensuring children and young people are assessed and connected to the right level of support.
  - **An offer of blended clinical and non-clinical care:** from low-level advice, guidance and peer support facilitations through to structured evidence-based interventions for mild to moderate mental health needs at the right time and in the right settings.
  - **Targeting inequalities through reaching underserved groups:** working with schools, families and community organisations, the model is built on trust, addresses cultural barriers to seeking help and ensures equity of access across Brent's diverse communities
  - **Building resilience to prevent future crises** – early identification and support will reduce the risk of hospital attendances, self-harm, and acute interventions whilst equipping children and young people with coping skills for long-term wellbeing and continuity

## Support offered through LYRA includes:



## 4.0 Stakeholder and ward member consultation and engagement

4.1. LYRA has been developed through engagement and co-production with children, young people, parents, carers and professionals that included:

- Consultations with children, young people and families across Brent to understand the challenges and barriers to accessing support to inform and shape the design of the service model, eligibility criteria and access routes
- Engagement with Brent Youth Parliament, Family Wellbeing Centres, schools, GPs and system partners to ensure robust and accessible care pathways and joined up working
- Partnership working with voluntary and community sector organisations to embed the model in trusted local settings
- Strategic oversight and support of this development from the Brent ICP Mental Health and Wellbeing Executive Group (and CYP sub-group) and Brent Children's Trust.

### LYRA Feedback

4.2. Early LYRA feedback has been positive from professionals across Brent. Parents have also welcomed this development with feedback including "one parent making a referral to Brent CAMHS SPA and specifically requesting that her referral be sent to LYRA". Another parent providing feedback that "her son was assessed same day by the MDT and received immediate support from the Anna Freud Centre". A third parent fed back that "this has been a long time coming and makes it so much easier for parents to get the right support early for their children outside of CAMHS."

## 5.0 Financial Considerations

5.1 LYRA is being prototyped and funded by the Partnership. A full Business Case for financial resources has been submitted to NWL ICB as sustained investment is required to roll-out the fully embedded Phase 2 of LYRA at scale. The Local Authority (Children, Young People and Community Development Directorate) and Public Health have agreed to provide £250K funding towards the new service. Without additional longer-term investment, existing pressures on CAMHS, A&E and in schools will continue to escalate, with more children and young people continuing to face poorer health, educational and economic outcomes.

## 6.0 Legal Considerations

6.1 Phase 1 of LYRA has been funded by the ICP and was commissioned in line with relevant Local Authority and NHS commissioning frameworks.

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

7.1 LYRA has been designed to address and reduce inequalities in children and young people's mental health access and outcomes across Brent in line with the requirements of the Equality Act 2010 are reflected in the service design.

7.2 Other relevant equalities considerations:

- Brent's diverse communities face disproportionately higher levels of unmet mental health needs. LYRA addresses this through community co-design and co-production, culturally competent workforce and delivery in trusted local settings.
- LYRA's community-based approach has been designed to reach and support our children and young people early and prevent late seeking help.
- Self-help tools, digital and peer-support approaches are incorporated within the support offer to broaden access for children, young people and families who may not engage with traditional clinical support, pathways and settings.
- LYRA's model mitigates disparities in access and outcomes for marginalised groups including children and young people from ethnic minority communities, looked after children and care leavers.

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

8.1 LYRA's community-based delivery model reduces the need for children, young people and their families to travel to centralised clinical settings and instead focuses on delivering support in local community settings, satellite and open spaces accessible to our families, contributing to reduced carbon emissions across the borough. The inclusion of virtual and blended support options further minimises the environmental footprint of service delivery. This approach supports Brent's ambition to be a carbon neutral Borough by 2030.

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

9.1 LYRA is delivered through a collaborative, consortium of partners (Mental Health Support Teams in Schools, Brent Centre for Young People, Brent Young People THRIVE, CNWL CAMHS and the Anna Freud Centre). Workforce development, training and supervision arrangements are in line with contractual requirements. There are no HR implications arising from this development. Delivery is across community venues and local settings, with no new property acquisitions.

## **10.0 Communication Considerations**



10.1 A communications and engagement strategy is in place to support this development and ongoing delivery of LYRA. Key elements include:

- A successful and well-attended LYRA launch event delivered at Brent Civic Centre in March 2026, for system partners and professionals
- Engagement with GPs, Council, Health and Partnership forums, resident facing forums, and professional facing newsletters, school forums, SENCOS, Brent Youth Parliament, Brent/Parent Carer Forum, VCSE groups to raise awareness of the service.
- LYRA communication flyers and posters circulated digitally and in-print across family wellbeing centres, libraries, parent/carers forums, schools, newsletters
- Young People involvement in naming the service LYRA following the identified theme of 'Constellation' and shaping the outreach approach and materials, ensuring communication is accessible and destigmatising.

**Report sign off:**

**Tom Shakespeare**

Director of Brent Integrated Care Partnership

 <b>Brent</b>  <b>West and North London</b>	<p align="center"><b>Brent Health and Wellbeing Board</b></p> <p align="center">16 April 2026</p>
	<p align="center"><b>Report from the Chair of Brent Children's Trust</b></p>
<p align="center"><b>Brent Children's Trust 6 monthly progress report</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	Appendix A - Governance Chart
<b>Background Papers:</b>	0
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Wendy Marchese Strategic Partnerships Manager <a href="mailto:Wendy.Marchese@brent.gov.uk">Wendy.Marchese@brent.gov.uk</a>

## 1.0 Executive Summary

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

1.5. This paper provides an update of the BCT work programme covering the period November 2025 to April 2026.

## 2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to note the strategic oversight activity of the BCT for the period November 2025 to April 2026.

## 3.0 Detail

### The Brent Children’s Trust

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

3.2. The Chair of the BCT is the Corporate Director, Children and Young People, Brent Council. The Vice Chair is the Brent Integrated Care Partnership Director.

3.3. The full current membership of the BCT consists of:

Organisation	Role
<b>Brent Council</b>	<ul style="list-style-type: none"> <li>• Corporate Director of Children and Young People (Chair)</li> <li>• Director of Public Health</li> <li>• Public Health Consultant (Children and Health Protection)</li> <li>• Director Education, Partnerships and Strategy</li> <li>• Head of Looked After Children and Permanency</li> <li>• Head of Inclusion</li> <li>• Head of Early Help</li> <li>• Head of Place Leadership</li> </ul>
<b>Brent Integrated Care Partnership</b>	<ul style="list-style-type: none"> <li>• Brent Integrated Care Partnership Director (Vice Chair)</li> <li>• Brent Borough Lead Director</li> <li>• Brent Clinical Lead, Children’s Services</li> <li>• Head of Joint Commissioning - Mental Health, Learning Disabilities and Autism, Brent</li> </ul>
<b>Health Service Providers</b>	<ul style="list-style-type: none"> <li>• Deputy Director of Operations for Children’s Services Central London Community Healthcare NHS Trust</li> <li>• Service Director for CAMHS and Eating Disorders Central North West London Mental Health Care NHS Trust</li> <li>• Head of Nursing for Paediatric London North West University Healthcare NHS Trust</li> </ul>

### 3.4. The responsibilities of the BCT include:

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

3.5. The BCT activity is also aligned with the Brent ICP priorities relating to children and young people's services. The Chair of the BCT is a member of the ICP Executive, supporting joined-up oversight across both arrangements.

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

<b>Partnership Group</b>	<b>Purpose</b>
<b>Inclusion Strategic Board</b>	<ul style="list-style-type: none"><li>• To drive the development, implementation and success of the Brent SEND Strategy.</li></ul>
<b>Early Help and Prevention Group</b>	<ul style="list-style-type: none"><li>• To drive the development, implementation and success of the Supporting Families programme and Youth Strategy.</li></ul>
<b>Looked After Children and Care Leavers Partnership Group</b>	<ul style="list-style-type: none"><li>• To drive a range of initiatives that reflect both national and local policies and best practice to improve outcomes for children in care and care leavers.</li></ul>

### **BCT strategic oversight activity during November 2025 to April 2026**

3.7. The BCT has continued to provide strategic oversight and direction across a range of partnership initiatives aimed at improving outcomes for children and young people, through integrated working between health, the local authority and voluntary sector partners.

- 3.8. The BCT meets every two months to review progress against identified priority areas and to consider emerging local and national developments affecting children and young people's services.
- 3.9. During the period November 2025 to April 2026, the BCT met on three occasions: 25 November 2025, 10 February 2026 and 24 March 2026.
- 3.10. The meeting held on 10 February 2026 took the form of a reflective workshop to refresh the Brent Children's Trust strategic vision and set a clear direction for the partnership for the period 2026 to 2028.
- 3.11. During this reporting period, BCT continued to oversee several key partnership initiatives outlined in the following sections.

#### ***Working Together in Neighbourhoods***

- 3.12. The BCT received updates on neighbourhood working initiatives linked to the Brent Health Matters (BHM) and Radical Place Leadership (RPL) programmes. BHM and RPL are key components of effective joint working with communities at the neighbourhood level. These initiatives will be brought together into a single, coherent framework for "Working Together in Neighbourhoods."
- 3.13. The BCT support the work that is underway to develop a detailed roadmap, building on progress and learning from BHM, RPL, and other neighbourhood collaboration efforts across the Borough. This roadmap will provide a structured plan to strengthen integration, maximise community impact, and ensure services are responsive to local needs.
- 3.14. The BCT heard the progress made on the early implementation activity in Harlesden, focusing on strengthening collaboration between the Council, NHS partners, and the voluntary sector to better connect services around families. Key priorities include addressing health inequalities, improving school readiness, and increasing engagement with underserved communities.
- 3.15. Members provided strategic direction on the development of the neighbourhood model for integrated health and care, emphasising the importance of coordinated working across the Council, NHS partners, and voluntary sector.
- 3.16. A new executive group will oversee implementation, supporting neighbourhood-based approaches and ensuring that Family Wellbeing Centres and Child Health Hubs are effectively linked to early intervention and prevention activity.

#### ***Early Years Strategy***

- 3.17. The BCT reviewed progress on the development of the Brent Early Years Strategy and Action Plan in November 2025 and subsequently approved the final strategy in March 2026.
- 3.18. The strategy aims to strengthen early intervention and improve outcomes for children, with a particular focus on increasing the number of children achieving a Good Level of Development (GLD) by age five.
- 3.19. Development of the strategy included engagement with parents, partners and the workforce, alongside analysis of local data. More than 120 parents participated in a recent survey. Early findings highlighted variation in early years outcomes across wards and gaps in information sharing during pregnancy. Members emphasised the importance of a coordinated multi-agency approach that supports families as well as children, recognising the wider impact of poverty, housing challenges and access to services.
- 3.20. The strategy aligns with the Government's Best Start in Life strategy (published July 2025) and functions as Brent's local Best Start in Life plan. It sets out how the borough will work towards the Department for Education target of increasing the proportion of children achieving a GLD by 9% by 2028.
- 3.21. The strategy builds on learning from the Family Hubs and Start for Life Programme (2022–2026), which supported greater integration of services for families in the first 1,001 days.
- 3.22. Key challenges identified through engagement and data analysis include:
- Fragmented leadership and accountability across agencies.
  - Inconsistent information sharing that can delay early identification of support needs.
  - Complex pathways for families, particularly those supporting children with additional needs.
  - Low parental awareness of the importance of early education and early development.
  - Workforce and financial pressures within the early years sector.
  - Persistent inequalities and rising deprivation affecting outcomes in some communities.
- 3.23. The strategy sets out several approaches to address these challenges, including strengthened partnership working, earlier identification of need, improved support for families in the first 1,001 days, and a stronger focus on reducing inequalities.
- 3.24. A Best Start in Life Transformation Delivery Group will commence in April 2026. Its responsibilities include finalising the action plan, establishing an

accountability framework across agencies and reporting progress through relevant senior leadership structures including the BCT.

- 3.25. Following BCT discussion and feedback on 24 March 2026, the final strategy ([Brent Early Years Strategy 2026 - 2029](#)) was published on 31 March 2026.
- 3.26. A formal launch event is planned for 3 June 2026 at Brent Civic Centre with multi-agency partners, parents and voluntary sector organisations.

### ***Health and Wellbeing of Looked After Children***

- 3.27. The BCT also received the Annual Corporate Parenting Health Report 2024–2025, which sets out health outcomes for children in care. Overall performance remains stable, although there has been a slight decline in some health indicators compared with the previous year, partly reflecting changes in the profile of children entering care.
- 3.28. Priorities for the coming year include improving the timeliness of health assessments for children under five, strengthening the recording of immunisations and increasing completion rates for Strengths and Difficulties Questionnaires (SDQs).
- 3.29. Continued focus will also be placed on emotional wellbeing and access to mental health support. The Wellbeing and Emotional Support Team (WEST) continues to provide targeted support to vulnerable children and care leavers. Between April 2024 and March 2025, the service received 133 referrals for looked after children, providing therapeutic support, consultations and training for carers and professionals.
- 3.30. The BCT noted increasing demand for specialist services and the importance of maintaining continuity of support as service arrangements evolve.

### ***Brent Children's Trust Workshop 10 February 2026***

- 3.31. The BCT held a workshop on 10 February 2026 to bring together partners to set the strategic priorities for 2026–2028.
- 3.32. The session began with a scene-setting session, providing context on the current landscape, governance arrangements, and a look back at the existing BCT priorities agreed in May 2024.
- 3.33. The BCT considered a range of quantitative and qualitative evidence prepared by the Evidence and Insight team to inform its understanding of key challenges affecting children and young people in Brent and inform the development of new priority themes.

3.34. The analysis covered:

- Socio-economic context: Deprivation in Brent
- Neonatal period and infancy
- Early childhood & primary years
- Specialist needs and secondary years
- Environmental factors and key challenges

3.35. Key insights from considering the data shared with the BCT included:

- **Looked After Children:** Brent recorded 296 children in care in 2024–25, lower than expected and below the level of statistical neighbours. Members discussed whether this reflected unmet need, noting that strong early intervention and preventative support may be contributing to fewer children entering care. The number of children subject to Child Protection Plans was highlighted as an important related indicator to monitor.
- **Oral Health:** Rates of dental decay among five-year-olds remain above the London and England averages, with particular impacts noted among Syrian and Somali communities. While overall dentistry capacity was not identified as the main issue, initiatives such as community-based dental services and supervised tooth-brushing programmes are beginning to show positive results. Members noted the importance of combining quantitative data with community insight to better understand persistent inequalities.
- **Low Birth Weight:** Higher rates of low birth weight were linked to maternal nutrition and wider socio-economic factors. Brent continues to perform well against targets for New Birth Visits, supporting early identification of need and intervention.
- **Housing and Wellbeing:** Overcrowding, temporary accommodation and affordability pressures were recognised as significant factors affecting children’s wellbeing and mental health. Members emphasised the importance of strengthening links with housing colleagues within Trust discussions to support coordinated responses.
- **Mental Health:** Increasing concerns about adolescent mental health were noted, particularly among boys, with pressures often peaking around exam periods. Members highlighted the need to better understand barriers to accessing support and to address how mental health needs may present differently among boys and young men.

3.36. The BCT also considered insights from the [Born in Bradford](#) research programme, reflecting on the key findings and their relevance for Brent,

including implications for early intervention, prevention, and partnership working to improve outcomes for children and families.

- 3.37. BCT members undertook a priority-setting exercise to identify key priority themes for the partnership. Participants proposed priorities individually, which were then voted on to identify those receiving the strongest support. Members then discussed the results and grouped related suggestions into broader themes, confirming consensus across the Trust.
- 3.38. The exercise identified four priority themes to guide the future work of the Brent Children's Trust.

**1) Children's Mental Health and Wellbeing**

Members highlighted growing concerns about access to support, the need for earlier intervention, and gaps in provision for school-age children. The Trust agreed that future work should focus on strengthening early intervention, expanding school-based support, and ensuring dedicated mental health provision for vulnerable groups, including children in care and families requiring perinatal support.

**2) Health Inequalities and Neighbourhood Working**

Health inequalities were identified as a cross-cutting priority that should shape all areas of partnership work. The Trust was pleased to hear that the needs of children were being thought about separately as part of this new workstream and that the different cultural needs of the various communities were at the forefront of this workstream. The Trust emphasised the importance of neighbourhood-based approaches that bring services closer to communities, alongside stronger collaboration across health, housing and wider partners.

**3) Best Start in Life**

Members agreed on the importance of prevention and the first 1,001 days in shaping long-term outcomes. The Trust highlighted the need for stronger early help pathways, improved support for parents and carers, and a continued focus on school readiness and early child development.

**4) Inclusion Support and Pathways**

Members noted increasing demand for additional support and the need for more coordinated pathways across education, health and social care. The Trust emphasised earlier identification of needs, improved integration of services, and stronger support for speech, language and communication needs.

3.39. In addition to the priority themes, BCT members identified a number of cross-cutting principles that should guide how work across the partnership is developed and delivered.

- **Principle 1: Data and Intelligence**

Members emphasised the need for a stronger, joined-up evidence base combining quantitative data, qualitative insight, and community intelligence. They highlighted aligning research, analysis, and commissioning cycles, and the importance of understanding wider determinants of health—housing, poverty, environment, and crime. Place-based analysis was seen as key to targeting resources effectively across Brent.

- **Principle 2: Partnership Working**

Members supported stronger partnership working across agencies to reduce fragmentation and improve experiences for children and families. This includes integrated referral pathways, shared accountability, and earlier joint planning, with a particular focus on neighbourhood-level collaboration and aligning resources around local priorities.

- **Principle 3: Community Engagement and Inclusion**

Members highlighted strengthening the role of communities and the VCSE sector in governance and delivery, ensuring children, families, and schools have a meaningful voice. They stressed co-producing services with communities, understanding cultural factors, and addressing environmental and housing influences on outcomes.

- **Principle 4: Integrated Delivery**

Members endorsed integrated, prevention-focused delivery models that centre on the lived experience of children and families. They supported co-location of services, stronger neighbourhood working, and approaches informed by Marmot principles and research, including potential development of a “Born in Brent” model to better address local inequalities.

3.40. BCT members also agreed that the governance arrangements of the BCT should evolve to reflect the proposed priority themes and strengthen collective accountability across the partnership.

3.41. There was strong support for widening representation within the Trust membership. In particular, members emphasised the importance of strengthening the role of the voluntary, community and faith sector (VCSE),

recognising that these organisations are often closely connected to communities, hold trusted relationships with families, and provide valuable insight that may not always be captured through statutory data.

- 3.42. Members also highlighted the importance of ensuring that education and housing partners have a clear and active role within the Trust, given their significant influence on children and young people's outcomes and their relevance to the agreed priority themes.
- 3.43. In addition, there was support for strengthening the relationship between the BCT and the children and young people strand of Brent Health Matters. Members suggested that this work should have clearer oversight through the BCT, recognising its contribution to addressing health inequalities and supporting neighbourhood-based prevention activity.
- 3.44. Overall, members supported a move towards a more inclusive and integrated partnership model, with broader representation, clearer accountability and stronger links between governance and delivery.
- 3.45. During the March 2026 meeting, members discussed the next steps following the workshop and agreed that the themes and principles identified would be developed into a refreshed activity plan. This will set out the partnership's priorities and areas of focus for the next two years. The agreed plan will be shared with the Health and Wellbeing Board as part of the next progress update report in October 2026.

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

- 4.1. Brent Council and health sector partners are core members of the Brent Children's Trust and its associated partnership groups and have contributed to the development of this report.

#### **5.0 Financial Considerations**

- 5.1. This report provides a progress update on the work of the Brent Children's Trust and does not give rise to any direct financial or budgetary implications.

#### **6.0 Legal Considerations**

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

#### **7.0 Equity, Diversity and Inclusion Considerations**

- 7.1. Included within the main body of the report.

## **7.0 Climate Change and Environmental Considerations**

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

## **8.0 Communication Considerations**

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

**Report sign off:**

***Nigel Chapman***

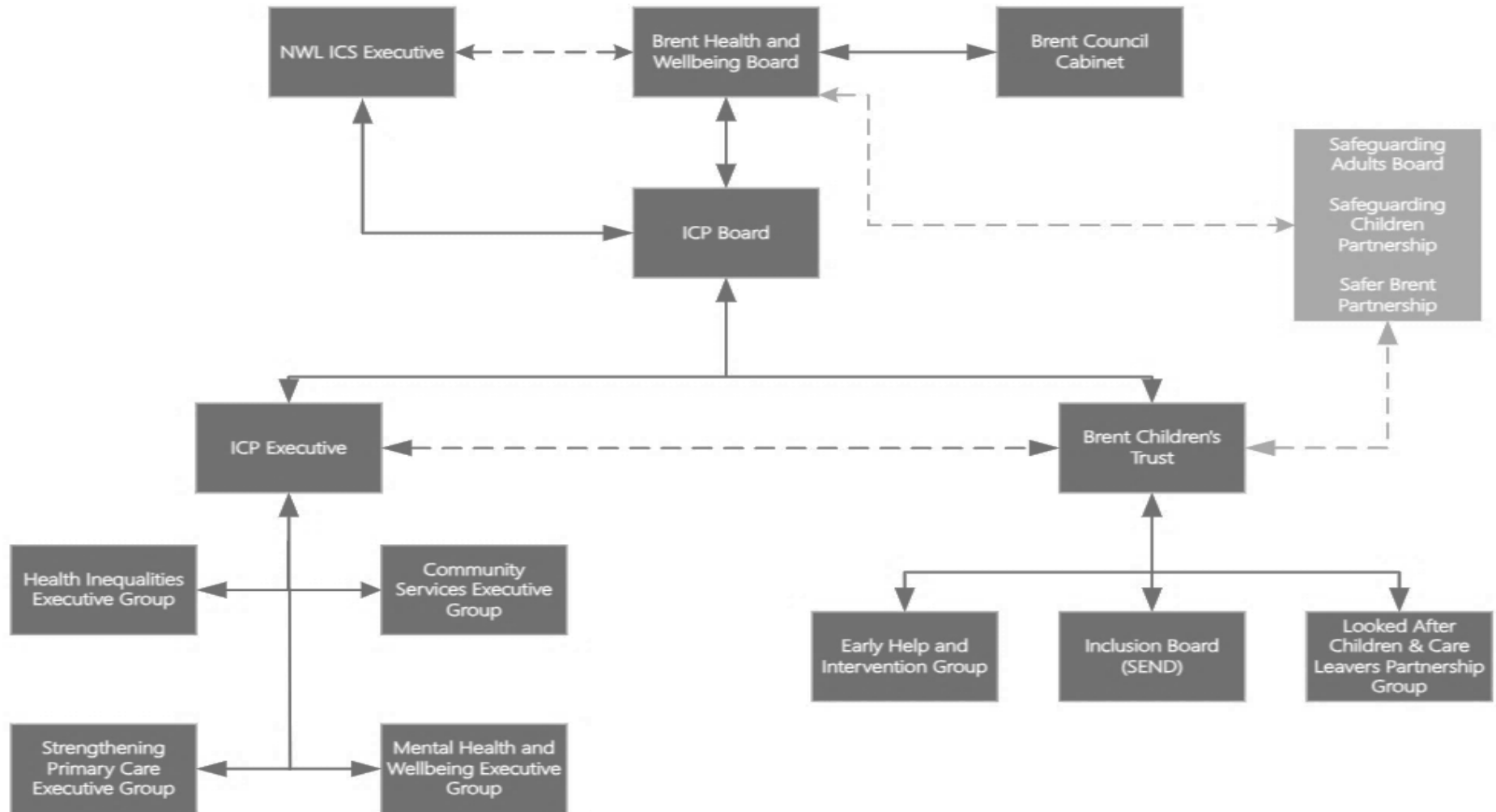
Corporate Director of Children, Young People and Community Development

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# Appendix A

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

(September 2024)



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 <p><b>Brent</b> <b>NHS</b> West and North London</p>	<p><b>Brent Health and Wellbeing Board</b> 16 April 2026</p>
	<p><b>Report from the Director of Public Health</b></p>
	<p><b>Lead Cabinet Member for Adult Social Care, Public Health and Leisure – Councillor Neil Nerva</b></p>
<p><b>Brent Food Strategy (2026-2029)</b></p>	

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	N/A
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>List of Appendices:</b>	Appendix 1 – Brent Food Strategy (2026-2029) Appendix 2 – Draft Food Action Plan (2026-2029) Appendix 3 – Introducing Brent’s Food Strategy Slide Deck
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Shadi Ambrosini Public Health Strategist <a href="mailto:shadi.ambrosini@brent.gov.uk">shadi.ambrosini@brent.gov.uk</a>

## 1.0 Executive Summary

1.1. The Public Health team and the Food Partnership Steering Groups are pleased to present to the Health and Wellbeing Board the first draft of a new Food Strategy for Brent, fulfilling commitment 1.1 from the Joint Health and Wellbeing Strategy. This paper provides an update on the development of the Food Strategy and its related Food Action Plan, highlights core themes, and outlines a proposed plan for action.

## 2.0 Recommendation(s)

2.1 The Health and Wellbeing Board will have strategic oversight of the new Food Strategy and Food Action Plan, and is requested to:

2.2 Note the timeliness of this strategy, which sees Brent joining a growing national movement to transform local food systems through a coordinated and evidence-based strategic approach across sectors.

2.3 Note the appendices for further information; review, and comment on the proposed strategic priorities outlined in the Food Strategy and the actions contained in the Draft Food Action Plan.

### **3.0 Detail**

- 3.1 Brent's Food Strategy sets out a shared vision for creating a fair, sustainable, and healthy food system that benefits everyone in our borough. It outlines priorities for action across health, sustainability, and equity, ensuring that food policies and programmes are aligned and impactful.
- 3.2 It recognises that food is central to our lives, it shapes our health, culture, and environment, and it has the potential to radically transform our borough for the better.
- 3.3 The strategy was developed collaboratively around six core Food Missions, which address the most pressing food-related challenges in Brent. These are:
- **Mission 1:** We will improve access to healthy and affordable food, and tackle diet-related health inequalities
  - **Mission 2:** We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity
  - **Mission 3:** We will support the development of food literacy and skills in schools and in communities
  - **Mission 4:** We will promote good food jobs, skills training, and opportunities within the local food economy
  - **Mission 5:** We will encourage growing food in the community and at home, and support access to resources
  - **Mission 6:** We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices

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

- 4.1. The new Food Strategy aligns with the strategic priorities of the Brent Borough Plan 2023-2027, and wider Brent strategies and priorities by focusing on improving health outcomes, advancing climate and sustainability goals, and enabling residents of all ages to live healthy and dignified lives.

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

- 5.1 The journey to developing a Food Strategy for Brent started in 2021, with the Right to Food campaign. This was followed by a rigorous and collaborative process led by the Public Health team, supported by a Food Partnership Steering Group, council colleagues, NHS partners, VCS organisations, and residents.
- 5.2 A Visioning Workshop was held in 2023 (55 people, 37 organisations), which informed initial priorities. In 2025 a Public Health Strategist was appointed to lead and coordinate the work further. In 2025 a Food Strategy Workshop was held (67 people, 28 organisations), which informed the establishment of six core Food Missions.
- 5.3 Throughout 2025 and 2026, the team engaged with organisations and residents in Brent. In 2026, the team convened 41 relevant colleagues and stakeholders to review and validate the draft Food Strategy and Action Plan.
- 5.4 We will continue to engage residents and organisations to define interventions.

## **6.0 Financial Considerations**

6.1 Brent Public Health is committed to exploring resourcing options with relevant stakeholders to support the delivery on the proposed actions supported by the new Food Strategy.

6.2 An allocation from the Public Health Grant will be made as appropriate, with the Public Health Strategist exploring suitable additional funding streams with relevant partners.

## **7.0 Legal Considerations**

7.1 None at this stage.

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

7.1 The new Food Strategy centres dignity and equity in all its recommendations, and proposes solutions that focus on addressing health inequalities and supporting communities to thrive.

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

8.1 The strategy is deeply connected to Brent's climate resilience and adaptation goals, explicitly linking sustainability with food system transformation to support climate goals.

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

9.1 None at this stage.

## **10.0 Communication Considerations**

10.1 The Food Strategy will be published and shared with partners, stakeholders and the wider public, once approved.

## **11.0 Next Steps**

11.1 With the appropriate governance, planning, and resource allocation, Brent can drive meaningful progress toward a food system that improves health outcomes, advances climate and sustainability goals, and enables resilience.

11.2 It is advised to begin by focusing on building strong foundations to ensure that Brent's good food movement has longevity and can support long-term impact.

11.3 In the first year of implementation, key priorities will include building an appropriate operational structure, further developing the action plan to include KPIs, engaging key stakeholders and partners, trialling interventions, supporting food policy advocacy, achieving Sustainable Food Places Bronze/Silver accreditation, and improving Brent's Good Food Local score in the London league table.

11.4 This should be done by strengthening partnerships with committed partners, leveraging existing assets, and prioritising actions that:

- Strengthen system-wide alignment
- Reduce duplication
- Build local capacity
- Shift power to communities
- Deliver tangible improvements in food security, health, and sustainability

**Report sign-off:**

***Ruth du Plessis***

Director of Public Health

# Brent Food Strategy

*for a healthier, fairer, and more sustainable local food system.*

**2026-2029**

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# Glossary

## **Best Start Family Hubs**

New name for Family Wellbeing Centres.

## **Cash-first approaches**

Direct cash or voucher assistance provided to residents in financial crisis, rather than other aid like food parcels, to maximise income, promote dignity, and offer choice.

## **CYP**

Children and Young People

## **Early Years**

Early years settings include nurseries, preschools, childminders, and school reception classes.

## **Food-based approaches**

Strategies that promote healthy and balanced eating habits to support health and reduce the risk of chronic diseases.

## **Food Partnership**

A collaborative, cross-sector coalition bringing together local councils, businesses, charities, and community groups, to transform local food systems.

## **Food System**

The complex, interconnected network of people, processes, and infrastructure involved in taking food from farm to fork.

## **Free School Meals**

available to children from families receiving specific benefits, including Universal Credit, income support, and child tax credit.

## **FWC**

Brent Family Wellbeing Centres offer a wide range of free health, education and welfare services to families.

## **Health and Wellbeing Board (HWB)**

A statutory committee established within local authorities in England under the Health and Social Care Act 2012.

## **Health Visiting**

A free, universal NHS service providing specialized support to families with children aged 0–5 years.

## **Healthy Start Scheme**

A UK government program (England, Wales, and Northern Ireland) providing financial assistance to low-income pregnant women and families with children under 4.

## **HFSS**

Foods that are high in fat, salt, and sugar.

## **IMD**

Index of multiple deprivation.

## **Licence to Grow**

## **LFPC**

London Food Purchasing Commitment.

## **MECC**

Making Every Contact Count.

## **Right to Grow**

## **Social prescribing**

## **Town Centre Management**

## **VCS**

Voluntary and Community Sector

# Introduction: A Food Strategy for Brent Council

## Introduction

Food is central to our lives. It shapes our health, culture, and environment. Brent's Food Strategy sets out a shared vision for creating a healthier, fairer, and more sustainable local food system that benefits everyone in our borough.

It recognises that food is not just about what we eat, but how it is produced, accessed, and shared. This strategy aims to tackle health inequalities, improve wellbeing, and strengthen resilience by ensuring that good food is available, affordable, and culturally appropriate for all.

## Why We Need a Food Strategy

Brent faces significant challenges: rising food insecurity, diet-related ill health, and environmental pressures.

Poor diets contribute to obesity, diabetes, and cardiovascular disease, placing strain on health services and reducing quality of life <sup>(1,2)</sup>.

At the same time, the cost-of-living crisis and unequal access to healthy food deepen health inequalities. A coordinated approach is essential to address these issues and create a food system that works for everyone.

## What Is a Food Strategy?

A food strategy is a long-term plan that brings together local government, the NHS, businesses, schools, and community organisations to improve how food is produced, distributed, and consumed. It sets priorities for action across health, sustainability, and equity, ensuring that food policies and programmes are aligned and impactful.

## Who Is It For?

This strategy is for everyone in Brent - residents, community groups, schools, businesses, and public services. It provides a framework for collaboration, enabling partners to work together to deliver meaningful change.

## Our Approach

The strategy is built around six key Food Missions which address the most pressing food-related challenges in Brent.

While each Food Mission explores a distinct area of action, the Food Strategy highlights a deeply interconnected food system with a number of common threads and shared values:

- **Food is foundational.** It impacts every aspect of life.
- **Equity is central.** We must level the field so that everyone in Brent can eat well.
- **Dignity matters.** We must develop approaches that centre agency and compassion.
- **Partnership is powerful.** Joining up work across sectors leads to lasting change.
- **Environments shape our choices.** The structural context dictates our connection to food.
- **Food builds community.** It acts as a tool for social connection, learning and wellbeing.

# Food Strategy Outline: Food Missions and Objectives

**Mission 1: We will improve access to healthy and affordable food, and tackle diet-related health inequalities.**

- **Objective 1:** Improve **access to healthier food options** across all communities, particularly in areas with higher levels of health inequalities and deprivation.
- **Objective 2:** Support **food-focused health promotion** initiatives across school, healthcare, and community settings.
- **Objective 3:** Shape **healthier local food environments** through planning, policy, and public procurement.

**Mission 2: We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity.**

- **Objective 1:** Tackle the **systemic and structural drivers** of food insecurity — such as poverty, unemployment, housing instability, and limited access to culturally appropriate food.
- **Objective 2:** Establish a consistent approach to provide **minimum levels of professional advice and support** to residents accessing food aid.
- **Objective 3:** Ensure that all residents experiencing financial hardship can **access high quality, nutritious food** in their local community **with dignity**.

**Mission 3: We will support the development of food literacy and skills in schools and in communities.**

- **Objective 1:** Embed **food education** and **practical food skills** in community learning settings (across all ages).
- **Objective 2:** Improve the **quality, healthiness, and sustainability of food** served and sold in and around schools.
- **Objective 3:** Support school staff in **developing whole-school approaches to food** that link curriculum and culture.

**Mission 4: We will promote good food jobs, skills training, and opportunities within the local food economy.**

- **Objective 1:** Promote **pathways into good food jobs** through training, apprenticeships, and enterprise support.
- **Objective 2:** Champion **fair pay, decent working conditions, and inclusion** across the local food sector.
- **Objective 3:** Support **local, independent food businesses and enterprises to thrive** and contribute to community wellbeing.

**Mission 5: We will encourage growing food in the community and at home, and support access to resources.**

- **Objective 1:** Increase **access to land and spaces for food growing** across communities, schools, and housing estates.
- **Objective 2:** Support **food growing as a tool for education, wellbeing, and engagement** with the environment.
- **Objective 3:** Promote community growing initiatives that **build local food knowledge, resilience, and more connected growing networks**.

**Mission 6: We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices.**

- **Objective 1:** **Reduce food waste across** households, schools, and businesses.
- **Objective 2:** **Promote sustainable, climate-friendly diets** and public **food procurement**.
- **Objective 3:** Support **environmentally responsible food production and distribution** locally.

# Governance and the Delivery of the Food Strategy and Food Action Plan

The Food Strategy is accompanied by a detailed Food Action Plan, and underpinned by a clear and transparent governance framework to ensure strong leadership, accountability and effective delivery across the borough.

Both the Strategy and Action Plan have been reviewed and approved by the **Health and Wellbeing Board**, which retains strategic oversight, recognising the central role of food in improving population health, reducing health inequalities, and supporting overall wellbeing.

- The Health and Wellbeing Board will provide high-level leadership, ensure alignment with wider Council and system priorities, and receive regular updates on the delivery of the Food Action Plan.

A borough-wide **Food Partnership** will act as the central collaborative body for the delivery and ongoing development of the Food Action Plan.

- A Food Partnership's role is to coordinate activity across the local food system, share knowledge and expertise, and provide a mechanism for constructive engagement across sectors<sup>(3)</sup>.
- It also acts as a space for joint problem-solving, enabling partners to identify challenges early and collectively shape solutions that reflect the lived experience of Brent's communities.
- Brent's Food Partnership will thus bring together the Council, the NHS, voluntary sector organisations and community groups, schools, local businesses, and residents.

Governance of the Food Partnership will be delivered through the **Food Partnership Steering Group**, convened by Brent Council Public Health and made up of key stakeholders from across the local authority and the wider food system.

- It will provide strategic direction, agree priorities, identify risks, co-develop solutions, and oversee performance against the Action Plan across all Food Missions.
- It will ensure that the Food Partnership operates effectively and transparently, it remains aligned with the objectives of the Food Strategy, and regularly reports into the Health and Wellbeing Board.
- It will also play a critical role in fostering collaboration between relevant working groups and in supporting the development of shared approaches across the food system.

Delivery of the Food Action Plan will be supported by mission-specific **Food Action Working Groups** (FAWGs), each focusing on one Food Mission.

- These groups will bring together a range of stakeholders, including cross-sector partners and community representatives, to drive forward practical action.
- They will be responsible for delivering mission-specific actions, monitoring progress against agreed outcomes, and escalating key issues or risks to the Steering Group.
- They will draw on the expertise of local organisations and people with lived experience to ensure that actions are meaningful, inclusive and responsive to local needs.

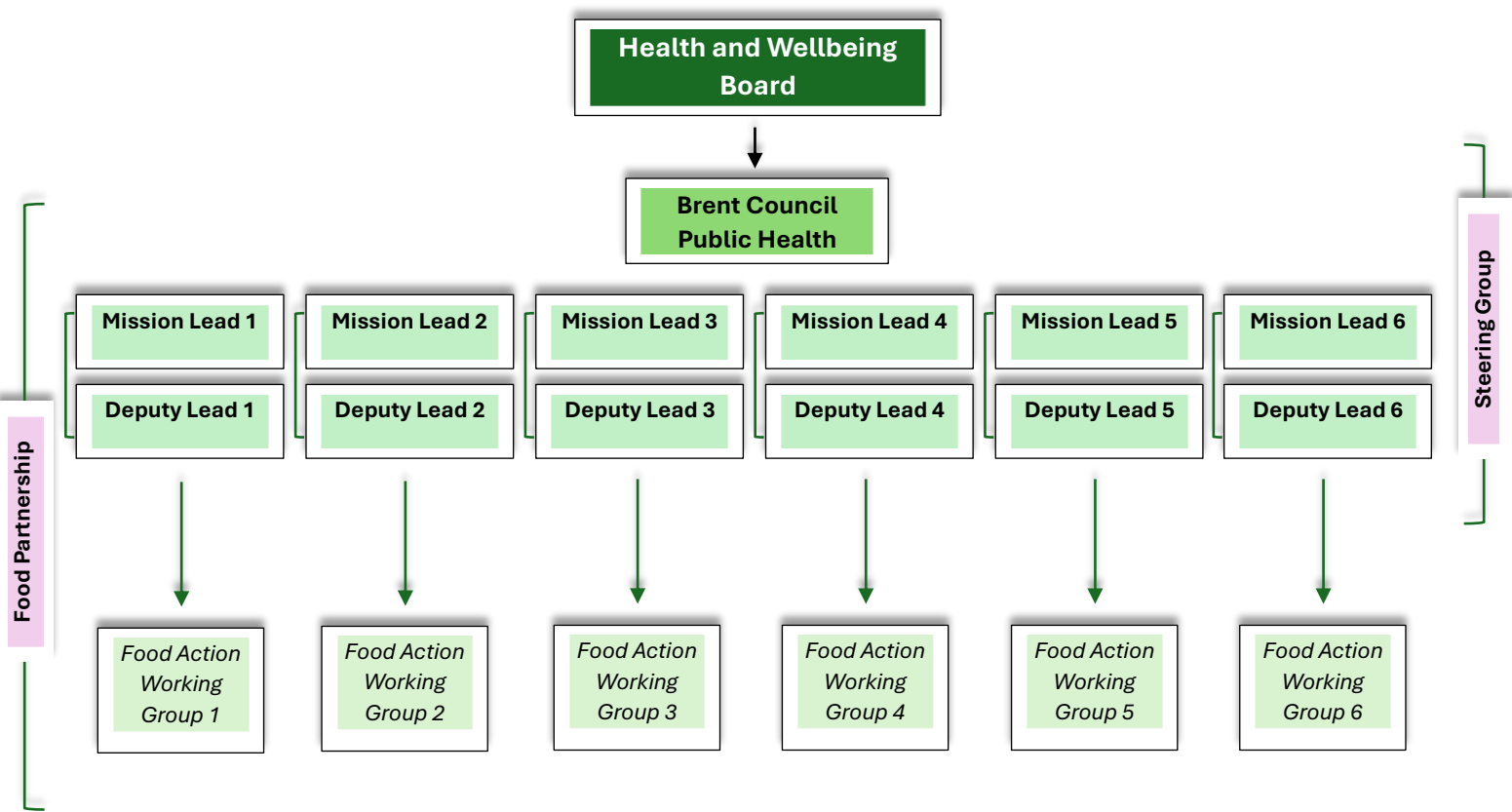
This layered governance and delivery framework will ensure that the Food Strategy continues to have strong political backing and strategic leadership, inclusive partnership working, and clear lines of accountability from strategic oversight through to delivery.

Regular reporting, review, and partner engagement will support continuous learning and adaptation, allowing the Strategy to respond to emerging needs, external pressures, as well as new opportunities over time.

Together with the Food Action Plan, this framework will provide a strong foundation for implementing the Food Strategy, enabling a healthier, more equitable, and more sustainable local food system in Brent.

In summary:

- The **Health and Wellbeing Board**, as the borough’s principal health and wellbeing leadership forum, will provide strategic oversight and ensure that the commitments within this Strategy remain anchored to Brent’s broader ambitions around health equity, climate action, community cohesion, and economic resilience.
- The **Steering Group** will offer strategic direction for delivery, coordinate work across Food Missions, oversee performance, assess risks, and share learnings while maintaining strong links with the Health and Wellbeing Board.
- The **Food Action Working Groups** will lead the operational delivery for each Food Mission and deliver mission-specific interventions by ensuring practical, inclusive and community-led implementation, monitoring progress and escalating issues where appropriate.
- The **Food Partnership** will act as the borough-wide convening body that will work to strengthen the local food system through collective action, fostering collaboration and engagement, shared leadership, joint problem-solving.



# Mission 1: We will improve access to healthy and affordable food, and tackle diet-related health inequalities.

Food shapes our lives, cultures, and identities. It influences health outcomes and wellbeing, yet access to healthy, affordable, and culturally appropriate food remains a challenge.

Poor diets are a leading cause of preventable non-communicable diseases (NCDs) such as cardiovascular disease, type 2 diabetes, and certain cancers <sup>(4)</sup>.

While guidance like the Eatwell Guide promotes balanced diets rich in fruits, vegetables, grains, and legumes, most UK residents fail to meet these recommendations <sup>(4)</sup>.

National data shows high intake of saturated fats, sugar, and salt, alongside insufficient fibre, fruit, and oily fish consumption <sup>(4)</sup>.

Adults and children often exceed daily calorie recommendations, contributing to obesity and related health issues <sup>(4)</sup>.

This mission aims to create conditions where healthy choices are easy, affordable, and accessible, while addressing structural barriers and shaping healthier food environments through planning and policy.

Working with schools, businesses, and community partners, we will build a food system that supports healthier lifestyles and tackles diet-related illness.

## Type 2 Diabetes

In 2024/25, Brent recorded **8.1%** type 2 diabetes prevalence, higher than the London average of 7.2%

## Hypertension

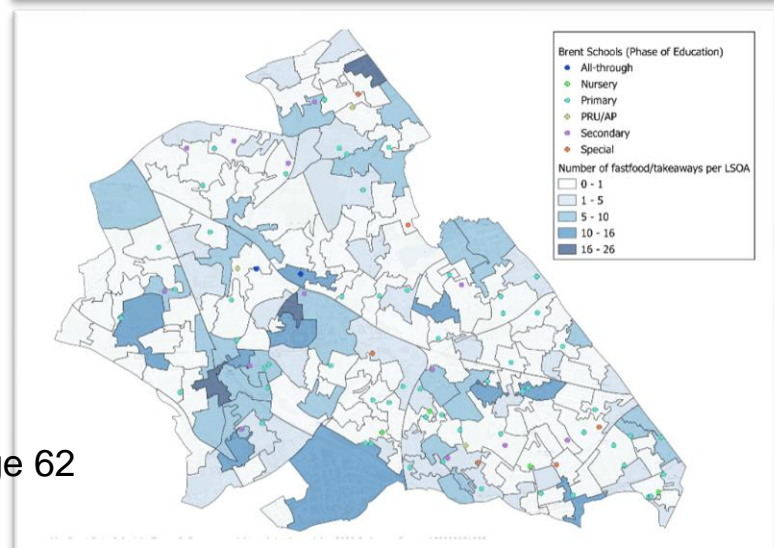
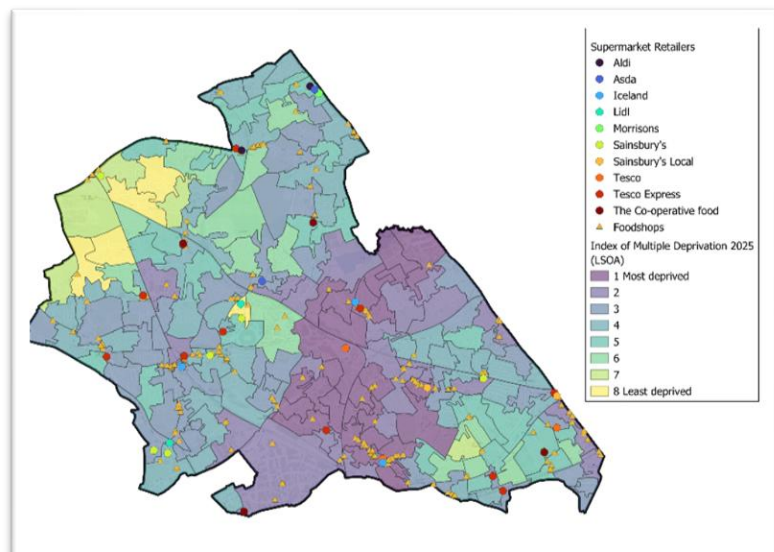
In 2026 Brent's hypertension rate is **13.3%**, higher than the London average of 10.6%

## Weight in Adults

In 2023/24, **61.3%** of Brent adults were overweight, which was higher than the London average of 57.8%

## Weight in Children

As of 2024/25, **38.1%** of Year 6 Brent pupils were overweight or obese, which is higher than the London average of 24.8%



**Objective 1.1: Improve access to healthier food options across all communities, particularly in areas with higher levels of health inequalities and deprivation.**

Access to affordable, nutritious food is one of the most effective ways to reduce health inequalities and improve outcomes across all ages <sup>(5)</sup>. In Brent, access to healthy food varies significantly between communities. In more deprived neighbourhoods, healthy options are scarce, while unhealthy outlets dominate. This imbalance worsens health inequalities and limits residents’ ability to make healthy choices.

**Objective 1.2: Support food-focused health promotion initiatives across healthcare and community settings.**

Food literacy, the knowledge and skills to make informed food choices, is essential for health and wellbeing. Poor diets and reliance on ultra-processed foods contribute to obesity, diabetes, and hypertension, placing enormous strain on the NHS. Food-focused health promotion integrates food into prevention and care pathways, empowering residents to make healthier choices.

**Objective 1.3: Shape healthier local food environments through planning, policy, and public procurement.**

Food environments, the contexts in which people access and consume food, strongly influence dietary choices. In Brent, deprived areas often have high concentrations of fast-food outlets and limited healthy options. Planning, licensing, and procurement policies can help create environments that make healthy choices easier.

	Desired Outcomes	Solutions
Objective 1	<ol style="list-style-type: none"> <li>Greater equity in food access, ensuring vulnerable and low-income groups can consistently obtain affordable, healthy options.</li> <li>Reduced prevalence of diet-related illnesses such as obesity, diabetes, and cardiovascular disease through improved access to nutritious food.</li> <li>Improved overall health and wellbeing across Brent communities, driven by increased consumption of balanced, culturally appropriate meals.</li> </ol>	<ol style="list-style-type: none"> <li>Scale cash-first and food-based models linked to fresh produce access.</li> <li>Build a dignified, inclusive food support network that respects culture and lived experience.</li> <li>Use data and place-based planning to target provision where the need is greatest.</li> </ol>
Objective 2	<ol style="list-style-type: none"> <li>Stronger integration between health, food, and community services, creating a joined-up approach to prevention and wellbeing.</li> <li>Improved food literacy and awareness of the links between diet and health, enabling residents of all ages to make informed choices.</li> <li>Positive shifts in attitudes and behaviours toward healthy eating, particularly among children and families, leading to long-term dietary improvements.</li> </ol>	<ol style="list-style-type: none"> <li>Integrate food into prevention, treatment, and recovery pathways.</li> <li>Scale food education and cooking confidence across life stages.</li> <li>Run relatable, community-led campaigns that make healthy eating actionable.</li> </ol>
Objective 3	<ol style="list-style-type: none"> <li>Healthier food environments in and around homes, schools, and workplaces, reducing exposure to unhealthy options and promoting nutritious choices.</li> <li>Increased equity in access to good food through planning and procurement policies that prioritise affordability and cultural relevance.</li> <li>More resilient and connected local food systems capable of adapting to future challenges, supporting sustainability and community wellbeing.</li> </ol>	<ol style="list-style-type: none"> <li>Use planning, licensing, and town centre management to rebalance local food offers.</li> <li>Embed nutrition and sustainability standards in public procurement and school food culture</li> <li>Build resilience through connected local food systems and data-led improvement</li> </ol>

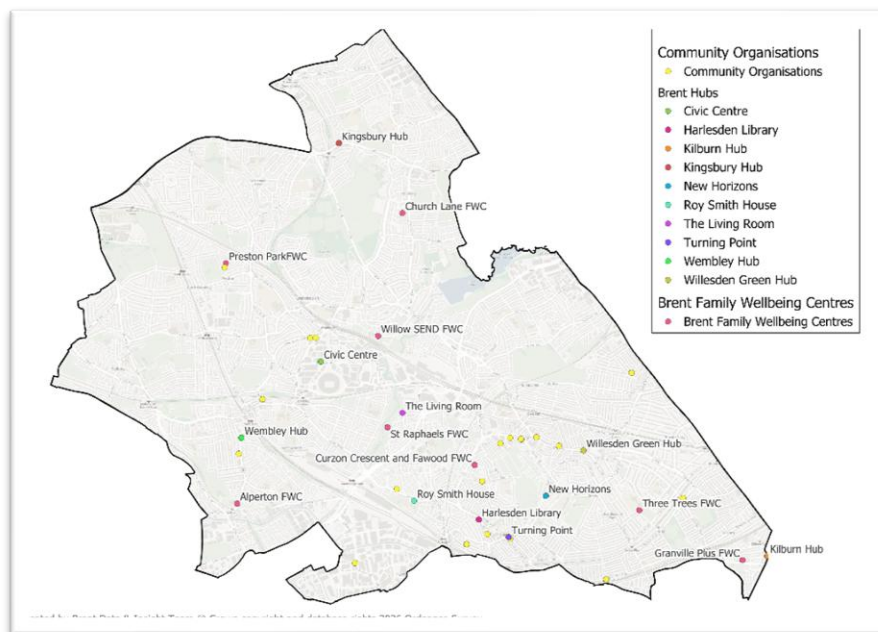
## Mission 2: We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity.

Food insecurity is a pressing challenge that affects health, wellbeing, and overall opportunity in life. Access to nutritious, affordable, and culturally appropriate food is not guaranteed for all, with the reality in the UK, as well as in Brent, reflecting deep inequalities <sup>(6)</sup>.

Food insecurity is defined as the limited or uncertain access to adequate food due to financial or other constraints. In Brent, rates of food poverty mirror national trends but are concentrated in areas of highest deprivation, where systemic factors such as rising living costs, unemployment, and insecure housing exacerbate vulnerability. While Local Authorities can influence some drivers through policy and partnerships, many determinants sit with central government, requiring strong advocacy and collective local action.

Emergency food aid has become a lifeline for many residents, yet provision varies across the borough and often requires referrals, creating barriers for those in crisis. Ensuring dignified approaches, where choice, quality, and respect are central, is critical to reducing stigma and supporting health. Beyond food parcels, wrap-around services offering advice on benefits, housing, and debt are essential to tackling root causes of food insecurity and building food resilience.

This mission aims to support the efforts to tackle some of the systemic and structural drivers of food insecurity, such as poverty, unemployment, housing instability, and limited access to culturally appropriate food. We will establish a consistent approach to provide minimum levels of professional advice and support to residents accessing food aid. The goal is to ensure that all residents experiencing financial hardship can access high-quality, nutritious food in their local community with dignity.



Map of Brent's Community Food Infrastructure

### Universal Credit

As of May 2025, over 60,000 people claimed Universal credit in Brent (17% of Brent residents)

### Free School Meals

Of the 48,780 Brent pupils, 21.8% received FSM in 2025

### Poverty

33% of people in Brent live in poverty, (roughly 116,483 residents)

### Healthy Start

In 2025, 57% of eligible Brent families received cash support through the Healthy Start scheme to help them purchase fresh fruit and vegetables

### Food Aid (Brent Hubs)

From Jan 2025 to Jan 2026, there were 1,866 visits to Brent Hubs for food related support

**Objective 2.1: Tackle the systemic and structural drivers of food insecurity — such as poverty, unemployment, housing instability, and limited access to culturally appropriate food.**

Food insecurity does not occur in isolation, but it's rather the result of deep-rooted structural inequalities. By working with schools, health services, voluntary organisations, and residents, we will champion measures and solutions that reduce poverty, improve housing security, and protect families from financial hardship.

**Objective 2.2: Establish a consistent approach to provide minimum levels of professional advice and support to residents accessing food aid.**

Food aid alone cannot resolve the underlying causes of food insecurity. By embedding advice provision within food aid services, we can transform emergency food support into a gateway for long-term resilience. This approach will require collaboration between the local authority, voluntary sector partners, and specialist advice providers.

**Objective 2.3: Ensure that all residents experiencing financial hardship can access high quality, nutritious food in their local community with dignity.**

Traditional food aid models often limit choice and fail to provide culturally and faith appropriate or nutritionally balanced options. By expanding dignified food access points and integrating them with advice and skills programmes, we can create a system that not only meets immediate needs but empowers residents to thrive.

	Desired Outcomes	Solutions
Objective 1	<ol style="list-style-type: none"> <li>1. Stronger multi-agency collaboration and governance, aligning the Council, health services, schools, advice services, and VCS partners behind a shared plan to address food poverty.</li> <li>2. Improved access to essential services for vulnerable families, with joined-up pathways to welfare advice, housing support, employment programmes, and culturally appropriate food provision.</li> <li>3. Enhanced service coordination across food aid, financial support, housing, and employment, creating a seamless system that tackles root causes and reduces repeat crises.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop integrated, place-based community hubs and shared governance</li> <li>2. Strengthen “cash-first” pathways, housing stability, and employer participation</li> <li>3. Advocate and plan for affordable, culturally appropriate food access</li> </ol>
Objective 2	<ol style="list-style-type: none"> <li>1. A reliable safety net for residents, with a defined minimum standard ensuring access to welfare, debt, housing, and health advice in all food aid settings.</li> <li>2. Improved health outcomes and reduced diet-related illness, by integrating nutrition education, social prescribing, and prevention support alongside food aid.</li> <li>3. Reduced hunger and food insecurity among vulnerable groups, with increased food literacy and better-informed choices across all ages enabled by consistent advice and signposting.</li> </ol>	<ol style="list-style-type: none"> <li>1. Define, fund, and assure a Minimum Advice &amp; Support Standard</li> <li>2. Embed advice where people already go</li> <li>3. Integrate prevention, food education, and crisis resilience</li> </ol>
Objective 3	<ol style="list-style-type: none"> <li>1. Greater equity of access to nutritious, culturally appropriate food, delivered through dignified, choice-based models in accessible community locations.</li> <li>2. Stronger social cohesion and community participation, fostered by welcoming food spaces, shared activities, and resident-led design that reduces stigma.</li> <li>3. Sustained reductions in hunger and food insecurity, as adults and families are empowered to make better-informed choices at home, in schools, and in local shops thus shifting towards healthier, balanced meals.</li> </ol>	<ol style="list-style-type: none"> <li>1. Expand dignified, choice-based food models and infrastructure</li> <li>2. Centre dignity, inclusion, and resident voice</li> <li>3. Improve navigation, coordination, and communication</li> </ol>

## Mission 3: We will support the development of food literacy and skills in schools and in communities.

Our choices in food, such as what we decide to cook for dinner and the way we prepare it, as well as our preference for a homecooked meal or a meal deal for lunch at work, reflect a key part of our daily lives.

A factor which may influence these choices and practices is food literacy. This refers to the set of knowledge, skills, and behaviours that enable individuals to plan, select, prepare, and eat foods that meet their nutritional needs and support their health <sup>(7)</sup>. Food literacy encompasses a range of competencies and skills, including:

- Understanding basic concepts of nutrition and being able to make food choices that support wellbeing
- Possessing cooking skills that enable people to make nutritious meals for themselves and their families
- Being aware of what shapes our food system and knowing where our food comes from
- Understanding how we produce, access, consume and dispose of food impacts on our environment

Despite the known benefits of cooking meals from scratch with whole ingredients, research carried out by the Food Foundation highlights an increasing over-reliance on takeaways and convenience foods, particularly amongst young people.

This type of diet is linked to an increased risk of developing several illnesses including type 2 diabetes, cardiovascular disease, and many different types of cancers.

This mission seeks to improve food literacy across the borough and empower all residents to eat more balanced, nutritious diets. We will advise and collaborate with schools, community organisations, and other local partners towards achieving this goal.

By improving food literacy and skills across the borough, we hope to see a reduction in the diseases associated with poor nutrition and unhealthy diets.

### Case Study: Sudbury Primary School

Sudbury Primary School is leading the way in its approach to providing lunch time dining that is nutritious, creative and culturally appropriate. The head chef, Sinoj Sadanandan, has worked hard to integrate fruit and vegetables into all aspects of the menu, and ensures that all food served is baked rather than fried. In particular, he has re-imagined the chocolate brownie, swapping out sugar and cheap chocolate for beetroot and cocoa to create a healthier alternative.

The school also one dedicated meat free day a week, as well as a vegetarian dish on offer for pupils every day.



### Case Study: Brent Goes Foody

Start Easy LTD is an organisation which seeks to promote human rights, sustainable development and gender equality. In 2025, they worked with several children and young people from across the borough to increase confidence in the kitchen. Sessions included cooking skills, hygiene and food safety, and nutritional education. Across the course of the programme, participants were found to have increased skills in the kitchen, as well as improved food knowledge.

**Objective 3.1: Embed food education and practical food skills in community learning settings (across all ages).**

Food education equips people with lifelong skills useful in and outside the home, and it increasingly offers enhanced understanding of the links between food systems, health, sustainability and climate change. With the foodscape in Brent flooded with takeaways and convenient food options, food education offers an opportunity to encourage residents to improve and rely on their cooking skills to make healthy, balanced meals instead.

**Objective 3.2: Improve the quality, healthiness, and sustainability of food served and sold in and around schools.**

The quality and healthiness of the food served in school canteens has a large impact on pupils' health, wellbeing, and their ability to concentrate in lessons. Disparities in school budgets and funding for free school meals can make it difficult for some schools to provide nutritious meals, thus exacerbating existing inequalities <sup>(8)</sup>. By working with school staff and chefs in Brent to improve lunch menus, we can make a positive impact on both the nutritional value and the climate impact of the food served in the canteen.

**Objective 3.3: Support school staff in developing whole-school approaches to food that link curriculum and culture.**

Taking a whole-school approach to food requires a strong commitment from all relevant stakeholders to share responsibility in embedding food into the curriculum. This is to be done in a way that facilitates learning by integrating and celebrating the diverse food culture of Brent, highlighting recipes from around the world.

	Desired Outcomes	Solutions
Objective 1	<ol style="list-style-type: none"> <li>1. Improved food literacy and practical skills across all age groups, enabling healthier, more balanced eating habits at home and in the community.</li> <li>2. Stronger integration between health, food, and community services, reducing diet-related illness and promoting lifelong wellbeing.</li> <li>3. Greater community engagement in sustainability through food growing, recycling, and climate-conscious eating practices.</li> </ol>	<ol style="list-style-type: none"> <li>1. Expand community-based food education and skills programmes</li> <li>2. Integrate food education into health and wellbeing pathways</li> <li>3. Promote sustainability through food growing and waste reduction initiatives</li> </ol>
Objective 2	<ol style="list-style-type: none"> <li>1. Healthier food environments in and around schools, with increased access to nutritious, affordable, and culturally and faith appropriate options.</li> <li>2. A shift toward sustainable food offers, including plant-rich menus and locally sourced ingredients across school and community settings.</li> <li>3. Clear standards and accountability for food providers, ensuring consistent quality and alignment with health and climate goals.</li> </ol>	<ol style="list-style-type: none"> <li>1. Strengthen food standards and accountability in school settings</li> <li>2. Promote sustainable and plant-rich menus</li> <li>3. Shape healthier food environments beyond the school gates</li> </ol>
Objective 3	<ol style="list-style-type: none"> <li>1. Regular and equitable access to food growing spaces and opportunities for all pupils, fostering practical skills and environmental awareness.</li> <li>2. Stronger school culture around food, connecting curriculum, catering, and community engagement to promote healthy, sustainable choices.</li> <li>3. Increased equity of access to good food for vulnerable groups, ensuring no child is left behind in nutrition and wellbeing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Embed food growing and sustainability into the curriculum</li> <li>2. Build a strong food culture within schools</li> <li>3. Ensure equity and inclusion in school food provision</li> </ol>

## **Mission 4: We will promote good food jobs, skills training, and opportunities within the local food economy.**

Brent faces several labour-market challenges, including higher unemployment (5.7%) and higher levels of economic inactivity (21.9%) than the national average, much of it driven by long-term illness and caring responsibilities. Universal Credit claimant rates (6.2%) are also significantly higher than nationally, particularly among residents aged 25–49 and over 50 <sup>(9)</sup>.

These trends are underscored by skills gaps, barriers to workforce participation, and mismatches between jobseekers and available opportunities. All these challenges can impact social mobility or result in in-work poverty, highlighting the need for targeted skills development and tailored employment support.

The food and catering sectors offer an important opportunity for residents in Brent through a range of professional opportunities and careers that span professional kitchens, hospitality, catering, food manufacturing and more. But these sectors though are not without challenges, with many residents still being offered zero-hour contracts, low wages and hazardous working environments.

This mission aims to expand access to high quality training, apprenticeships, and enterprise opportunities in the local food economy, while championing fair pay and decent working conditions across the sector.

By working with employers, training providers, industry partners, and local institutions, we will support residents to build confidence, gain practical skills, and progress into secure, dignified employment. Through this mission, we will help create a thriving, inclusive food sector that supports community wellbeing, celebrates Brent’s cultural diversity, and drives local economic resilience.

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### **Case Study: Recipes for Resilience**

Community Interest Company, We-Ignite, commissioned by Public Health, delivered a 10-week pathway to employment programme designed to support refugees and asylum seekers into hospitality and catering. The course focused on developing practical kitchen skills while also building confidence, teamwork and English language ability to improve employability.

Each week, up to 10 students took part in hands-on sessions, offering men aged 18–29 a valuable opportunity to step away from the isolation of hotel accommodation and connect with others who had experienced challenging journeys in search of safety in the UK. Participants came from Afghanistan, Iran, Eritrea, Somalia and Egypt.

Alongside learning, they shared culinary traditions from their home countries, creating a rich cultural exchange that helped break down social barriers and build strong connections through a shared love of food. The course concluded with a final showcase evening, where students cooked for members of the Public Health team and invited guests. Working to strict deadlines under real kitchen pressure, the group demonstrated excellent teamwork and professionalism, producing five delicious, healthy dishes that were enthusiastically enjoyed by all.



**Objective 4.1: Promote pathways into good food jobs through training, apprenticeships, and enterprise support.**

Good food jobs can provide individuals with secure employment and a fair and decent wage. Local businesses across Brent’s diverse high streets should work to create new opportunities for residents to upskill, gain confidence, and progress into rewarding roles in a sector central to community life. Through investing in training, apprenticeships, and business support, we can foster an environment where people can gain the confidence they need to thrive in their chosen career.

**Objective 4.2: Champion fair pay, decent working conditions, and inclusion across the local food sector.**

Good food jobs must also be good quality jobs. Fair pay, safe working environments, reasonable hours, and inclusive practices are essential to ensuring workers feel valued and protected. By promoting these standards and adopting fair and accessible practices, the food sector can help build an environment where every worker has the opportunity to thrive with dignity, regardless of background or ability.

**Objective 4.3: Support local, independent food businesses and enterprises to thrive and contribute to community wellbeing.**

Local food businesses are the backbone of Brent’s local economy and cultural identity. Supporting these enterprises to grow, innovate, and create good employment opportunities benefits the whole community. By strengthening local supply chains, celebrating diversity, and helping businesses meet the needs of Brent’s residents, we can foster a vibrant, resilient food economy that enhances health, culture, and community wellbeing.

	Desired Outcomes	Solutions
Objective 1	<ol style="list-style-type: none"> <li>1. A higher-skilled local workforce equipped to contribute to a socially responsible and sustainable food economy.</li> <li>2. Increased participation in food sector careers, with a focus on sustainable and socially responsible roles.</li> <li>3. Expanded access to food-related skills development in schools, colleges, and community learning settings.</li> </ol>	<ol style="list-style-type: none"> <li>1. Expand training and apprenticeship opportunities</li> <li>2. Promote food careers and enterprise development</li> <li>3. Embed food skills into education and lifelong learning</li> </ol>
Objective 2	<ol style="list-style-type: none"> <li>1. Improved health and wellbeing for food sector workers through fair pay, secure contracts, and supportive working environments.</li> <li>2. Greater inclusion and diversity across the food workforce, ensuring equitable opportunities for progression and representation.</li> <li>3. Stronger alignment between employment standards and community wellbeing, creating workplaces that value dignity and social responsibility.</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish and promote a Good Food Employer Charter</li> <li>2. Drive inclusion and workforce diversity</li> <li>3. Align employment with wellbeing and social value</li> </ol>
Objective 3	<ol style="list-style-type: none"> <li>1. Greater economic resilience for individuals and communities, with more revenue reinvested locally through thriving independent businesses.</li> <li>2. Development of culturally relevant food enterprises that reflect Brent’s diversity and strengthen local identity.</li> <li>3. Enhanced collaboration between local businesses and community initiatives to promote health, sustainability, and shared prosperity.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide tailored business support and resources</li> <li>2. Strengthen local supply chains and cultural relevance</li> <li>3. Foster collaboration and community engagement</li> </ol>

## Mission 5: We will encourage growing food in the community and at home, and support access to resources.

Food growing plays an important role in strengthening health, wellbeing, and environmental sustainability. It offers residents opportunities to cultivate their own fruits and vegetables from home gardens, community plots, or one of the borough's 20 allotments.

These growing spaces provide accessible ways for people to connect with nature, reduce their reliance on commercially produced food, and participate in community life.

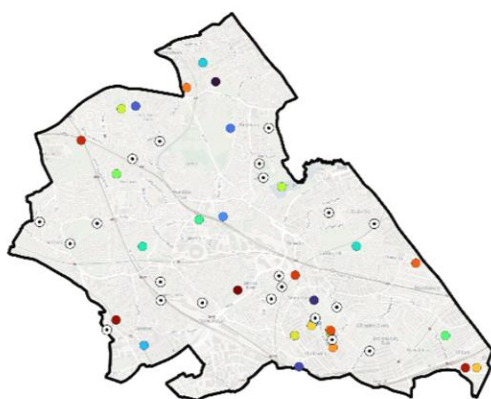
Across Brent, a wide range of food growing opportunities already exist, but access remains uneven and many residents face barriers related to space, knowledge, or confidence, especially in areas of higher deprivation.

Gardening and nature-based activities have been shown to reduce stress, improve mood, and support mental and physical health. Community gardens, allotments, and gardening clubs also offer spaces for social connection, reducing isolation and helping people build meaningful relationships.

At the same time, growing food locally helps cut carbon emissions associated with long supply chains and packaging, and supports biodiversity by creating habitats for pollinators, birds, and insects. When residents grow food, they are also more likely to eat plant-rich diets, supporting healthier eating patterns.

This mission aims to expand access to food growing opportunities for residents of all ages, while strengthening local networks, improving use of public land, and embedding food growing within schools, housing estates, and community settings.

By working with local growers, community organisations, housing associations, and Council colleagues, we hope to increase access to land and reduce the practical barriers residents face. In doing so, we will help build a healthier, more resilient borough where food growing supports wellbeing, environmental stewardship, and community cohesion.



Map of Community Growing Spaces and Allotments in Brent

### Case Study: North Brent Community Garden

North Brent Community Garden opened its doors for the first time in August 2025, and since then it has gone from strength to strength. Starting off as a small patch of unused land a few minutes' walk from Neasden, it has now been transformed into a beautiful garden space for residents to enjoy. Thanks to initial funding from Peabody and Brent Council, Christopher Cowell, the lead volunteer gardener, has been able to create a serene space where several plants, fruits and vegetables that are being grown (including garlic, strawberries, rhubarb and lettuce).

The garden hopes to get more volunteers involved, including school children and residents, so that even more people can enjoy this wonderful space.



**Objective 5.1: Increase access to land and spaces for food growing across communities, schools, and housing estates.**

Access to growing spaces can transform neighbourhoods by giving residents the opportunity to grow their own food, share skills, and build community connections. By working with housing associations, schools, community groups, and voluntary sector partners, we will increase the number of accessible, well managed growing sites and ensure equitable opportunities across the borough.

**Objective 5.2: Support food growing as a tool for education, wellbeing, and engagement with the environment.**

Food growing is a powerful educational tool that helps people understand where food comes from, develop practical skills, and foster healthier relationships with the environment. By embedding growing into community programmes, youth services, and school activities, we can promote mental wellbeing, environmental awareness, and lifelong healthy eating habits

**Objective 5.3: Promote community growing initiatives that build local food knowledge, resilience, and more connected growing networks.**

Community growing initiatives serve as hubs for learning, volunteering, and social connection, whether through allotments, shared gardens, or food growing workshops. Supporting these initiatives will help strengthen local food knowledge, build resilience through local production, and create stronger, more connected networks of growers across Brent.

	Desired Outcomes	Solutions
Objective 1	<ol style="list-style-type: none"> <li>Regular and equitable access to food growing spaces and opportunities across the borough, integrated into housing estates, schools, and community sites.</li> <li>Clear visibility and awareness of available growing spaces and volunteer opportunities, supported by accessible information and sign-up systems.</li> <li>A sustainable model for embedding food growing into urban planning and regeneration, creating healthier food environments in and around homes, schools, and workplaces.</li> </ol>	<ol style="list-style-type: none"> <li>Secure and activate growing spaces</li> <li>Improve visibility and participation</li> <li>Embed food growing into planning and regeneration</li> </ol>
Objective 2	<ol style="list-style-type: none"> <li>Enhanced mental and physical wellbeing through increased participation in outdoor food-growing activities and nature-based learning.</li> <li>Greater awareness of the links between food, health, and sustainability, fostering positive attitudes toward fruit, vegetables, and healthy eating across all ages.</li> <li>Stronger community confidence and capacity to lead local action, building trust and social cohesion through shared growing initiatives.</li> </ol>	<ol style="list-style-type: none"> <li>Embed food growing into education and health programmes</li> <li>Create inclusive, community-led growing initiatives</li> <li>Promote wellbeing and environmental awareness through engagement</li> </ol>
Objective 3	<ol style="list-style-type: none"> <li>Increased food growing knowledge and confidence among all communities, enabling more residents to grow and share food locally.</li> <li>Expanded local food production and reduced reliance on external sources, contributing to food security and resilience.</li> <li>Strengthened local networks, partnerships, and volunteering engagement, creating connected growing communities and peer-to-peer learning opportunities.</li> </ol>	<ol style="list-style-type: none"> <li>Build capacity and skills for community-led growing</li> <li>Strengthen local networks and partnerships</li> <li>Link growing initiatives to local food systems and resilience</li> </ol>

## **Mission 6: We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices.**

Food systems have a profound impact on health, sustainability, and the environment. How we produce, consume, and dispose of food shapes climate outcomes and future resource use. Yet food waste remains a significant challenge across households, schools, and businesses, contributing to greenhouse gas emissions and lost economic value.

In Brent, household food waste is collected for recycling, but participation and quality vary. Schools and businesses also face barriers to effective disposal, with mixed practices and limited composting. Large retailers and manufacturers have greater capacity for waste reduction, but opportunities for improvement remain.

Sustainable and climate-friendly diets are another critical area for action. These diets emphasise plant-rich meals, reduced meat and dairy intake, and minimal ultra-processed foods, aligning health and environmental goals. While national guidance promotes balanced, sustainable eating, uptake is slow, and misconceptions persist around plant-rich diets.

Finally, public food procurement offers a powerful lever for change, enabling local authorities to influence menus in schools, care settings, and community programmes. By embedding sustainability standards in procurement, Brent can lead by example and influence and support climate action.

This mission aims to reduce food waste, promote sustainable diets, and leverage public procurement to create a food system that supports health and environmental goals. Working with schools, businesses, and community partners, we will improve waste management practices, encourage climate-friendly eating, and use targeted policies to shape greener, healthier food environments.

### **Food Waste**

In Q3 of 2025, Brent produced  
**1,494.12 tonnes** of food waste



### **Surplus Food Redistribution**

In 2025, The Felix Project redistributed  
**over 990 tonnes** of food waste in  
Brent, much of which through Brent  
Health Matters and Public Health  
events

### **Case Study: Our Schools Our World Programme**

Across Brent, 20 primary schools have been involved in the Our Schools, Our World programme, an education initiative to integrate climate change, sustainability into the curriculum. Headteachers, governors, programme leads, and business managers took part in a three-day training on Our School, Our World.

Aside from learning green skills one of the key themes of the initiative is learning about diets, food and the way what we eat has an impact on the world around us. As a part of the program several schools have expanded food growing spaces and internal food waste processes have been audited and improved. Helping schools improve their environmental impact whilst inspiring young people to make more informed choices for the environment.



### **Objective 6.1: Reduce food waste across households, schools, and businesses.**

Food waste is a significant contributor to greenhouse gas emissions and resource loss, yet it remains a persistent challenge across Brent. This objective will focus on building a borough-wide system that minimises food waste at every stage. By improving recycling infrastructure, promoting composting, and fostering collaboration between households, schools, and businesses, we can cut emissions, save resources, and create a more sustainable food system for Brent.

### **Objective 6.2: Promote sustainable, climate-friendly diets and public food procurement.**

Dietary choices have a profound impact on both health and the environment. This objective will drive systemic change by combining education with policy action. By influencing what is taught, what is served, and what is purchased, Brent can support creating a food environment that supports healthier, climate-friendly choices for all residents.

### **Objective 6.3: Support environmentally responsible food production and distribution locally.**

The way food is produced and distributed has significant implications for sustainability, equity, and resilience. Local food producers and distributors play a vital role in reducing food miles, supporting the local economy, and ensuring access to fresh, culturally appropriate food. This objective will focus on building a local food system that is resilient, inclusive, and climate conscious. By supporting producers, improving logistics, and embedding sustainability into procurement and planning, Brent can create a food economy that benefits people and the planet.

	<b>Desired Outcomes</b>	<b>Solutions</b>
<b>Objective 1</b>	<ol style="list-style-type: none"> <li>1. An effective and accessible infrastructure for food waste collection and recycling, ensuring consistent participation across households, schools, and businesses.</li> <li>2. Stronger community ownership of food waste reduction, fostering a culture of sustainability and shared responsibility.</li> <li>3. Significant reductions in food waste sent to landfill, contributing to lower carbon emissions and improved environmental outcomes.</li> </ol>	<ol style="list-style-type: none"> <li>1. Build and standardise food waste infrastructure across all settings</li> <li>2. Drive behaviour change and community ownership</li> <li>3. Coordinate and share best practice across sectors</li> </ol>
<b>Objective 2</b>	<ol style="list-style-type: none"> <li>1. Widespread awareness and adoption of climate-conscious, healthy eating habits, embedded across schools, workplaces, and community settings.</li> <li>2. Clear sustainability standards in public food procurement, ensuring menus reflect health and climate goals while supporting local supply chains.</li> <li>3. Enhanced knowledge-sharing and replication of best practices, enabling schools, businesses, and institutions to implement sustainable food models effectively.</li> </ol>	<ol style="list-style-type: none"> <li>1. Embed plant-rich, culturally inclusive food education and promotion</li> <li>2. Set and enforce climate-friendly public procurement standards</li> <li>3. Create a learning network and replicate best practices</li> </ol>
<b>Objective 3</b>	<ol style="list-style-type: none"> <li>1. Improved collaboration between producers, distributors, and community partners, creating shorter, fairer, and more sustainable supply chains.</li> <li>2. Stronger networks and partnerships for local food initiatives, increasing volunteer engagement and community-led action.</li> <li>3. Expanded local food production and reduced reliance on external sources, lowering food miles and supporting Brent’s climate and resilience goals.</li> </ol>	<ol style="list-style-type: none"> <li>1. Grow local capacity and shorten supply chains</li> <li>2. Strengthen networks, partnerships, and volunteer engagement</li> <li>3. Link growing initiatives to local food systems and resilience</li> </ol>

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## Feedback

If you have any feedback to share or general questions about Brent's Food Strategy, please email Shadi Ambrosini at [shadi.ambrosini@brent.gov.uk](mailto:shadi.ambrosini@brent.gov.uk)



## Get Involved

Please email [FoodPartnership@brent.gov.uk](mailto:FoodPartnership@brent.gov.uk) if you are interested in joining our network.

If you are working on any food-related projects or initiatives, please share your activities with us through our survey: <https://forms.office.com/e/8HasJ0jXcA>

This will support our efforts to map and highlight food-related work across the borough and help us better inform the Food Strategy going forward.



# **(Draft) Brent Food Action Plan**

*for a healthier, fairer, and more  
sustainable local food system.*



**2026-2029**

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 1: We will improve access to healthy and affordable food, and address diet-related ill-health.

Objective	Solutions	Rationale	Actions	Priority	
<p style="text-align: center;">Page 78</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">1.1 Improve access to healthier food options across all communities, particularly in areas with higher levels of health inequalities and deprivation.</p>	1.1.1	Scale “cash-first” and “food-based” models linked to fresh produce access.	Cash-first support and the guaranteed access to fresh produce can raise purchasing power and remove affordability barriers, enabling routine consumption of healthier foods. This can also directly improve diet quality and can help in preventing and manage diet-related illness, especially among clinically vulnerable groups.	<ul style="list-style-type: none"> <li>• <b>Increase uptake of fruit and veg among children and young people</b>, e.g. through the Healthy Start Scheme and other local welfare assistance, while destigmatising this type of support:</li> <li>• <b>Explore cash-first interventions that deploy fruit &amp; veg vouchers and low-cost produce</b> bags through Best Start Family Hubs (f.k.a. Family Wellbeing Centres), food charities, and community pantries, working to reduce dependence on foodbanks</li> <li>• <b>Integrate food-based approaches into social prescribing and care planning</b> for older adults and residents living with, or at risk of developing, diet-related illnesses (hypertension, type 2 diabetes, overweight and obesity)</li> </ul>	<b>Year 1</b>
				<p>Engage with faith, community, and resident groups to <b>test the feasibility of setting up “collective buying schemes for food”</b>, which can better promote choice and agency. Focus on IMD 1–2 areas and housing estates, including:</p> <ul style="list-style-type: none"> <li>• food co-operatives (co-ops)</li> <li>• community shops</li> <li>• resident-led buying clubs</li> <li>• food hubs</li> </ul>	<b>Year 1</b>
				<p><b>Review the uptake of Free School Meals across schools in Brent</b> and work with partners to better understand stigma barriers in uptake and auto-enrolment, as well as:</p> <ul style="list-style-type: none"> <li>• Boost Free School Meal enrolment for secondary schools</li> <li>• Encourage child registration for FSM to support schools in receiving additional funding through the “pupil premium”</li> </ul>	
	1.1.2	Build a dignified, inclusive food support network that respects culture and lived experience.	Choice and cultural relevance increase dignity, uptake, and sustained engagement. Joined-up pathways tackle root causes of food insecurity and enable consistent access to healthy food, improving equity and wellbeing over time.	<p>Work with food organisations, community kitchens, pantries etc. to <b>engage residents in the co-design of improved food offers</b> that support dietary inclusivity, ensure cultural and faith appropriateness, enable choice, and promote dignity.</p>	
				<p>Work with cross-sector stakeholder to <b>standardise warm referrals</b> (i.e., trusted introductions made by a mutual connection who directly connects a resident to a professional or a service) <b>between food support services, advice services</b> (e.g., welfare, debt, housing), <b>and community health and wellbeing programmes</b> such as Brent Health Matters.</p>	
				<p>Work with cross-sector partners to <b>engage residents to better understanding practical barriers to healthy and affordable food access, and strengthen interventions that reduce stigma</b> and enable more residents to access healthy and affordable food (e.g., provide translated materials, invest in interpreter support, and offer accessible hours and locations).</p>	
	1.1.3	Use data and place-based planning to target provision where the need is greatest.	Data-led planning targets resources efficiently and ensures services reach those with highest health inequalities, driving measurable improvements in diet quality and community health.	<p>Work with cross-sector partners to <b>map existing gaps in fresh produce access, and plan for improved provision</b> and the alignment of interventions that increase uptake of fruit and veg in priority LSOAs (e.g., IMD 1,2 and 3) and target groups (e.g., children and young people, clinically vulnerable residents etc.).</p>	<b>Year 1</b>
				<p><b>Improve data collection and combine datasets where appropriate and feasible</b> to enhance the quality of the insights. <b>Develop a standardised set of social and health indicators</b> that support evaluating the impact of “cash-first” and “food-based” interventions (e.g., fruit &amp; veg on prescription, Healthy Start, Free School Meals etc.)</p>	<b>Year 1</b>
				<p><b>Monitor participation, uptake, and impact of interventions</b> aimed at improving dietary outcomes and healthy and affordable food access, including indicators such as fruit and veg consumption, fibre intake, reduction in HFSS, changes in affordability, and other health-specific metrics.</p>	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 1: We will improve access to healthy and affordable food, and address diet-related ill-health.

Objective		Solutions		Rationale	Actions	Priority
1.2	Page 79 Support food-focused health promotion initiatives across school, healthcare, and community settings.	1.2.1	Integrate food into prevention, treatment, and recovery pathways.	Making food part of routine healthcare ensures timely, trusted interventions. Consistent messages and easy referrals convert advice into practical action, improving behaviours and outcomes across families.	Work with cross-sector partners to <b>further embed evidence-based food and nutrition advice</b> in social prescribing, maternity and early years support, healthy weight management, and the prevention and management of diet-related illnesses by engaging professionals including <b>GPs, Social Prescribers, Health Visitors</b> , and other <b>frontline services and community-facing colleagues</b> (e.g., Best Start Family Hubs, Brent Hubs, Brent Health Matters etc.).	
					Work with frontline services, community-facing colleagues, and clinical professionals to <b>co-design a MECC approach to deliver consistent, brief interventions</b> in community and healthcare settings that are <b>focused on food and nutrition</b> and that support the ongoing wellbeing of residents and families.	<b>Year 1</b>
					Establish <b>simple and standardised referral protocols</b> that support frontline services and community-facing colleagues in <b>connecting residents and families to the NHS, Council services, and VCS food support</b> as required.	
		1.2.2	Scale food education and cooking confidence across all life stages.	Hands-on, age-appropriate education builds self-efficacy, turning knowledge into daily habits. Early intervention shapes lifelong preferences and behaviours, reducing the risk of diet-related illness.	Work with cross-sector partners to <b>expand food education</b> to both adults and children and young people, through evidence-based interventions <b>that support the early acquisition and retention of overall food literacy</b> including practical cooking skills, knowledge of basic nutrition principles, and budget-friendly meal planning.	<b>Year 1</b>
					Work with colleagues and cross-sector partners, including Early Years, Public Health and Health Visitors, to <b>build on existing public health-funded commissioned services</b> by using data and insight to <b>enhance infant feeding guidance</b> and culturally inclusive recipes that <b>support early development and ongoing wellbeing</b> (e.g. oral health, healthy weight management).	<b>Year 1</b>
					Support the scaling of community interventions and school-based programmes that <b>build long-lasting positive attitudes towards fruit and vegetables from a young age</b> , thus contributing to improved nutrition and long-term health outcomes (e.g., by linking learnings to school lunch choices where possible).	
		1.2.3	Run relatable, community-led campaigns that make healthy eating actionable.	Relatable content and community voice increase trust and relevance. Visible, low-cost actions make change feasible and rewarding, shifting norms toward healthier, balanced meals.	Work with cross-sector partners to engage residents in the <b>co-design of simple healthy eating awareness campaigns and resources</b> , sharing best practice and local knowledge through simple storytelling tools (e.g., short videos, visual stories, social media etc.) that highlight simple swaps that match families' budgets and local food cultures (e.g., From Brent to Bowl cookbook).	
					<b>Build trusted relationships with local food retailers and market traders</b> that excel in the provision of healthy, affordable, and culturally appropriate food, <b>and work with them to promote produce and recipes that support good nutrition</b> and wellbeing.	
					Utilise relevant community forums and Council events as an opportunity to <b>promote healthy, affordable and climate-friendly eating, by sharing stories, tips, and advice by residents, schools, and community groups</b> , that help build social proof and peer motivation.	<b>Year 1</b>

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 1: We will improve access to healthy and affordable food, and address diet-related ill-health.

Objective	Solutions	Rationale	Actions	Priority
1.3 Page 80 Shape healthier local food environments through planning, policy, and public procurement.	1.3.1 Use planning, licensing, and town centre management to rebalance local food offers.	Structural and policy levers reshape the default environment, reducing exposure to unhealthy options and increasing everyday access to nutritious, culturally relevant food, especially in high-need areas.	Work with Town Centre Managers, Licensing, and Regulatory Services colleagues to develop and implement an approach to <b>moderate the density of unhealthy food outlet and hot food takeaways</b> in areas of high deprivation and within proximity of schools.	<i>Year 1</i>
			Work with Town Centre Managers, Licensing, and Regulatory Services to <b>attract and retain healthier, culturally diverse food businesses, strengthen food markets, and food retailers</b> that improve the offer of healthy and affordable produce, especially in resource-poor neighbourhoods.	
			Work with cross-sector stakeholders to <b>formalise a commitment to develop systemic approaches that focus on creating healthier food environments</b> , especially in the proximity of schools and in neighbourhoods with higher levels of deprivation.	<i>Year 1</i>
	1.3.2 Embed nutrition and sustainability standards in public procurement and school food culture.	Procurement and school culture influence thousands of daily meals. Standards and positive mealtime experiences normalise healthy eating and create consistent cues across education and care settings.	Work with cross-sector stakeholders to <b>further improve the availability of healthy food across schools, hospitals, care homes, community kitchens, asylum hotels, and other settings</b> by reducing the prevalence of ultra-processed foods and prioritising plant-rich menus where possible.	
			Utilise frameworks, such as the London Food Purchasing Commitment (LFPC), to <b>influence how publicly procured food can improve dining environments and increase the social value of mealtime</b> in schools, hospitals, care homes, community kitchens etc.	<i>Year 1</i>
			Work with cross-sector partners to <b>monitor and evaluate the impact of sustainable food procurement on health and climate outcomes</b> , particularly around fruit and vegetables consumption, food waste reduction, and cultural inclusivity of food served through public services.	
	1.3.3 Build resilience through connected local food systems and data-led improvement.	Connected systems can adapt quickly, maintain access during crises, and continuously improve using real-world data—supporting sustainability and community wellbeing.	<b>Encourage partnerships</b> between local producers, and foodbanks, pantries, schools, community kitchens, to <b>improve access to fresh and seasonal food</b> , helping to shorten local food supply chains while also working towards improved health and climate goals.	
			Work together with cross-sector stakeholders to <b>streamline the gathering and sharing on data that links food insecurity, neighbourhood food environments, and diet-related illness</b> , to better develop targeted interventions and track their impact.	<i>Year 1</i>
			Work with colleagues to <b>better support the crisis response integrated into existing emergency-planning frameworks</b> , and coordinated actions to maintain essential access to affordable and nutritious food (e.g., procedures to rapidly expand healthy food access during crises, shocks, or disruptions).	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 2: We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity.

Objective		Solutions	Rationale	Actions	Priority	
2.1	Tackle the systemic and structural drivers of food insecurity — such as poverty, unemployment, housing instability, and limited access to culturally appropriate food.	2.1.1	Develop integrated, place-based community hubs and shared governance.	Co-locating multiple services around trusted food settings reduces friction and stigma, tackles root causes in one place, and creates a seamless system that prevents repeat crises.	Work with cross-sector stakeholders to <b>identify opportunities for place-based solutions that integrate dignified food access with wrap-around support</b> , by co-locating welfare and debt advice, housing early help, employment and skills development opportunities, and mental health support.	Year 1
				Work with Council and VCS frontline services and other community engagement colleagues to <b>appraise and strengthen existing consent-based, shared referral and data protocols</b> to improve the efficacy of warm referrals and avoid duplication.		
				Strengthen the collaborations between food organisations and the Council and other cross-sector stakeholders, to <b>align towards the delivery a borough-wide coordinated effort to address food insecurity</b> , set shared goals and convene to review progress, and troubleshoot challenges.	Year 1	
		2.1.2	Strengthen “cash-first” pathways, housing stability, and employer participation.	Stabilising income and housing directly reduce pressures that drive food insecurity. By engaging employers and advocating for improvements in pay and working conditions, we can increase household resilience and reduce the need for food aid.	Work with cross-sector partners to <b>strengthen “cash-first” support</b> , as well as <b>access to crisis grants, and other wrap around support</b> into social care and community settings (e.g., by checking Healthy Start and Free School Meals eligibility).	Year 1
				Work with cross-sector partners to <b>further integrate or expand housing early-help in community hubs</b> (e.g., arrears mediation, energy/fuel support, homelessness prevention) <b>and support residents to connect with skills development opportunities</b> and apprenticeships.		
				Encourage large employers across Brent to <b>improve their participation in initiatives and pledges that support fair pay, decent working conditions, secure contracts, and enable partnerships to improve the wellbeing</b> of their workforce while facilitating referrals to community services and resources.		
		2.1.3	Advocate and plan for affordable, culturally appropriate food access.	Harnessing local levers for change can reshape environments quickly while advocacy efforts can support in addressing upstream determinants. Finally, culturally appropriate, choice-based provision increases uptake, dignity, and equity.	Work with Town Centre Managers, Licensing, Planning, and Regulatory Services to <b>influence the local offer of affordable and culturally appropriate food</b> , especially in neighbourhoods with unequal access. Focus on solutions such as social supermarkets, pantries, and local food markets.	
				Where appropriate, work with partners to <b>align Brent with broader advocacy and campaigning efforts to call for improved regional and national policies that alleviate poverty</b> .	Year 1	
				Work with cross-sector partners to <b>engage residents in the co-design of local initiatives that improve access to affordable and healthy food</b> , following principles that support choice, enable agency, and promote dignity (e.g., through collective buying scheme, and other resident-led interventions).	Year 1	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 2: We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity.

Objective		Solutions	Rationale	Actions	Priority	
2.2	Page 82 Establish a consistent approach to provide minimum levels of professional advice and support to residents accessing food aid.	2.2.1	Define, fund, and assure a Minimum Advice & Support Standard.	A clear baseline/minimum standard ensures that every resident receives essential support wherever they present, reducing variation and repeat crises, and building provider capability.	Engage with cross-sector partners and residents to <b>appraise the current practices in wrap-around support provision, and co-design a Minimum Advice and Support Standard</b> that integrates things like welfare checks, debt management and budgeting, housing and employment signposting, Healthy Start and FSM eligibility etc.	Year 1
				<b>Explore trauma-informed and destigmatising approaches within food related support</b> to reduce embarrassment, improve accessibility, and strengthen the delivery of the Standard <b>through a person-centred model of care.</b>	Year 1	
				Work with cross-sector partners to <b>implement quality assurance protocols to monitor the adherence the Standard and evaluate outcomes</b> based on a set of shared KPIs (e.g., streamline collection of data, utilise existing dashboards, and seek resident feedback).		
		2.2.2	Embed advice where people already go.	Bringing advice to trusted settings removes access barriers and stigma, with warm handovers and simple, shared systems increasing uptake and completion of support pathways.	<b>Improve coverage of Brent Hubs advisors and other advice services</b> (e.g., welfare/debt/housing) that are <b>co-located in community settings</b> such as foodbanks, pantries, and community kitchens, to support the provision of information and advice as well as food support.	
				<b>Facilitate access to training opportunities</b> for volunteer navigators and other frontline staff <b>that centres MECC-style signposting</b> to improve warm referrals between services, and provide interpreter support as well as translated materials where appropriate.		
				Engage with relevant cross-sector partners to <b>test the feasibility of developing and deploying a shared referral platform</b> with simple triage and self-referral options, to streamline access to vital advice and services across the borough.		
		2.2.3	Integrate prevention, food education, and crisis resilience.	Pairing immediate aid with skills and prevention improves diet quality and health, reducing future need and strengthening both household and food system resilience.	Work with cross-sector partner to <b>further support adult food education within community food settings</b> , with a focus on cooking skills, nutrition, and budget-friendly planning, linking learning to the different food cultures of Brent residents.	Year 1
					Work alongside VCS partners, Adult Social Care, Radical Place Leadership, and Public Health colleagues to <b>enhance referral pathways for residents experiencing food insecurity into social prescribing</b> and other wellbeing support (e.g., smoking cessation advise, active wellbeing, diabetes and CVD prevention programmes etc.).	Year 1

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 2: We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity.

Objective		Solutions		Rationale	Actions	Priority
2.3	Page 83 Ensure that all residents experiencing financial hardship can access high quality, nutritious food in their local community with dignity.	2.3.1	Expand dignified, choice-based food models and infrastructure.	Choice-based, high-quality provision respects autonomy, reduces stigma, and improves nutrition, making regular healthy eating feasible for low-income households.	Develop evidence-based recommendations to influence future investments in local food infrastructure and logistical approaches to guarantee quality, variety, and sustainability of food (e.g., integrated community hubs that offer refrigeration and storage, kitchen upgrades in churches and other disused community assets etc.)	
					Work with cross-sector stakeholders to streamline insights from equity mapping exercises that correlate access to healthy and affordable food with other social indicators (e.g., IMD, transport availability, retail food environments etc.) to identify geographic gaps in provision and improve access to food through place-based interventions.	
		2.3.2	Centre dignity, inclusion, and resident voice.	Resident leadership ensures services are relevant and trusted, increasing engagement and retention. Furthermore, inclusion reduces stigma and strengthens cohesion through shared, positive experiences.	Work with relevant partners to engage residents in developing solutions that centre dignity and choice in community food setting (e.g., the co-design of menus), and establish regular feedback loops to make improvements (e.g., resident panels, surveys, and listening events).	Year 1
		2.3.3	Improve navigation, coordination, and communication.	Clear, visible routes and coordinated referrals reduce confusion and delays, ensuring residents reach the right support quickly and can act on information to make healthier choices.	Use the Joy App to streamline the development and sharing of existing Food & Support Finder directories to include up to date information on eligibility, opening times, languages, self-referral options, as well as any other relevant services information.	Year 1
Engage relevant partners and support residents to amplify local campaigns around food insecurity, calling for cross-sector collaborations and advocating for place-based solutions that support meaningful resident involvement.						

## Annex 1. Draft Food Action Plan (2026-2028)

### Mission 3: We will support the development of food literacy and skills in schools and in communities.

Objective		Solutions		Rationale	Actions	Priority
3.1	Embed food education and practical food skills in community learning settings (across all ages).	3.1.1	Expand community-based food education and skills programmes.	Skills acquisition increases confidence and reduces reliance on convenience foods. Budget-focused sessions that align healthy eating with financial realities make behaviour change more achievable across income levels.	Work with cross-sector stakeholders to <b>identify opportunities to scale community-based food education interventions that support residents to make small incremental shifts towards healthier diets</b> (e.g., by better understanding nutrition needs across the life course), especially older adults, and residents in need of social care support.	<b>Year 1</b>
					Find opportunities to <b>increase access to simple, healthy recipes with step-by-step visuals for all skill levels</b> , that can support residents in maintaining healthier diets through simple and actionable advice (e.g., through digital tools, social media etc.).	
		3.1.2	Integrate food education into health and wellbeing pathways.	Linking education to existing support pathways ensures timely, personalised interventions. Consistent reinforcement from trusted professionals enhances adherence to advice and supports long-term healthy habit.	Wherever possible, work across the local authority and with NHS partners to <b>improve the connection between food education and diet-related illness prevention and management</b> (e.g., standardise advice and guidance, scale peer support etc.) especially for type 2 diabetes and hypertension.	
		3.1.3	Promote sustainability through food growing and waste reduction initiatives.	Growing and composting create tangible, hands-on experiences that ground learning in daily life. Understanding the full food cycle fosters stewardship, waste reduction, and more plant-rich eating.	Work with cross-sector partners to <b>leverage opportunities to embed community food growing into food education programmes</b> , to support the early acquisition of food-related skills and knowledge, share sustainability messages and encourage climate-conscious eating.	<b>Year 1</b>
<b>Embed food waste reduction messages as part of food education delivered through community food growing initiatives</b> (e.g., through composting), supporting residents to build confidence in reducing food waste at home, at work, in schools and in other community settings.	<b>Year 1</b>					

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 3: We will support the development of food literacy and skills in schools and in communities.

Objective	Solutions	Rationale	Actions	Priority
3.2 Page 85 Improve the quality, healthiness, and sustainability of food served and sold in and around schools.	3.2.1 Strengthen food standards and accountability in school settings.	Clear food standards set expectations and encourage accountability. Continued participatory feedback also improves relevance and acceptance of these standards. Positive mealtime culture increases uptake of healthier food and reduces per plate waste.	Identify opportunities to <b>monitor compliance with improved school food standards</b> (e.g., through regular audits and feedback loops with school staff)	
			<b>Strengthen</b> the great work many early years settings and schools are doing around <b>shared meal times</b> being social, enjoyable, and valued.	
	3.2.2 Promote sustainable and plant-rich menus.	A regular plant-rich food offer builds familiarity and shifts norms and perception. School catering staff training ensures flavour, variety, and cultural resonance of the food served which is critical for pupil satisfaction and sustained change.	Work with school chefs and catering teams to <b>influence the reduction of meat and some dairy served in school meals</b> , and align this provision with climate and health goals (e.g., improve uptake of Meat-Free Days, focus on seasonal menu planning etc.).	<b>Year 1</b>
			Work with cross-sector partners to <b>increase access to training and upskilling opportunities for school catering teams on creating culturally inclusive, plant-rich recipes that support good nutrition</b> , as well as improving procurement practices that align with sustainability goals.	
			Where possible, find opportunities to <b>encourage suppliers and caterers to prioritise local produce</b> and reduce ultra-processed foods in menus.	
	3.2.3 Shape healthier food environments beyond the school gates.	Aligning the local food offer with school standards can reduce mixed signals and impulse purchases among young people. Increasing the availability of affordable healthier options supports more consistent healthy food habits.	Work with cross-sector partners to <b>influence local food businesses in making affordable, nutritious, and healthier meal options largely available</b> and incentivise this through recognition schemes (e.g., through the Healthier Catering Commitment).	<b>Year 1</b>
			Work with relevant partners to <b>develop resident and student-led local campaigns that highlight the prevalence of unhealthy food environments</b> , especially in the proximity of schools, and <b>engage local food shops and takeaways to promote healthier choices</b> .	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 3: We will support the development of food literacy and skills in schools and in communities.

Objective		Solutions	Rationale	Actions	Priority	
3.3	Shape healthier local food environments through planning, policy, and public procurement.	3.3.1	Embed food growing and sustainability into the curriculum.	Practical, cross-curricular learning about food and food systems builds curiosity and confidence. Early exposure to hands-on experiences, such as food growing, fosters positive attitudes toward fruit and vegetables and increases willingness to try new foods.	Work with cross-sector stakeholders to <b>increase equitable access to food growing opportunities in schools and early years settings across the borough</b> , including gardening spaces and resources in schools, and link sustainability education with food growing where appropriate.	Year 1
					Find opportunities to <b>influence the embedment of food systems learning, sustainability education, and healthy, climate-conscious eating as part of the curriculum</b> (e.g., science lessons in the school garden etc.).	
		3.3.2	Build a strong food culture within schools and early years settings.	A coherent and celebratory school culture around food connects identity, learning, and healthy eating. Peer and staff role-modelling strengthens norms and can help making healthy choices socially rewarding.	Work with relevant partners to <b>support the establishment of a School Chefs' Network</b> , to share best practice and culturally diverse approaches to healthy meals.	Year 1
					Support opportunities to centre healthy food as part of schools and early years settings' celebrations and other social events (e.g., host harvest festivals, cooking competitions etc.), which celebrates the diversity of Brent's food cultures.	
					Work with school staff, including teachers and catering teams, to <b>align menu design with classroom learning on nutrition and sustainability</b> .	
		3.3.3	Ensure equity and inclusion in school food provision.	Removing financial and cultural barriers ensures vulnerable pupils benefit equally from school food. Parent engagement extends healthy practices into the home, reinforcing school efforts.	<b>Align wrap-around support</b> (e.g., nutrition advice, budgeting workshops) for parents <b>alongside food initiatives</b> in schools and early years settings., and find opportunities to make this support available <b>through a whole-family approach</b> .	
					Support schools in gathering feedback from pupils and families to support the co-design of menus that ensure cultural relevance, and support health and climate goals.	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 4: We will promote good food jobs, skills training, and opportunities within the local food economy.

Objectives		Solutions		Rationale	Actions	Priority
4.1	Promote pathways into good food jobs through training, apprenticeships, and enterprise support.	4.1.1	Expand training and apprenticeship opportunities.	Recognised qualifications and on-the-job training build employability and progression routes. Employer co-design ensures skills match local demand, improving job placement.	<b>Build partnerships between training providers, colleges, and employers to co-develop food sector curricula focused on sustainability and health</b> , and focus on sharing knowledge and insights across organisations to create a local workforce which is equipped with the skills to have a workforce which is both climate and health conscious.	
					Work with local businesses to <b>curate opportunities that support skills-bridging</b> for underrepresented groups and that fit the upskilling needs of residents, <b>including mentoring and work experience placements</b> , and consider the inclusion of enhanced English language skills and confidence building, alongside hands on experience.	
		4.1.2	Promote food careers and enterprise development.	Visible pathways and low-barrier support unlock entrepreneurial talent and diversify the sector. Shared facilities reduce start-up costs, enabling inclusive participation.	Work with relevant partners, such as local schools, colleges, and youth organisations, to highlight exemplary food sector career stories and <b>support the development of youth-focused campaigns that showcase food careers as pathways to secure employment</b> that also develop purpose, creativity, and support community impact.	
					Work together with Town Centre Managers and food industry experts to <b>engage stakeholders in the local food economy to understand how better support food enterprises</b> (e.g., through business planning, marketing support, and access to shared kitchens).	<b>Year 1</b>
					Identify opportunities to <b>support community-led food businesses in prioritising the cultural relevance and sustainability of the food they offer</b> , meeting the needs of residents (e.g., through more sustainable catering practices, trialling the sale of vegetarian and vegan options etc.).	
		4.1.3	Embed food skills into education and lifelong learning.	Early exposure to good food jobs widens aspirations, while adult upskilling supports career transitions. Storytelling builds social proof and interest in sustainable food roles.	Work with cross-sector stakeholders to <b>advise and collaborate with schools to integrate food-related skills development into school curricula and career advice programmes</b> , ensuring that school food learning activities are enriching, engaging, and culturally relevant, and that career advisors can confidently signpost opportunities available within the food sector.	<b>Year 1</b>
					Engage relevant stakeholders in drafting recommendations to <b>expand the offer of adult education programmes that support the development of vital food literacy and skills</b> , such as strengthening knowledge of nutrition, food preparation, sustainable food practices, and budgeting, and highlight pathways to industry relevant training (e.g., Food Safety Level 2 etc.).	
					<b>Share success stories and promote opportunities in sustainable food careers utilising digital platforms and visual storytelling tools</b> , working with cross-sector stakeholders to amplify local voices, highlight good food jobs across the borough, and capture social proof to inspire other residents in exploring food careers.	

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## Mission 4: We will promote good food jobs, skills training, and opportunities within the local food economy.

Objectives	Solutions	Rationale	Actions	Priority	
<p>4.2</p> <p>Page 88</p> <p>Champion fair pay, decent working conditions, and inclusion across the local food sector.</p>	4.2.1	<p>Establish and promote a Good Food Employer Charter.</p>	<p>Clear employment standards and their public recognition can help in shifting norms, improving worker wellbeing and retention. Living wage commitments from employers can reduce insecurity, supporting healthier, more productive teams.</p>	<p>Work collaboratively with employers, trade unions, and council staff, to <b>co-develop a Good Food Charter outlining commitments to fair pay, dignity, and improved access to services for employees</b> (e.g., outlining clear standards to ensure better job security, safer working conditions, and inclusive recruitment for all employees in the borough).</p>	Year 1
			<p>Work with cross-sector partners to <b>encourage Real Living Wage accreditation among food businesses and suppliers</b>, through increased awarenesses of the importance of fair pay, and through targeted outreach highlighting to food sector employers how this type of accreditation can improve staff retention, recruitment, and wellbeing.</p>		
			<p>Find opportunities to <b>recognise and celebrate employers meeting high standards</b> (e.g., through public awards and accreditation schemes) to showcase workplaces that uphold best practices, and encourage other industry leaders to do the same.</p>		
	4.2.2	<p>Drive inclusion and workforce diversity.</p>	<p>Structured and deliberate inclusion raises representation and unlocks a broader talent base. Mentorship accelerates progression and helps retain underrepresented staff.</p>	<p>Engage with food businesses to <b>strengthen access to mentoring and leadership programmes for underrepresented groups in the food sector</b> to address inequities in career progression and build a more diverse and innovative workforce. (e.g., leadership training, shadowing and mentoring opportunities etc.).</p>	
				<p>Encourage improved links between community organisations, social services, and local food businesses to <b>highlight employment opportunities in the local food economy</b> as well as connecting employers to a <b>more diverse pool of local talent</b> who may otherwise face barriers to entry.</p>	Year 1
	4.2.3	<p>Align employment with wellbeing and social value.</p>	<p>Linking profit to social value creates shared benefits for workers and communities. Food councils / food partnerships provide coherent governance, sustaining improvements across the sector.</p>	<p>Encourage employers to <b>invest CSR funds into staff wellbeing initiatives, as well as to local community food projects</b> (e.g., projects including food growing, food justice campaigns, and community cafes).</p>	Year 1
				<p>Advocate for pricing reforms that <b>reflect fair wages and sustainability in the food supply chain by embedding principles of fairness and sustainability</b>, so that the local food system can provide equitable returns for producers, and better wages for staff.</p>	
				<p>Work with cross-sector stakeholders to <b>explore Food Councils as a governance model to embed social responsibility and collective action in the local food economy</b> (e.g., by involving key community leaders to establish ways to integrate these key principles into Brent's food system).</p>	

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## Mission 4: We will promote good food jobs, skills training, and opportunities within the local food economy.

Objectives	Solutions	Rationale	Actions	Priority	
<p>4.3</p> <p>Page 89</p> <p>Support local, independent food businesses and enterprises to thrive and contribute to community wellbeing.</p>	4.3.1	Provide tailored business support and resources.	Targeted support reduces operational friction and improves survival rates. Shared resources lower fixed costs, enabling small businesses to compete and reinvest locally.	Work with cross-sector stakeholders to <b>leverage shared infrastructure that can benefit the local food economy by pooling resources and reducing costs</b> (e.g., sharing community kitchens and storage facilities, widening access to equipment, creating training spaces, and encouraging more collaboration).	Year 1
			Engage local food businesses to better contribute to community wellbeing, by encouraging them to make their food offer healthier, and include guidance on how to shift to practices that adjust portion sizes, and reduce the amount of sugar, fat and salt included in meals sold (e.g., through the Healthier Catering Commitment).	Year 1	
	4.3.2	Strengthen local supply chains and cultural relevance.	Culturally relevant offers that reflect community identity attract loyal customers and support businesses to thrive. Local sourcing keeps value within the borough and reduces food miles.	Find opportunities to <b>support local food retailers and producers to highlight seasonal and culturally appropriate food</b> , working to improve access to healthy food as well as supporting the local food economy (e.g. seasonal food eating guides, recipe cards, and seasonal food growing events).	
				Work with cross-sector stakeholders to <b>support community food enterprises like bakeries and kitchens that combine training, employment, and social impact</b> (e.g., through access to funding, sharing facilities and skills, and providing operational guidance etc.).	
				Engage cross-sector stakeholders to <b>develop local campaigns showcasing Brent's food diversity</b> , linking them with healthy eating where possible, (e.g., collaborations between local chefs, community champions and businesses to produce culturally diverse recipes, content and stories that promote healthy diets).	
	4.3.3	Foster collaboration and community engagement.	Collaboration aligns efforts and fills gaps efficiently.	Work with cross-sector partners to <b>establish a Brent Food Forum that connects businesses, residents, and public services</b> to encourage shared learning, relationship building, skills sharing, and community-led action.	
				Encourage collaborations that <b>bring together local businesses and community organisations, to design inclusive activities and joint initiatives that celebrate the food diversity of the borough</b> (e.g., cooking clubs, food festivals etc.)	

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## Mission 5: We will encourage growing food in the community and at home, and support access to resources.

Objectives		Solutions		Rationale	Actions	Priority
5.1	Page 90 Increase access to land and spaces for food growing across communities, schools, and housing estates.	5.1.1	Secure and activate growing spaces.	Policy guarantees access, and small grants catalyse rapid activation of sites. Visible growing spaces create local pride and equitable opportunities across the borough.	Work with local authority and VCS colleagues to advocate for the development of approaches that support resident access to spaces for community food growing (e.g., food growing is integrated into housing estates, schools, and regeneration projects).	Year 1
					Engage residents, community growing groups, and schools to increase the use and availability of community growing spaces (e.g., community gardens, or to be utilised for school growing projects etc.).	Year 1
					Work with cross-sector partners to <b>improve access to funding (where appropriate), resources, and other technical support for</b> residents and community groups looking to establish or scale <b>community growing projects</b> .	
		5.1.2	Improve visibility and participation.	Clear information and easy sign-up reduce friction, increasing volunteer engagement. On-site prompts convert casual interest into participation.	Ensure that clear and up-to-date information is available to residents through a simple directory of growing spaces (e.g. the Joy App), volunteer opportunities, and community gardens (e.g., develop an interactive online map that residents can also update).	
					Find opportunities to <b>increase visibility and improve participation in community food growing</b> , by collaborating with schools, libraries, and VCS organisations (e.g., leveraging existing community engagement infrastructures, improving signage and on-site information etc.).	Year 1
					Work with cross-sector partners to <b>improve resident involvement in community food growing through volunteering and other resident-led engagements</b> , to enhance community ownership and stewardship of local green spaces.	
		5.1.3	Embed food growing into planning and regeneration.	Planning-led inclusion of food growing ensures long-term provision, rather than short-term pilots. Stewardship models sustain ongoing maintenance and community ownership.	Gather evidence and propose considerations to <b>influence the integration of food growing into local planning policies</b> , to ensure access to spaces for community food growing is a key consideration when delivering estate regeneration and other development projects.	Year 1
					Where possible, work together with developers, housing associations, and residents to <b>influence the design of shared growing spaces in new housing schemes</b> .	
					Work with residents, schools, and local community growing networks to <b>establish shared approaches and models for long-term stewardship of local green spaces</b> , improving the ongoing maintenance of spaces while encouraging community cohesion.	Year 1

## Annex 1. Draft Food Action Plan (2026-2028)

### Mission 5: We will encourage growing food in the community and at home, and support access to resources.

Objectives		Solutions		Rationale	Actions	Priority
5.2	Support food growing as a tool for education, wellbeing, and engagement with the environment.	5.2.1	Embed food growing into education and health programmes,	Combining food education and skills building with care pathways strengthens both participation and health outcomes. Practical experience builds confidence and positive attitudes towards healthy eating.	Work with schools and VCS organisations to <b>advocate for the integration of gardening, food growing, and other nature-based activities into the school curriculum, after-school clubs, and early years settings</b> to support the wellbeing of children and young people while instilling positive attitudes towards climate-conscious eating.	Year 1
					Work with cross-sector partners to <b>highlight the links between food growing and physical and mental wellbeing, and enhance integration</b> of food growing opportunities into social prescribing pathways.	
					Engage cross-sector partner to <b>develop interventions that link nutrition and climate education alongside practical growing sessions for all age groups</b> , working together to promote simple shifts towards healthier and more sustainable eating.	
		5.2.2	Create inclusive, community-led growing initiatives.	Inclusive, resident-led projects build trust and social cohesion. Training and community leadership/ownership pathways grow local capacity, sustaining initiatives beyond initial funding.	Find opportunities to <b>enable the co-design of resident-led, inclusive community food growing initiatives</b> that bring together diverse groups and foster social cohesion.	Year 1
					Facilitate the <b>sharing of simple, inclusive, and accessible resources, training, best practice, and other learning opportunities</b> to facilitate resident involvement with community food growing. Encourage peer-to-peer learning and knowledge sharing.	
					Consider practical considerations to support community food growing projects to meet accessibility standards for older adults and people with disabilities, through adaptive tools and inclusive design of spaces.	
		5.2.3	Promote wellbeing and environmental awareness through engagement.	Celebrations and stories make participation enjoyable and meaningful. Peer networks diffuse skills quickly and create resilient, connected communities.	Use different storytelling tools to <b>share real examples of how community food growing supports</b> physical and mental wellbeing, boosts <b>community cohesion</b> , and encourages residents to <b>increase consumption of fresh and seasonal foods</b> .	Year 1
					Encourage and facilitate, where possible, the <b>development of peer-to-peer learning networks and resident-led groups to share skills and build confidence</b> in sustainable food growing practices that support climate and health goals.	

## Annex 1. Draft Food Action Plan (2026-2028)

### Mission 5: We will encourage growing food in the community and at home, and support access to resources.

Objectives		Solutions	Rationale	Actions	Priority	
5.3	Promote community growing initiatives that build local food knowledge, resilience, and more connected growing networks.	5.3.1	Build capacity and skills for community-led growing.	<p>Practical upskilling increases community participation, reduces waste, improving resource sharing. Mentorship accelerates learning and confidence across groups.</p>	<p><b>Engage with relevant cross-sector partners, networks, and communities of practice</b> to remain abreast of current practices and advice linked community food growing, and <b>to enable better learning and communication between VCS organisations and public sector colleagues</b> with a remit in enhancing biodiversity and improving wellbeing through nature-based activities.</p>	<b>Year 1</b>
					<p>Work with relevant stakeholders to <b>improve resident access to local projects and learning opportunities linked to horticulture, composting, and sustainable food growing</b> techniques (e.g., identify and signpost opportunities for mentorship and peer-learning to upskill residents and volunteers).</p>	
		5.3.2	Strengthen local networks and partnerships.	<p>Networks reduce duplication and amplify impact through shared resources. Collaboration connects growing to cooking, health, and community support.</p>	<p>Support a Brent Food Growing Network and other growing groups to <b>facilitate the planning and delivery of knowledge-sharing events and workshops that bring residents together, strengthen partnerships, and improve the exchange of best practice</b> and innovations in community food growing.</p>	
					<p>Work with cross-sector partners to <b>identify and back collaborative food growing projects that support positive health and climate outcomes</b>, while also connecting these initiatives to the wider food systems to amplify impact (e.g., schools, and health and social care etc.).</p>	
		5.3.3	Link growing initiatives to local food systems and resilience.	<p>Integrating growing with distribution and education builds local resilience. Micro-enterprise pathways create income and keep value in the community.</p>	<p>Work with cross-sector partners to <b>facilitate the integration and scaling of food growing activities into community settings</b> that already support food insecurity and food literacy interventions through cooking and surplus redistribution (e.g., integrate food hubs, community centres etc.).</p>	<b>Year 1</b>
					<p>Engage residents and cross-sector partners to <b>explore the feasibility of setting up (or scaling) local community food growing initiatives that support the local food system and build resilience</b> (e.g., micro-enterprise opportunities such as selling produce locally, supplying community kitchens, schools, and foodbanks etc.).</p>	
					<p>Work with cross-sector stakeholder to <b>develop a consistent approach to collect and share data from local food production</b> through community growing projects, to inform planning and demonstrate impact on local food security.</p>	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 6: We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices.

Objectives		Solutions	Rationale	Actions	Priority	
6.1	Reduce food waste across households, schools, and businesses.	6.1.1	Build and standardise food waste infrastructure across all settings.	Consistent infrastructure makes participation easy and predictable, reducing contamination and increasing recycling rates. SMEs often face cost and space barriers, so removing these can accelerate adoption and cut waste.	<b>Strengthen recycling infrastructure and behaviour across the borough</b> by supporting residents, businesses, and schools to appropriately recycle food waste, <b>especially in areas of low compliance</b> (e.g., by appraising and improving segregation systems in schools and workplaces, and increase contamination checks).	<b>Year 1</b>
					Work with relevant stakeholders to <b>develop and disseminate simple and effective resources to support businesses to reduce food waste</b> and better comply with recycling guidance (e.g., provide starter kits and compliance support, incentivise food surplus redistribution, and improve space-saving solutions).	
		6.1.2	Drive positive behaviour change and encourage community ownership.	Behaviour change is most effective when reinforced through education and peer influence. Community-led initiatives build ownership and pride, making waste reduction a shared cultural norm.	Work with cross-sector partners to <b>develop borough-wide campaigns to encourage the reduction food waste</b> , through simple messages and advice that residents can implement <b>in their homes</b> (e.g., through meal planning and composting), <b>and by supporting food surplus redistribution</b> through local community organisations or digital apps (e.g., Ollo and Too Good To Go).	Work with community organisations, food charities, community kitchens, and pantries to <b>create and share simple and effective advice that can help residents accessing food aid to maximise their groceries and reduce waste</b> at home (e.g., through improved storage, portioning, and creative use of food leftovers).
					Work with cross-sector partners to <b>develop and share a toolkit of best practices for schools and SMEs</b> , including case studies and step-by-step guides, to improve their food waste practices.	
		6.1.3	Coordinate and share best practice across sectors.	Collaboration reduces duplication and accelerates learning. Toolkits and pilots provide practical models that others can replicate, scaling impact across the borough.	Work with cross-sector partners to <b>develop and share a toolkit of best practices for schools and SMEs</b> , including case studies and step-by-step guides, to improve their food waste practices.	<b>Spotlight innovative community projects and other resident-led actions that creatively address food waste</b> across the borough, and share useful learnings that other can take inspiration from.
					Work with cross-sector partners to <b>develop and share a toolkit of best practices for schools and SMEs</b> , including case studies and step-by-step guides, to improve their food waste practices.	

# Annex 1. Draft Food Action Plan (2026-2028)

## Mission 6: We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices.

Objectives		Solutions	Rationale	Actions	Priority	
6.2	Promote sustainable, climate-friendly diets and public food procurement.	6.2.1	Embed plant-rich, culturally inclusive food education and promotion.	Practical, culturally relevant education makes sustainable eating achievable and appealing. Visible campaigns and peer-led initiatives normalise plant-rich diets and reduce resistance to change.	Work with cross-sector partners to <b>develop resources and raise awareness on the environmental impact of food choices</b> , focusing on simple and effective <b>shifts to more plant-rich diets and reducing consumption of ultra-processed foods</b> to benefit individual and planetary health.	Year 1
				Work with cross-sector partners to <b>integrate culturally diverse, budget-friendly recipes and practical skills into community cooking programmes</b> , that support residents of all ages in making simple shifts in their food choices <b>that support more plant-rich diets</b> .		
				Work with schools and cross-sector partners to <b>increase the uptake of initiatives like Meat-Free Days in schools and workplaces</b> , with the support of simple resources and by engaging peer champions.	Year 1	
		6.2.2	Set and enforce climate-friendly public procurement standards.	Public procurement influences thousands of meals daily, making it a powerful lever for systemic change. Standards and training ensure consistency and quality while embedding climate goals into everyday practice.	Work with cross-Council colleagues to take the necessary steps to embed climate goals into public food procurement, particularly by <b>becoming signatories of the London Food Purchasing Commitment (LFPC)</b> , which support local authorities in evaluating and reporting on the <b>carbon footprint of meals served, food waste reduction, and sustainability of publicly procured food based on its provenance</b> .	Year 1
					Encourage school chefs and caterers' borough-wide to <b>share best practice on designing culturally inclusive plant-rich menus and utilising sustainable food procurement</b> principles to achieve health and climate goals.	
		6.2.3	Create a learning network and replicate best practices.	Peer learning accelerates adoption of proven approaches. Recognition and visibility motivate organisations to invest in sustainability and share knowledge widely.	Develop a repository of case studies, stories, and local projects that <b>document the impact of local food action which support the health of communities and the planet</b> . Utilise these resources to support others in replicating these efforts and secure funding to scale interventions.	Year 1
					Utilise existing community-led events and Council forums to <b>facilitate climate-conscious food education and support climate action through food</b> , by showcasing innovative projects, sharing learnings, successes, and challenges pertaining to sustainable food.	Year 1
					<b>Recognise and celebrate exemplar community action on food that supports climate goals</b> (e.g., innovative waste reduction practices, local climate action and organising etc.) through awards and accreditation schemes to incentivise innovation and best practice.	

## Annex 1. Draft Food Action Plan (2026-2028)

### Mission 6: We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices.

Objectives	Solutions	Rationale	Actions	Priority
<b>6.3</b> Page 95 Support environmentally responsible food production and distribution locally.	<b>6.3.1</b>  Grow local capacity and shorten supply chains.	Shorter supply chains reduce emissions and improve freshness, making local produce more competitive. Shared infrastructure addresses logistical barriers for small producers.	Work with cross-sector partners to <b>support residents and community groups in initiating and scaling urban and community growing projects that strengthen local food production</b> , through improved access to micro-grants and funding, co-designing a standard approach for better land access, and facilitating access to training.	
			<b>Appraise local distribution routes</b> which connect producers, wholesalers and distributors to foodbanks, pantries, schools, and community kitchens, <b>and develop recommendations to shorten supply chains.</b>	<i>Year 1</i>
			Explore the feasibility and viability of investing in the <b>repurposing of unused community assets to develop shared infrastructure such as food hubs</b> , to reduce distribution costs, food waste, and environmental impact.	<i>Year 1</i>
	<b>6.3.2</b>  Strengthen networks, partnerships, and volunteer engagement.	Strong networks enable collaboration, reduce duplication, and amplify impact. Volunteer engagement builds local ownership and sustainability for food projects	Test ideas to <b>better connect food growers and local distributors with schools, food charities, and community organisations</b> to enable better planning and maximise opportunities <b>for resource sharing</b> (e.g., through community food forums, volunteer engagements etc.).	
			Utilise <b>regular community engagement opportunities</b> such as gardening groups, cooking clubs, and shared eating spaces (e.g., Sharing Spaces programme) <b>to enhance knowledge, skills, and social participation</b> in local climate action linked to food growing and sustainability.	<i>Year 1</i>
			Support the <b>upskilling and retention of a cadre of community connectors and volunteers to support local food initiatives</b> , and resident outreach to champion climate action.	
	<b>6.3.3</b>  Link growing initiatives to local food systems and resilience.	Connecting growing to cooking and redistribution creates a circular, resilient food system. Micro-enterprises generate income and keep value within the community, while data drives continuous improvement.	Engage with cross-sector partners to <b>learn from local models that integrate food growing, cooking, and surplus redistribution</b> . Utilise and disseminate these learnings to <b>support the scaling of interventions that improve local food system resilience</b> and social cohesion through community organising.	<i>Year 1</i>
			<b>Learn from residents and community groups that grow food locally</b> and supply fresh produce to schools, local foodbanks, and community kitchens, <b>and explore opportunities for them to support the local food system</b> (e.g., Let's Grow Brent and Newman Catholic College).	
			Work with cross-sector stakeholders to <b>streamline the collection and sharing of data and insights on the reach of local food production and distribution</b> to inform better inform planning, target interventions, and demonstrate impact.	

## Feedback

If you have any feedback to share or general questions about Brent's Food Strategy, please email Shadi Ambrosini at [shadi.ambrosini@brent.gov.uk](mailto:shadi.ambrosini@brent.gov.uk)



## Get Involved

Please email [FoodPartnership@brent.gov.uk](mailto:FoodPartnership@brent.gov.uk) if you are interested in joining our network.

If you are working on any food-related projects or initiatives, please share your activities with us through our survey: <https://forms.office.com/e/8HasJ0jXcA>

This will support our efforts to map and highlight food-related work across the borough and help us better inform the Food Strategy going forward.

# A Food Strategy for Brent

*for a fairer, healthier, and more sustainable  
food system*

**Health and Wellbeing Board - Thursday, 16<sup>th</sup> April 2026**

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# What is a Food Strategy and why do we need one?

## What Is a Food Strategy?

- A **long-term plan** that brings together statutory organisations, the VCS sector, the private sector, and residents **to improve how food is produced, accessed, consumed, and disposed of**
- It **sets key priorities** and action across **health, sustainability, and equity**, ensuring alignment of policies and interventions across relevant sectors

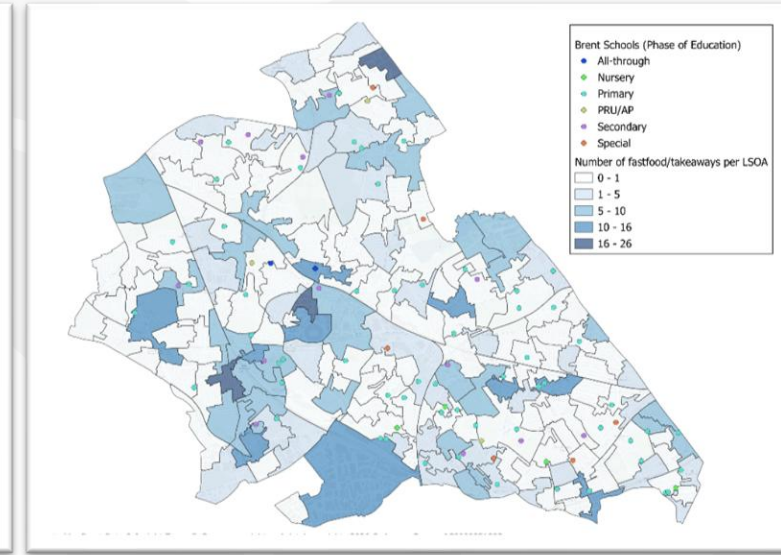
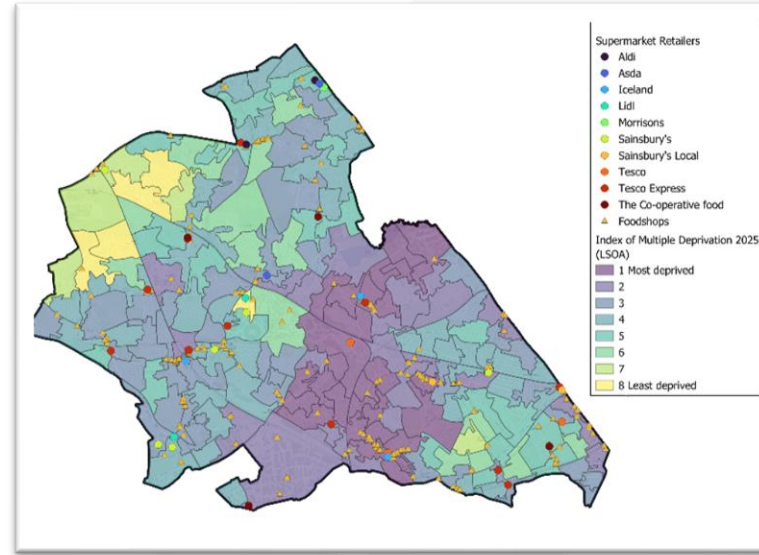
## What are its shared values?

- **Food is foundational.** It impacts every aspect of life
- **Equity is central.** We must ensure that everyone in Brent can eat well
- **Dignity matters.** We must develop approaches that centre agency and promote dignity
- **Partnership is powerful.** Joining up work across sectors leads to lasting change
- **Environments shape our choices.** The structural context dictates our connection to food
- **Food builds community.** It acts as a tool for social connection, learning and wellbeing

# What is a Food Strategy and why do we need one?

## Why do we need one?

- Brent faces significant challenges: rising **food insecurity**, **diet-related ill health**, and **environmental pressures**
- Poor diets contribute to obesity, diabetes, and cardiovascular disease, placing strain on health services and reducing quality of life
- At the same time, the cost-of-living crisis and unequal access to healthy food deepen health inequalities
- A **coordinated approach is essential** to address these issues and create a food system that works for everyone



### Type 2 Diabetes

In 2024/25, Brent recorded **8.1%** type 2 diabetes prevalence, higher than the London average of 7.2%

### Hypertension

In 2026 Brent's hypertension rate is **13.3%**, higher than the London average of 10.6%

### Weight in Children

As of 2024/25, **38.1%** of Year 6 Brent pupils were overweight or obese, which is higher than the London average of 24.8%

### Poverty

33% of people in Brent live in poverty, (roughly 116,483 residents)

### Food Aid (Brent Hubs)

From Jan 2025 to Jan 2026, there were 1,866 visits to Brent Hubs for food related support

### Free School Meals

Of the 48,780 Brent pupils, 21.8% received FSM in 2025

### Healthy Start

In 2025, 57% of eligible Brent families received cash support through the Healthy Start scheme to help them purchase fresh fruit and vegetables

### Universal Credit

As of May 2025, over 60,000 people claimed Universal credit in Brent (17% of Brent residents)

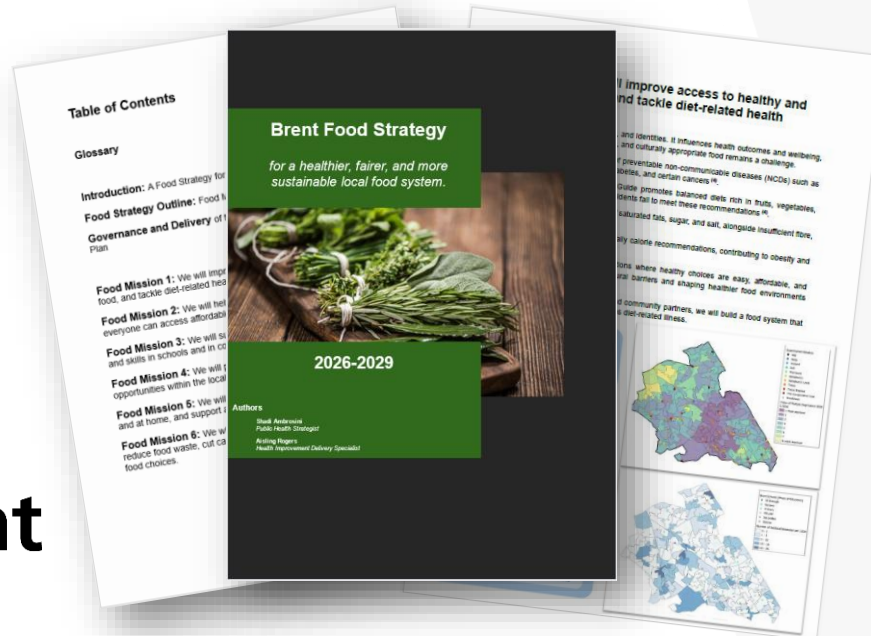
# What does Brent's Food Strategy look like?

## Structure

- The strategy is built around **six Food Missions** which seek to address the most pressing food-related challenges in Brent
- The Food Strategy highlights a **deeply interconnected food system** with common threads and shared values

Every Food Mission has **three core objectives**, each with **three distinct solutions**

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## Summary

**Mission 1:** We will improve access to healthy and affordable food, and tackle diet-related health inequalities.

**Mission 2:** We will help reduce food insecurity and ensure everyone can access affordable and healthy food with dignity.

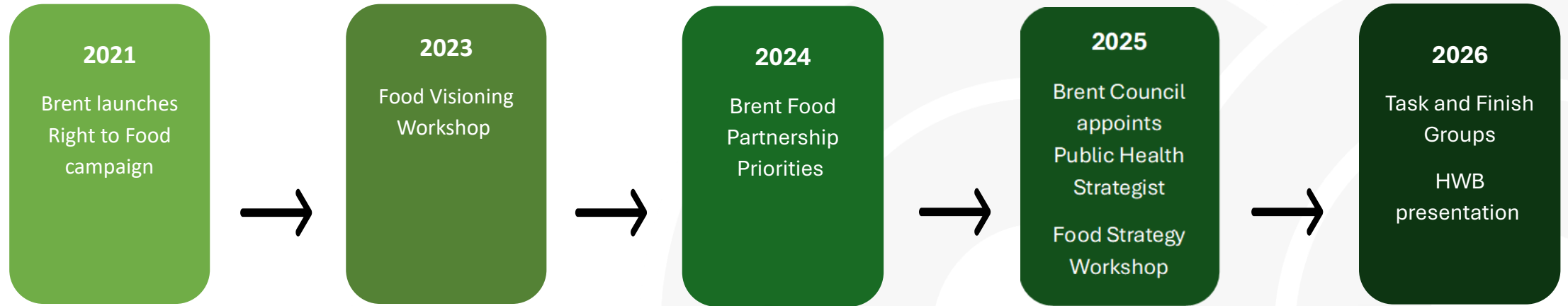
**Mission 3:** We will support the development of food literacy and skills in schools and in communities.

**Mission 4:** We will promote good food jobs, skills training, and opportunities within the local food economy.

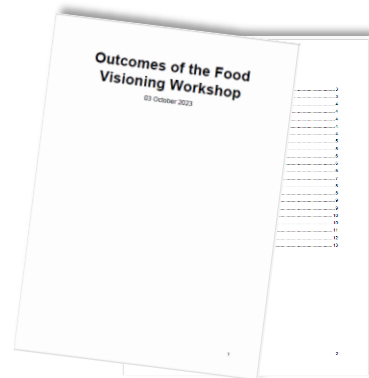
**Mission 5:** We will encourage growing food in the community and at home, and support access to resources.

**Mission 6:** We will empower residents and institutions to reduce food waste, cut carbon emissions, and support more sustainable food choices.

# What was the process of developing a Food Strategy?



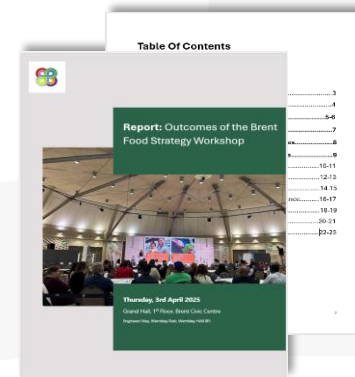
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This initial engagement led to the development of **seven Strategic Themes** which informed initial priority setting. The **Food Partnership Steering Group** was then formed. **Engaged:** 55 people, 37 organisations.



The Steering Group identified **core priorities**, which later informed the development of key **Objectives** and recommended areas of action.



The seven Strategic Themes became **six Food Missions**, each with three distinct objectives, and nine proposed solutions. **Engaged:** 67 people, 28 organisations.



Task and Finish Groups were held between 3<sup>rd</sup> and 9<sup>th</sup> March, to finalise a draft Food Action Plan. **Engaged:** 41 stakeholders.

# What was the process of developing a Food Strategy?

## Consultations and Community Engagement

- Community Events (n=8)
- Communities of Practice and Professional Networks (n=7)
- Local Authorities and Food Partnerships (n=10)



## Page 103 Food Partnership Steering Group

### Food Partnership Steering Groups Meetings (n=10)

- Review progress, agree priorities, oversee process, support with engaging wider stakeholders

“[...] this draft is very thorough and comprehensive. It reflects our steering group discussions and the themes emerging from the visioning event. The branching structure leading from Mission, to Objectives, Outcomes and Solutions makes sense and conveys the complex ambition of the strategy”

“We welcome this ambitious and comprehensive strategy. We particularly welcome the robust commitment to procurement policy being linked with sustainability; a great opportunity for the council to show leadership”

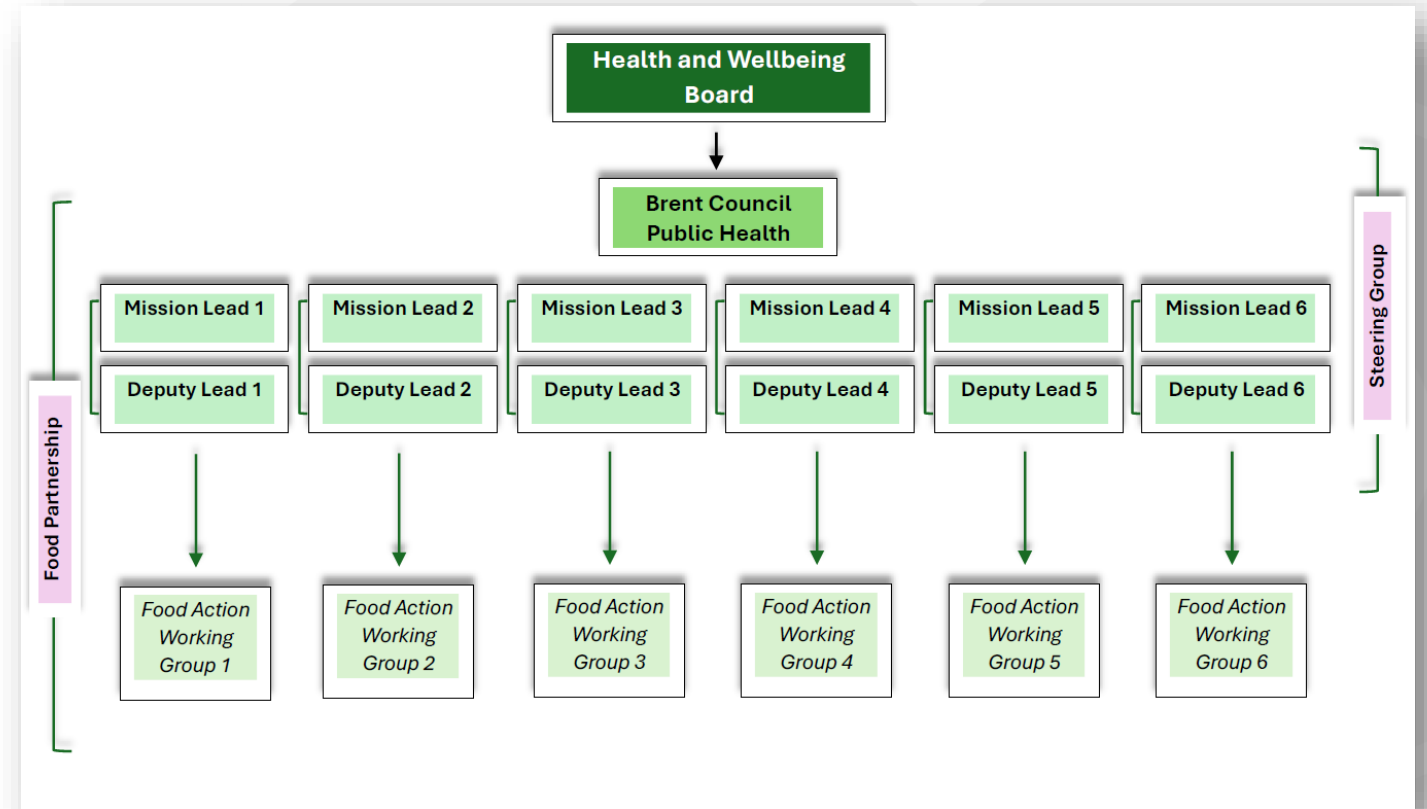
## Strategy Development and Implementation Planning

- Draft 1 shared with SG in Jan 2026
- Draft 2 shared with key stakeholders in Feb 2026
- Draft 3 reviewed through TFGs, ready for HWB by April 2026



# Governance and Delivery of the Food Strategy

- The **Health and Wellbeing Board** will provide strategic oversight and ensure that the commitments within this Strategy remain anchored to Brent's broader ambitions around health equity, climate action, community cohesion, and economic resilience
- The **Steering Group** will offer strategic direction for delivery, coordinate work across Food Missions, oversee performance, assess risks, and share learnings while maintaining strong links with the Health and Wellbeing Board
- The **Food Action Working Groups** will lead the operational delivery for each Food Mission and deliver mission-specific interventions by ensuring practical, inclusive and community-led implementation, monitoring progress and escalating issues where appropriate
- The **Food Partnership** will act as the borough-wide convening body that will work to strengthen the local food system through collective action, fostering collaboration and engagement, shared leadership, joint problem-solving



- Brent Public Health is committed to **exploring resourcing options** with relevant stakeholders to support the delivery on the proposed actions supported by the new Food Strategy
- An allocation from the **Public Health Grant** will be made as appropriate, with the Public Health Strategist exploring suitable additional funding streams with relevant partners

# Priorities for Year 1 – what will we focus on?

- Together, the six Food Missions of the Food Strategy take a **whole-system approach to improving Brent’s food environment** by promoting health, resilience, economic inclusion, sustainability, and equity

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Through task & finish groups, we explored the feasibility of the proposed actions, partnership opportunities, resource needs, and the system changes required to embed food within health, education, climate, and community priorities

The collective insights from consultations and strategic engagements provide clear direction for the **Year 1 Food Action Plan**, centred on practical, high-impact actions that:

- Strengthen food security
- Improve diet-related illness
- Boost food literacy and skills
- Expand food-growing opportunities
- Enhance good food jobs
- Accelerate Brent’s transition to a more sustainable, climate-friendly food system

# Priorities for Year 1 – what will we focus on?

- **Acting within Brent’s sphere of influence** – prioritising actions the Council and partners can directly deliver or meaningfully shape
- **Embedding poverty alleviation and cash-first principles** – recognising financial insecurity as a major barrier to healthy food access
- **Strengthening cross-sector collaboration** – working across schools, VCS organisations, health services, local businesses, and community groups
- **Building education and workforce capacity** – equipping residents, frontline staff, and the wider food workforce with the skills and confidence to drive change
- **Advancing climate and sustainability goals** – promoting plant-rich diets, sustainable procurement, reduced food waste, and shorter supply chains
- **Ensuring cultural relevance and dignity** – adopting inclusive, community-led approaches that reflect Brent’s diverse cultures, preferences, and lived experiences

# Good Food Movement – how are we contributing?

  
Department  
for Environment,  
Food & Rural Affairs

Policy paper

## A UK government food strategy for England, considering the wider UK food system

Published 15 July 2025

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It sets out 10 priority outcomes to build a food system that grows the economy, protects the environment, and celebrates British food and culture.

The food strategy will outline how we the Government will work to create a healthier, more affordable, sustainable, resilient food system that [...] supports delivery of the Plan for Change and other national missions.



**A network of 114 food partnerships from across the UK** that are driving innovation and best practice on all aspects of healthy and sustainable food.

**sustain**  
the alliance for better food and farming

An alliance of organisations and communities working together for a healthy and sustainable food system, which is publicly accountable and socially and environmentally responsible.

**Through Good Food Local: The Local Report**, Sustain continue to work closely with London councils, to track their action on food and share examples of good practice from across the capital. 11

# Good Food Movement – how are we contributing?



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**Overall Score: 79%**



**Overall Score: 82%**



6 Good Food Local: the London report

**Overall league table**  
Which councils are showing leadership on a whole-systems approach to food?

	Food governance and strategy	Food growing	Community food action	Addressing food poverty	Healthier food environments	Sustainable food economy	Catering and procurement	Food for the Planet	Ethnic and cultural diversity in the food system	Overall Score
Newham	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	95%
Southwark	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	93%
Lambeth	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	93%
Greenwich	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	91%
Islington	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	89%
Hammersmith and Fulham	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	89%
Ealing	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	88%
Merton	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	88%
Camden	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	86%
Brent	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	82%
Tower Hamlets	Green	Dark Blue	Yellow	Blue	Light Green	Dark Green	Pink	Teal	Red	82%



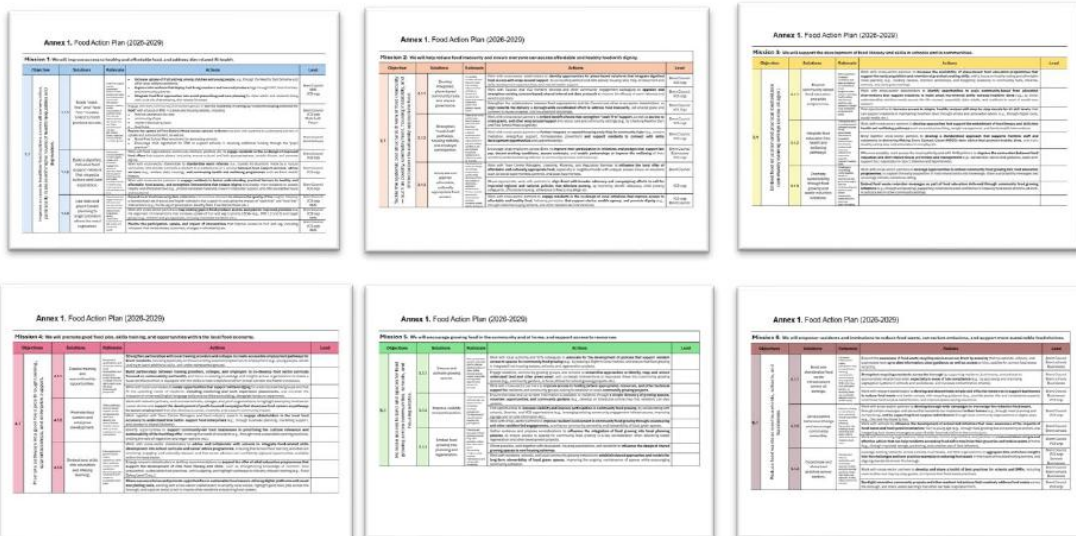
# What's next?

## Implementation Planning, Community Engagement, and Partnership building

- Finalise the **Food Action Plan**, including KPIs, roles, resourcing considerations etc.
- Continue to **seek meaningful engagement** with residents, organisations, and other stakeholders to ensure interventions are feasible, impactful, and centre lived experience
- Continue to **identify strategic partners** that can support in realising the vision of the Food Strategy

## Strengthen Governance and Delivery Structures

- Establish **Food Action Working Groups (FAWGs)**
- Establish a borough-wide **Food Partnership**, that goes beyond the current Steering Group, and that engages delivery partners
- Work with the Steering Group and colleagues to determine and allocate **resources** appropriately



## Sustainable Food Places Bronze Award

- Work towards achieving Bronze status through the Sustainable Food Places award scheme

# In conclusion...


- With the appropriate governance, planning, and resource allocation, Brent can drive meaningful progress toward a food system that improves health outcomes, advances climate and sustainability goals, and enables resilience
- It is advised to begin by focusing on building strong foundations to ensure that Brent's good food movement has longevity and can support long-term impact
- In the first year of implementation, key priorities will include building an appropriate operational structure, further developing the action plan to include KPIs, engaging key stakeholders and partners, trialling interventions, supporting food policy advocacy, achieving Sustainable Food Places Bronze/Silver accreditation, and improving Brent's Good Food Local score in the London league table
- This should be done by strengthening partnerships with committed partners, leveraging existing assets, and prioritising actions that:
  - Strengthen system-wide alignment
  - Reduce duplication
  - Build local capacity
  - Shift power to communities
  - Deliver tangible improvements in food security, health, and sustainability

# Any questions?

**Shadi Ambrosini** – [Shadi.Ambrosini@brent.gov.uk](mailto:Shadi.Ambrosini@brent.gov.uk)

**Aisling Rogers** – [Aisling.Rogers@brent.gov.uk](mailto:Aisling.Rogers@brent.gov.uk)

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 <p style="margin: 0;"><b>Brent</b> <b>NHS</b> West and North London</p>	<p><b>Brent Health and Wellbeing Board</b> 16 April 2026</p> <hr/> <p><b>Report from the Corporate Director Service Reform and Strategy</b></p>
<p><b>Proposal to refresh Health and Wellbeing Board Terms of Reference</b></p>	

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

## 1.0 Executive Summary

- 1.1. This report sets out an initial proposal to amend the Brent Health and Wellbeing Board’s Terms of Reference to allow relevant Council Directors to be included as voting members. The proposed change would bring the Board’s membership arrangements more closely in line with those used by other Health and Wellbeing Boards, where senior council officers are formal members alongside elected members and NHS partners.
- 1.2. The report seeks the Health and Wellbeing Board’s agreement in principle to expand its voting membership to include relevant Council Directors, and to request that amendments to the Board’s Terms of Reference be prepared to reflect this change.
- 1.3. This proposal represents an initial amendment to the Health and Wellbeing Board’s Terms of Reference. The health and care system is currently undergoing further structural change, including the planned merger of the North West London and North Central London Integrated Care Boards and wider reforms to Integrated Care System arrangements.
- 1.4. In parallel, the Government’s 10-Year Health Plan for England, launched in July 2025 ("Fit for the Future"), requires Health and Wellbeing Boards to lead a

transformation of services focused on neighbourhood-level care, prevention, and digitalisation.

- 1.5. As these developments progress, a broader review of the Health and Wellbeing Board's role, membership, and governance may be needed to ensure alignment with evolving system structures, place-based partnerships, and national guidance, maintaining consistency and good practice. This may also require further amendments to the Terms of Reference.

## **2.0 Recommendation(s)**

- 2.1. The Health and Wellbeing Board is asked to:
  - Agree in principle to expand the Board's voting membership to include relevant Council Directors.
  - Request that officers prepare amendments to the Board's Terms of Reference setting out Council Director roles to be included as voting members.
  - Note that any changes to membership will be subject to approval through the council's constitutional governance processes.

## **3.0 Detail**

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

- 3.1. This proposal supports the priorities set out in the Brent Borough Plan 2023–2027. In particular, it aligns with the priority “A Healthier Brent”, which focuses on tackling health inequalities and ensuring services are responsive to local needs, as well as the priority “Thriving Communities”, which emphasises partnership working and engaging organisations across the borough to improve outcomes for residents.
- 3.2. The Health and Wellbeing Board plays a central role in the council's work with NHS partners, the voluntary sector and wider stakeholders to deliver these priorities. Expanding the Board's voting membership to include relevant senior council officers will strengthen the council's ability to align strategic decision-making with operational leadership across key services that influence health outcomes, including housing, communities and regeneration.

### **Background**

- 3.3. Health and Wellbeing Boards (HWB) were established under the Health and Social Care Act 2012 to promote integrated working across health, social care and wider public services at a local level. Their purpose is to bring together political leaders, NHS partners and senior professionals to set the strategic direction for improving population health and reducing inequalities.
- 3.4. When Brent's Health and Wellbeing Board was established following the Health and Social Care Act 2012, the Council agreed a specific approach to voting membership. In a decision taken in November 2013, the Council resolved that voting rights would be reserved for elected members and partner representatives, with senior council directors participating in a non-voting capacity. This reflected a local governance choice at the time, ensuring officers provided professional advice and operational input to support the Board's work.

- 3.5. Since then, the legislative and policy context has evolved. Health and Wellbeing Boards remain statutory committees under the Health and Social Care Act, with a statutory role in overseeing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and in promoting partnership working across health, social care, public health and other council services.
- 3.6. At the same time, subsequent reforms to the health and care system, including the establishment of Integrated Care Systems and Integrated Care Boards, have emphasised the importance of place-based partnership working and closer integration between the NHS, local government and community partners.
- 3.7. This increased focus on joint system leadership highlights the need to ensure the Board's membership arrangements align with strengthened collaborative working across the local health and care system.
- 3.8. In this context, expanding voting membership to include relevant council directors aligns with strengthened partnership arrangements and supports more effective joint leadership of local health and wellbeing priorities.

### **Legislative Context**

- 3.9. The Health and Social Care Act 2012 specifies a minimum statutory membership, including:
  - At least one elected member of the local authority
  - Director of Adult Social Services
  - Director of Children's Services
  - Director of Public Health
  - A representative of the local Healthwatch
  - A representative of the relevant ICB
- 3.10. However, local authorities may appoint additional members to support the Board's effective functioning.
- 3.11. Unlike typical council committees, HWBs operate as system partnership bodies, bringing together leaders from multiple organisations to develop shared strategies. Many HWBs include senior council officers beyond the statutory directors, providing operational expertise in areas such as housing, education, regeneration and community services. Their participation supports delivery of strategies addressing the wider determinants of health.
- 3.12. Allowing senior council directors to hold voting membership would:
  - Align strategy and delivery by ensuring those responsible for implementing council services influencing health outcomes are directly involved in decision-making.
  - Reflect the Board's partnership nature, balancing political leadership, professional expertise and system partners.
  - Strengthen governance whilst remaining consistent with national legislation and the collaborative model intended for HWBs.
- 3.13. Across London, HWBs commonly include senior council officers as full members alongside elected members and NHS partners. Examples include:
  - Hackney,
  - Newham

- Tower Hamlets
- Waltham Forest

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

- 4.1. Regulations require the Council to consult the Health and Wellbeing Board before making any decisions on voting rights. Discussions on the proposed initial amendment to the Health and Wellbeing Board's Terms of Reference have been held with key stakeholders, including Council Directors and Health and Wellbeing Board member.

#### **5.0 Financial Considerations**

- 5.1. The proposed change relates solely to the governance arrangements of the Health and Wellbeing Board and does not create any direct financial implications for the council. Any administrative adjustments associated with updating the Board's Terms of Reference will be managed within existing resources.

#### **6.0 Legal Considerations**

- 6.1. The Health and Social Care Act 2012 provides explicit legal authority for the Council to appoint additional members, including relevant Directors, as voting participants. Consequently, the proposed amendment to expand voting membership is fully consistent with the Act, and any considerations regarding voting rights or board composition relate to local governance arrangements rather than statutory limitations.
- 6.2. Any proposed amendments to the Board's Terms of Reference will be reviewed to ensure compliance with relevant legislation and the council's constitution.

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

- 7.1. The proposed amendment relates to governance arrangements and does not in itself introduce changes to service provision or eligibility criteria. As such, no direct impacts have been identified in relation to the Equality, Diversity and Inclusion.
- 7.2. Strengthening senior officer involvement in the Health and Wellbeing Board is expected to support more effective oversight of health inequalities and the wider determinants of health, which disproportionately affect protected groups.
- 7.3. The proposal therefore supports the Board's ability to advance equality of opportunity, foster good relations and promote improved health outcomes for residents experiencing the greatest inequalities.

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

- 8.1. The proposed change relates to the governance arrangements of the Health and Wellbeing Board and does not directly impact the Council's environmental objectives or climate emergency strategy. There are therefore no specific climate change or environmental implications arising from this proposal.

#### **9.0 Human Resources/Property Considerations**

9.1. The proposal relates to governance arrangements and does not involve any direct human resources or property implications. Any changes to membership of the Health and Wellbeing Board would be implemented within existing organisational structures and responsibilities.

## **10.0 Communication Considerations**

10.1. Subject to agreement in principle by the Health and Wellbeing Board, any proposed amendments to the Board's Terms of Reference will be communicated through the Council's usual governance and decision-making processes. This may include updates to relevant documentation and communication with Board members and partner organisations to ensure clarity regarding the revised membership arrangements.

**Report sign off:**

***Rachel Crossley***

Corporate Director Service Reform and Strategy

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# Appendix A

## Proposed updated Health and Wellbeing Board Terms of Reference APRIL 2026

NOTE: Proposed **deletions are highlighted in yellow** Proposed **additions are in bold**

### Health and Wellbeing Board

#### Membership

##### Voting Membership

- Five elected councillors to be nominated by the Leader of the Council. Four councillors will be Cabinet members from the majority party. The fifth member will be an opposition member. An elected councillor will chair the Health and Wellbeing Board
- Four representatives of Brent Integrated Care Partnership Executive
- **A representative of WNL ICB**
- A representative of Healthwatch **(or appropriate VCSE representative for Brent)**
- A representative of the nursing and care home sector

##### Non-voting Membership

- Chief Executive, London Borough of Brent
- Corporate Director, Service Reform and Strategy
- Corporate Director, Children, Young People and Community Development
- Director of Public Health
- Director of Adult Social Services
- **Director Integrated Care Partnership**

An elected councillor will chair the Health and Wellbeing Board.

At least one of the ~~North West London Integrated Care System~~ **Brent Integrated Care Partnership** members shall be a GP.

This member will also take on the role of Vice Chair of the Health and Wellbeing Board.

All members of the Health and Wellbeing Board have voting rights, ~~except council officers.~~

The quorum for the Health and Wellbeing Board is four voting members, with at least two councillors and two other voting members (one of which must be a member of the Brent Integrated Care Partnership) present in order for a meeting to take place.

#### Terms of Reference

Brent's Health and Wellbeing Board will:

1. Lead the improvement of health and wellbeing in Brent, undertaking duties required by the Health and Social Care Act 2012.
2. Lead the needs assessment of the local population and subsequent preparation of the borough's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
3. It will ensure that both are updated at regular intervals and that integrated care strategies that are prepared by the Brent Integrated Care Partnership (Brent ICP) are taken into account in this process.
4. Oversee the implementation of the priorities in the Joint Health and Wellbeing Strategy and other work to reduce health inequalities in Brent.
5. Promote integration and partnership working between health and the council, including social care and public health, across all ages by providing steer and oversight to the Brent ICP board to meet borough's health and wellbeing.

6. Develop initiatives between partners to maximise opportunities for early intervention and prevention.
7. Provide leadership to partner agencies on tackling health inequalities resulting from disparities in housing, education, climate emergency, air quality, physical activity, disability and poverty.
8. Review and respond with its opinion on the Forward Plans that are provided by the **North West London Integrated Care System** **West and North London Integrated Care Board** and if appropriate within its discretion, give its opinion on the Forward Plans to NHS England.
9. Contribute to the implementation of strategies developed by partners such as the council's Borough Plan, the NHS Long Term Plan and the Office for Health Improvement and Disparities.
10. Seek assurance of partner plans to responding to a health-related emergency, e.g. pandemics.
11. Oversee and ensure publication of borough's Pharmaceutical Needs Assessment, which is updated every three years.
12. Agree an annual work programme for the Board.
13. Consider representations from Brent Scrutiny Committees and Healthwatch Brent on matters within the remit of the Health and Wellbeing Board.
14. To receive updates on partner investments into the local health and wellbeing system and make representations at local and national level on sufficiency of resources (e.g. finance, estates and workforce).