Public Document Pack

Community and Wellbeing Scrutiny Committee

Wednesday 16 September 2026 at 6.00 pm

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

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

The meeting will be open for the press and public to attend or alternatively can be followed via the live webcast. The link to follow proceedings via the live webcast will be made available HERE.

Membership:

Members*	**Substitute Members**
Councillors:	Councillors:
Madabhushi (Chair)	Ahmed, Anderson, Blackman, Burn and Dar
Alexandre	
Bajwa	Councillors:
Chadha	Chowdhury and Do Rosario
Clinton	
Ibrahim	Councillors:
Malonga	Lorber and Mulaisho
McLeish	
De Souza	Councillors:
Thomas	Mitchell and Ryan
Unger	

Co-opted Members
Alloysius Frederick, Roman Catholic Diocese Schools
The Venerable Catherine Pickford, Archdeacon of Northolt/Willesden Area, Church of England Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools
Rachelle Goldberg, Jewish Faith Schools
Vacancy, X2 Parent Governors

Observers
Brent Youth Parliament, Observer
Jenny Cooper, NEU and Special School observer
Lucy Cox, NEU Observer

recycle for Brent

**Please note the membership as listed will be subject to review at the Full Council Meeting on 14 September 2026 with any changes agreed as a result to be notified via an updated agenda following their approval.*

For further information contact: Hannah O'Brien, Senior Governance Officer
hannah.o'brien@brent.gov.uk

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

Notes for Members - Declarations of Interest:

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

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

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

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.
(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
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(d) **Land -** Any beneficial interest in land which is within the council's area.
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(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

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

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

or

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

- You yourself;

a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for absence and clarification of alternate members**	
2	**Declarations of interests** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Deputations (if any)** To hear any deputations received from members of the public in accordance with Standing Order 67.	
4	**Minutes of the previous meeting** To approve the minutes of the previous meeting as a correct record.	To follow
5	**Matters arising (if any)**	
6	**Childhood Asthma in Brent** To provide an overview on the prevalence, impact, prevention and management of asthma among children and young people in Brent.	1 - 38
7	**Brent Youth Strategy** To receive an update on the progress of the Brent Youth Strategy.	39 - 50
8	**Brent Culture Strategy** To provide an update on implementation of the Brent Culture Strategy, outline priorities for the year ahead, and present the proposed performance framework.	51 - 68
9	**Community and Wellbeing Scrutiny Committee Work Programme** To receive the Community and Wellbeing Scrutiny Committee Work Programme for 2026-27.	69 - 78

10 Community and Wellbeing Scrutiny Committee Recommendations Tracker To follow

To receive the Community and Wellbeing Scrutiny Committee Recommendations Tracker.

11 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: Tuesday 24 November 2026

Please remember to turn your mobile phone to silent during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public on a first come first serve basis. Alternatively, it will be possible to follow proceedings via the live webcast HERE.

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	Community and Wellbeing Scrutiny Committee 16 September 2026
	Report from the Corporate Director of Service Reform and Strategy
	Lead Cabinet Member for Community Safety and Public Health - Cllr Liz Dixon

Childhood Asthma in Brent

Wards Affected:	All
Key or Non-Key Decision:	For information
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1: Asthma Data Pack 2026 Appendix 2: Childhood Asthma in Brent LES
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Ruth du Plessis Director of Public Health, Brent Council (Ruth.du-Plessis@brent.gov.uk) Chukwusomebi Anwunah Principal Public Health Strategist, Brent Council (Chukwusomebi.Anwunah@brent.gov.uk) Mai Stafford Head of Public Health Evidence and Insight, Brent Council (Mai.Stafford@brent.gov.uk) Kim Lewis Head of Clinical Services - Brent Children, CLCH Outer North West London Division (kimlewis2@nhs.net) Jenny Lanyero

	Head of Health Inequalities for Children and Young People, Brent Health Matters CYP Team (jlanyero@nhs.net) Dr Rammya Mathe Borough Medical Director – Brent (rammya.mathew@nhs.net)

1.0 Executive Summary

1.1 This report provides an overview for the Committee on the prevalence, impact, prevention and management of asthma among children and young people (CYP) in Brent.

1.2 This report includes; the risk factors which contribute to childhood asthma, prevention and early intervention activities, health inequality considerations for vulnerable groups, a comprehensive overview of the asthma services, and engagement with schools and families.

1.3 This report has been prepared by Public Health, NHS partners in West and North London ICB, and Central London Community Healthcare NHS Trust.

2.0 Recommendation(s)

2.1 Members of the Scrutiny Committee are recommended to review and note the progress being made by the NHS and the Council with respect to asthma among children and young people in Brent

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The **Brent Borough Plan 2023-2027** outlines key strategic priorities aimed at improving health and well-being across the borough. The priority most relevant to this report is: **"A Healthier Brent"**. This priority focuses on reducing health inequalities and improving overall health outcomes for Brent children, and young people. The childhood asthma work stream aligns with this priority.

3.1.2 This report is also relevant to two priorities from the Brent Joint Health and Wellbeing Strategy 2022 – 2027, namely: "Healthy Lives" and "Staying Healthy". Although asthma is not singled out in the strategy, asthma work directly contributes to these commitments through action on:

- Air quality
- Housing conditions
- Access to healthcare
- Self-management of long-term conditions
- Reducing inequalities affecting deprived communities and ethnically diverse populations

3.1.3 The Brent Health Matters CYPs Health Inequalities Programme, established in 2024, identifies childhood asthma as one of three key priorities. Its focus includes asthma education and basic awareness training, community asthma coaches, personalised asthma plans, GP reviews within 48 hours of an A&E attendance, and reducing exposure to air pollution, smoking, damp and mould[1].

4.0 Background

4.1 Definition and Strategic Context

4.1.1 Childhood asthma is an inflammatory condition of the airways in children, where their airways become sensitive and can narrow, swell, and produce excess mucus, leading to symptoms such as wheezing, coughing, shortness of breath, and chest tightness. It can be triggered by viral infections, allergens, air pollution, exercise, cold weather, or tobacco smoke exposure[2].

4.1.2 London has a higher rate of illness and death in children and young people because of asthma compared to other European cities/countries[3]. 1 in 11 children and young people are affected by asthma, which is around 3 in every London classroom.

4.1.3 Although in most children, asthma can be well managed, for some children asthma can have severe impacts. Over 20,000 CYP are admitted to hospital every year in England. Asthma is also one of the top three causes of emergency admission to hospital (3,700 in London in 2023/24). Around 4% of the hospital admissions for asthma are severe episodes which result in a child being admitted to intensive care.

4.1.4 It is very sad that every year, a few children in London die from asthma. This number has ranged from 1 to 10 in recent years[4]. Most asthma deaths are considered preventable through tackling risk factors and providing good asthma management.

4.1.5 The National Child Mortality Database (NCMD) 2024 report, which investigated deaths in children due to asthma and anaphylaxis, recommended a number of areas for service providers and policymakers to focus on These include strengthening the delivery of asthma care, improving identification and follow-up of high-risk children, reducing health inequalities, optimising prescribing and self-management support, improving cross-service communication, and addressing environmental factors such as air pollution, smoking, damp, and mould[5].

4.2 Local Picture

4.2.1 Brent has a relatively young population with high population turnover. There are 149 languages spoken within Brent and 37% of residents do not have English as

[1] Children and Young People's Team | Brent Council
[2] State of Child Health 2026: Asthma | RCPCH
[3] Children and young people's asthma fact sheet - Transformation Partners
[4] Childhood asthma in London 2006 to 2020 - Office for National Statistics
[5] Asthma-and-anaphylaxis.pdf

their first language. The prevalence of diagnosed asthma is slightly higher in Brent compared with northwest London (4.4% vs 4.1% based on August 2026 WSIC[6] data from general practices). Prevalence varies by ethnic group and is highest in children from Black ethnic groups. For disaggregated ethnic groups, children from a Black Caribbean background have a prevalence of 8.7%, Black African background 5.7% and Pakistani background 7.2%.

4.2.2 The childhood asthma admission rate in Brent is 333.8 per 100,000, which is significantly higher than the national rate of 138.8 per 100,000 in England[7], and double the London average[8]. This is based on the latest available comparative data (2024/25). The gap between Brent and London had widened over the past four years to 2024/25. However, WSIC data for Brent shows a decrease of 20% childhood asthma admissions and a decrease of 28% childhood A&E attendances for asthma in 2025/26 compared with the previous year.

4.2.3 Within Brent, asthma admission rates are above average for children from Pakistani and Mixed White & Black Caribbean ethnic groups. The asthma admission rate is highest in Harlesden and lowest in Kilburn.

4.2.4 WSIC data also shows that 29% of CYP diagnosed with asthma live in the 20% most deprived neighbourhoods (Index of Multiple Deprivation deciles 1–2), demonstrating the disproportionate impact of asthma on disadvantaged communities and the importance of targeting support to those at greatest risk.

4.2.5 The proportion of asthma patients with a completed annual asthma review has increased steadily over the past five years, showing that initiatives to increase asthma management have improved over time. During the asthma review, the child's GP asks about asthma symptoms, triggers, use of inhaler and other relevant aspects of their asthma.

4.2.6 Inhaled corticosteroid prescribing (also known as a "preventer" inhaler) has also increased over time. While prescribing of short-acting beta-2 agonists (SABAs) which have a rapid onset of action has increased over the past two years, multiple SABA prescriptions have decreased. This decrease shows that treatment of children's asthma is moving more towards the preventative end.

4.3 **Risk Factors, Environmental Factors, and Wider Determinants**

4.3.1 Risk factors for childhood asthma include multiple deprivation, housing (overcrowding, damp and mould), air pollution, exposure to household smoking, vaping, lower respiratory tract infections, low immunisation uptake, and premature births.

4.3.2 The 2025 Income Deprivation Affecting Children Index shows one in three Brent LSOAs (small areas) in Brent are in the most deprived 10% in the country and 13 are in the most deprived 1%. Brent is the fifth most deprived local authority in

[6] WSIC = Whole Systems Integrated Care NHS data resource for northwest London

[7] *OHID, based on NHS England and Office for National Statistics data*

[8] 2024/25 Hospital Episode Statistics

England on the 2025 IDACI, with almost 60% of children living in income deprived households[9].

4.3.3 At borough level, air pollution (NO2) levels are similar in Brent compared to London; however, there are known hotspots in Brent where NO2 levels are non-compliant with regulations (2024 and 2025 data).[10]

4.3.4 Damp is more prevalent in the social housing sector compared with owner-occupied and private rented housing, although under-recording may be a particular issue in privately rented homes. Around 7-8% of social rented homes in Brent had damp (2023 and 2024 data)[11], presenting an opportunity to help tackle asthma through housing improvements and other initiatives targeted at social housing tenants. Brent has higher levels of overcrowding than the London average. It is in the top three most overcrowded boroughs in London.

4.3.5 Other health factors can exacerbate asthma, including lower respiratory tract infections (some of which may be preventable by immunisation) and premature birth. Lower respiratory tract infection rates are higher in Brent compared with London. Coverage of child vaccinations that could reduce respiratory infections, including flu and MMR, is lower in Brent than nationally.

4.3.6 Over the past ten years, the premature birth rate has consistently been higher in Brent compared with London and time trends show the rate has increased over the past five years.

4.3.7 More details on prevalence and risk factors can be found in the asthma data pack in Appendix 1.

4.4 Prevention, Early Intervention and Partnership Working

4.4.1 Children and families have more contact with primary care than any other part of the healthcare system, therefore primary care plays a central coordinating role in the management of childhood asthma. Primary care is responsible for diagnosing asthma, reviewing and optimising treatment, educating families and preventing inequalities in access or quality of care for children.

4.4.2 **Childhood Asthma Local Enhanced Service (LES)**. Brent identified childhood asthma as a primary care priority due to low diagnosis rates and poor disease control. In 2024, only 2.3% of children and young people in Brent had a recorded asthma diagnosis, compared with 4.1% across North West London and 6.8% nationally, suggesting significant under-diagnosis.

[9] https://data.brent.gov.uk/download/2j30l/hf4/Report%20-%20Deprivation%20in%20Brent%20v1.0.pdf
[10] Air quality monitoring and reports | Brent Council
[11] LG Inform Plus: English Housing Survey modelled estimate

4.4.3 To address this, Brent introduced a Childhood Asthma Local Enhanced Service (LES) which combined proactive case finding with enhanced reviews for higher-risk children aged 5 to 17 years. The programme used practice data to identify children who may have undiagnosed asthma and provided targeted reviews focused on inhaler technique, preventative treatment, personalised asthma action plans, and environmental risk factors such as smoking exposure and damp housing. Delivery was supported through Tier 3 (clinical assessment and management) training for practices, asthma Community Coaches working with families and communities, and monthly performance data to help practices monitor and improve outcomes.

4.4.4 The Childhood Asthma LES was associated with significant improvements in diagnosis and asthma management. New diagnoses increased by 56.5%, from 294 in 2024/25 to 460 in 2025/26, with Brent's diagnosis rate rising from 0.48% to 0.78%, compared with 0.45% across North West London (NWL). Adjusted analysis showed Brent children were 1.74 times more likely to receive a new asthma diagnosis than matched peers elsewhere in NWL, indicating a substantial increase in diagnostic activity.

4.4.5 Outcomes also improved, with oral prednisolone (a corticosteroid) prescribing falling from 3.6% to 0.6% of asthma-related prescribing and high salbutamol inhaler prescribing reducing from 8.3% to 4.0% – this reflects better asthma control and fewer exacerbations. Hospital admissions fell by 12.4%, from 266 to 233, suggesting a positive trend, although this reduction was not significantly greater than that seen across NWL. For more information on the LES, see appendix 2.

4.5 Health Inequalities and Vulnerable Groups

4.5.1 To support primary care in prevention and early detection and intervention, Brent has commissioned additional unique services such as the Brent Health Matters Children and Young People Asthma programme to help address health inequalities.

4.5.2 **The Brent Health Matters Children and Young People (BHM CYP) Asthma Programme.** The Brent Health Matters (BHM) CYP Asthma Programme supports local and West and North London ICB priorities by reducing inequalities, improving asthma management and enabling earlier access to evidence-based care.

4.5.3 The team is made up of specialist nurses, healthcare assistants, link workers and community coaches. They aim to reduce inequalities through community outreach events where they deliver culturally appropriate asthma education and myth-busting and signposting. They also train up asthma community coaches

and wider workforce among partner organisations. Families can access the programme via referrals and signposting from GPs and other healthcare professionals, self-referral, and outreach events.

4.5.4 Asthma Community Coaches Programme
This programme trains trusted community members to provide culturally appropriate asthma education and free spacer packs. Developed in response to resident feedback, it helps overcome barriers to asthma information, equipment and support. To date, 88 coaches have been trained, with training for 33 more coaches planned by September 2026.

4.5.5 Training increased confidence in supporting families by 76% and asthma, inhaler and spacer knowledge by 73%; 32 spacer packs have also been distributed. Feedback indicates improved awareness, asthma management and understanding of care plans among families. Spacers help ensure effective delivery of the asthma medication to the lungs and knowledge of proper inhalation technique and other aspects of symptom management help prevent complications and hospital admission.

4.5.6 Multilingual Resources and Health Literacy
The BHM CYP asthma programme has co-produced accessible asthma resources for use across GP practices, hospitals and community settings. Materials include training booklets with practical information about asthma management, symptom recognition, trigger avoidance, and how to access support. Symptom diaries and spacer guidance are provided in six languages, “48 Hours” leaflets in eight languages, and five awareness videos in seven languages. A damp and mould resource has also been developed. There are videos on Dry Powder Inhalers (DPI), MART (maintenance and reliever therapy) and AIR (anti-inflammatory reliever) therapies due by September 2026.

4.5.7 To further address inequalities in asthma diagnosis and management, a FeNO machine (which measures the amount of nitric oxide breath to check for swelling and inflammation in airways) was purchased in August 2026, and this will support community-based asthma assessments from September 2026. It aims to support earlier and more accurate diagnosis, strengthen monitoring and medication adherence, and enable asthma health checks at community events.

4.6 **Community Engagement**

4.6.1 The BHM CYP Asthma programme’s community engagement has reached families beyond healthcare settings, promoting asthma awareness, medication adherence and correct inhaler use. #AskAboutAsthma is an NHS England London-wide campaign which promotes four key actions to improve outcomes

for children and young people with asthma: personalised asthma action plans, correct inhaler technique, annual asthma reviews, and air quality awareness.

4.6.2 Thirty families engaged at the Clean Air Community Fun Day in June 2026, receiving tailored advice and signposting. Ongoing activity promotes community coach training and asthma support, with a dedicated event planned for the September #AskAboutAsthma Week 2026.

4.6.3 In Brent, the campaign supports local priorities to reduce inequalities, improve diagnosis, and strengthen self-management. It also brings together schools, primary care, community organisations and healthcare providers to improve asthma outcomes and reduce avoidable emergency attendances. The 2026 campaign provides an opportunity to showcase local improvements and track progress against asthma quality improvement goals.

4.7 **Brent Asthma Nurse Specialist Service**

4.7.1 Overview of the Service

The Brent Asthma Nurse Specialist (ANS) service provides a specialist, nurse-led community respiratory service for children and young people with asthma across Brent. The service works across primary care, community services, schools and acute settings to improve asthma control, reduce avoidable emergency attendances and admissions, and support children and families to self-manage their condition.

4.7.2 The service is commissioned by the ICB and provided by Central London Community Healthcare (CLCH) NHS Trust. It is a single 0.9 WTE post. CLCH is currently exploring alternative delivery models through the children's community nursing teams that would provide year-round cover. The Service is an extension of the Children's Community Nursing Service, which has been a part of CLCH's community children's services in Brent for several years.

4.7.3 The role provides specialist assessment, asthma reviews, education, inhaler technique support, personalised asthma action plans and telephone advice. The service also plays a key role in workforce development through education and training delivered to GPs, school nurses, schools and other professionals managing children with asthma, and supporting parents to attend primary care reviews within 48-hours of A&E attendance. The service also participates in public health events to promote the availability of the specialist service and provide information on asthma management and inhaler technique.

4.7.4 Activity and Performance

Over the last 12 months the Asthma Nurse Specialist service has undergone a comprehensive review of its operating model, referral pathways, governance arrangements and performance. By September 2025, the associated Quality Improvement project had delivered a 66% increase in referrals compared with the previous four-month average, demonstrating the positive impact of pathway redesign and proactive case identification.

4.7.5 The service has also transformed how referrals are received. Previously, referral criteria required two A&E attendances before a child could access specialist support. This threshold has now been removed and, since January 2026, the service has proactively treated all North NWL and A&E notifications as referrals. Parent self-referrals are also now accepted, further improving accessibility and reducing barriers to support.

4.8 **0-19 services following A&E attendance**

4.8.1 In addition to the Asthma Nurse Specialist service, CYP with asthma are supported by universal 0-19 services, including health visiting and school nursing, commissioned by Public Health.

4.8.2 For children under 5 years of age, the health visiting service receives a notification when a child has attended A&E for asthma or preschool wheeze. Parents are then contacted by the health visiting service to confirm if care plans are in place, confirm any medication, and provide advice and signposting as required, for example to the Asthma Nurse Specialist or GP.

4.8.3 For school-aged CYP, the School Nursing Service contacts parents following A&E attendance and alerts the named School Nurse for further follow-up, including telephone contact with families and review of the CYP in school if required. Also, the School Nurse will liaise with the school's welfare officer to ensure the child has an up-to-date care plan in school. The School Nurse will encourage parents to contact their GP for an appointment if a 48-hour review is not already arranged.

4.9 **Brent-Specific Lessons Learned from Asthma Deaths and Serious Incidents**

4.9.1 Within CLCH, the After-Action Review (AAR) following the death of a young person with autism and asthma identified important learning across health, education and social care systems. Whilst the child had an asthma care plan, annual reviews and access to school-based support, opportunities to identify escalating risk were missed. The review highlighted that the mother's needs were not known, recorded or shared between agencies, resulting in assumptions about her understanding of asthma management and treatment.

4.9.2 Communication between professionals was inconsistent, and there was limited professional curiosity when concerns emerged regarding inhaler use, repeated A&E attendances and missed reviews.

4.9.3 Key actions following the review focused on strengthening systems and reducing reliance on individual judgement. These included introducing EMIS alerts to record parental learning needs, implementing a mandatory asthma review crib sheet, embedding escalation processes when inhaler use increases, ensuring school nurses attend regular safeguarding meetings, and improving communication pathways with primary care and acute providers. All actions were completed by July 2026.

4.10 Schools and Educational Settings

4.10.1 **Asthma Friendly Schools Programme.** An asthma-friendly school is an educational setting which chooses to undertake specialist training and accreditation to work with local health services to create a safe, healthy environment for students with asthma in school.

4.10.2 To become a certified Asthma Friendly School, a school must work with its allocated School Nurse to complete an annual audit, which is then officially accredited by the Brent Asthma Specialist Nurse. Once accredited, the school is issued an official certificate and logo. Status is maintained through annual audit and renewal of accreditation.

4.10.3 The programme delivery is supported by a partnership of services – School Nursing, commissioned by Public Health and the Asthma Nurse Specialist. Brent began implementing the Asthma Friendly Schools programme in 2024. Currently, there are 23 primary schools (42.6%) and 2 secondary schools (12.5%) that have achieved Asthma Friendly School status. A further 27 primary (50%) and 8 secondary schools (50%) as well as one alternative provision are actively working towards accreditation.

4.10.4 Core Requirements for Schools

- **Asthma Register:** Maintains an up-to-date list of all pupils diagnosed with asthma.
- **Action Plans**: Keeps a personal asthma action plan for each child alongside an emergency protocol.
- **Named Lead**: Assigns a specific staff member responsible for coordinating asthma care and linking with school nurses.
- **Staff Training**: Trains school staff to recognise symptoms and respond to asthma attacks safely via completion of foundational and whole-school training, reaching at least 85% staff awareness.

- **Inhaler Access**: Allows students quick, unhindered access to their reliever inhalers and houses spare emergency school inhaler kits.

4.10.5 Environmental and Attendance Standards

- **Trigger Reduction:** Minimises indoor triggers such as dust, mould and dampness, and enforces smoke-free and vape-free school gates.
- **Monitoring Absence:** Identifies students missing school or sitting out of sports due to poorly controlled asthma and escalates concerns to healthcare professionals.

5.0 Performance, Challenges and Future Priorities

5.1.1 There are several additional actions underway to further improve outcomes for CYP with asthma. We have seen a lot of progress in the efforts to improve outcomes in asthma prevention and management for Brent children. Moving forward, we are keen to continue focus on early identification and strengthening the delivery of asthma care for Brent children, including regular reviews, action plans, medicines optimisation, and follow-up for high-risk children.

5.1.2 Childhood Asthma Local Enhanced Service (LES): The recommended focus for 2026/27 for the childhood asthma LES include:

- Maximise completion of asthma high-risk reviews.
- Increase coverage of personalised asthma action plans.
- Review prescribing patterns, particularly SABA overuse.
- Strengthen links with housing, smoking cessation and social prescribing services.
- Monitor outcomes relating to exacerbations, oral steroid use and unplanned care utilisation.

5.1.3 Asthma Nurse Specialist Service: Following the service review, a detailed improvement programme is being implemented to further strengthen the quality, accessibility and effectiveness of the service. Key actions include:

- Enhanced professional development for the Asthma Nurse Specialist role, including independent prescribing capability to enable timely medication adjustment without requiring GP appointments.
- Development of promotional materials, posters and patient information leaflets to increase awareness of the service across GP practices
- Increased use of digital appointment reminders to reduce DNA rates and improve patient engagement.
- Development of a formal Standard Operating Procedure (SOP), including clear escalation pathways for repeated non-attendance and safeguarding concerns.
- Continued use of Cerner A&E attendance notifications as a primary referral source to support early intervention.
- Removal of restrictive referral criteria and introduction of parent self-referral pathways.

- Rescheduling clinic sessions to later in the day and after school hours to improve accessibility for school-aged children and reduce educational disruption.
- Strengthened clinical governance arrangements through direct clinical supervision from the Divisional Director of Nursing.
- Regular multidisciplinary discussions and specialist respiratory supervision with Dr Wolfgang Muller and colleagues at North West London hospitals support the management of children with complex asthma needs within the borough.

5.2 Asthma Friendly Schools: Potential future uptake: 7 primary schools (13%) and 5 secondary schools (31%), with the addition of 1 unit, are not currently interested in accreditation; however, they have expressed a potential interest in participating in the future. There are also 7 primary schools (13%) and 2 secondary schools (12.5%) that have declined to participate.

6.0 Stakeholder and ward member consultation and engagement

6.1 There was no direct stakeholder or ward member consultation or engagement leading up to the development of this report. However, the services provided do work closely with communities and stakeholders and have been shaped by feedback from local residents.

7.0 Financial Considerations

7.1 The funding for the various interventions and programmes is individually, and sometimes jointly from the North West London ICB (now the West & North London ICB) and the public health grant.

8.0 Legal Considerations

8.1 These are covered in the body of the report.

9.0 Equity, Diversity & Inclusion (EDI) Considerations

9.1 Children from some ethnic minority communities and those living in more deprived areas in Brent experience a disproportionate burden of childhood asthma, resulting in poorer outcomes and greater use of urgent care services. These inequalities vary across ethnic groups and neighbourhoods, highlighting the need for targeted support for populations at greater risk.

9.2 The BHM CYP Asthma Programme addresses some of these inequalities through co-produced, culturally appropriate resources available in multiple languages across healthcare and community settings. By improving access to information, reducing language barriers, and addressing wider determinants of health such as damp and mould, the programme aims to make asthma support more inclusive and accessible for Brent's diverse population.

10.0 Climate Change and Environmental Considerations

10.1 These are covered in the body of the report.

11.0 Human Resources/Property Considerations (if appropriate)

11.1 There were no human resources or property considerations included in this report

12.0 Communication Considerations

12.1 These are covered in the body of the report.

Report sign off:

Rachel Crossley
Corporate Director of Service Reform and Strategy

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Understanding childhood asthma in Brent

Appendix: Brent asthma data

Contents

1. Child population in Brent

Table 1. Childhood population in Brent

	Population aged 0-15	% population aged 0-15
	2024	2024
	People	%
Brent	64,202	18.1
Alperton	3,003	18.9
Barnhill	2,252	19.9
Brondesbury Park	2,281	17.1
Cricklewood & Mapesbury	2,420	17.1
Dollis Hill	5,051	22.5
Harlesden & Kensal Green	4,330	21.2
Kenton	3,058	17.2
Kilburn	2,727	16.6
Kingsbury	2,110	18.5
Northwick Park	2,030	16.1
Preston	2,562	20.1
Queens Park	3,049	18.6
Queensbury	3,248	18.4
Roundwood	3,605	21.5
Stonebridge	4,931	22.5
Sudbury	2,730	18.9
Tokyngton	1,749	16.2
Welsh Harp	3,565	19.8
Wembley Central	3,446	18.6
Wembley Hill	2,797	17.5
Wembley Park	1,844	12.5
Willesden Green	3,467	18.2

Brent has a relatively young population, with 18% of residents aged 0-15 years. This is an estimated 65,000 0-15 year olds in Brent in 2024. Public services, including the NHS and local authority, are therefore responsible for promoting the health and wellbeing of high numbers of local children.

Dollis Hill ward has the highest number and proportion of residents aged 0-15 years.

Population turnover is high, with Brent ranking 17th out of 296 local authorities in England. (Population change in Brent Briefing 2025)

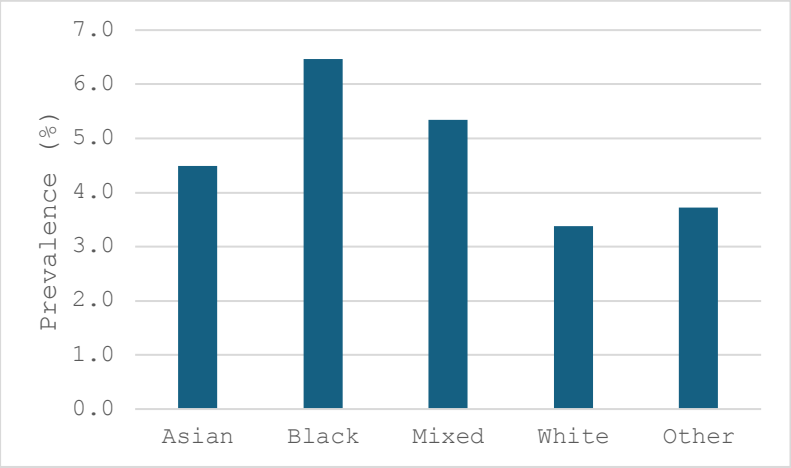
Source: LGInform

2. Asthma prevalence and admissions

2.1 Asthma prevalence

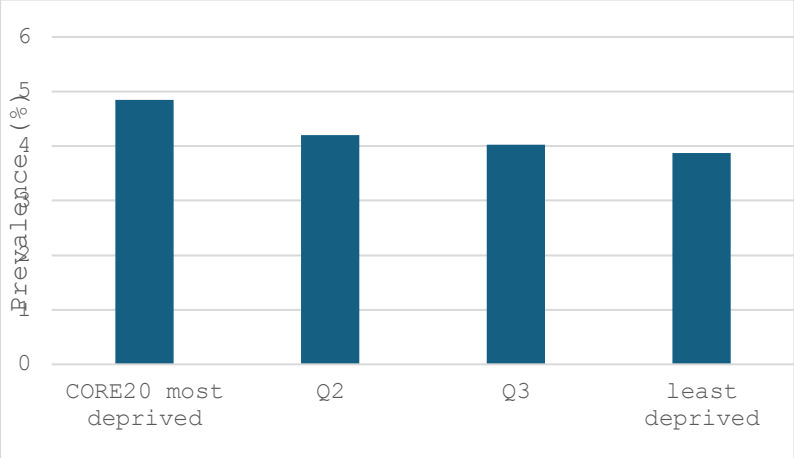
A total of 2,193 children age 6-17 years currently living in Brent and registered with a Brent GP are diagnosed with asthma (based on WSIC data August 2026).[1,2] Numbers for children age 0-5 years are not shown because asthma is typically not diagnosed in such young children. Childhood asthma prevalence is 4.4% in Brent compared with 4.1% average in northwest London.

Figure 1. Asthma prevalence by ethnicity
Source: WSIC August 2026



The prevalence of diagnosed childhood asthma is highest in children from Black ethnic groups (6.5%).

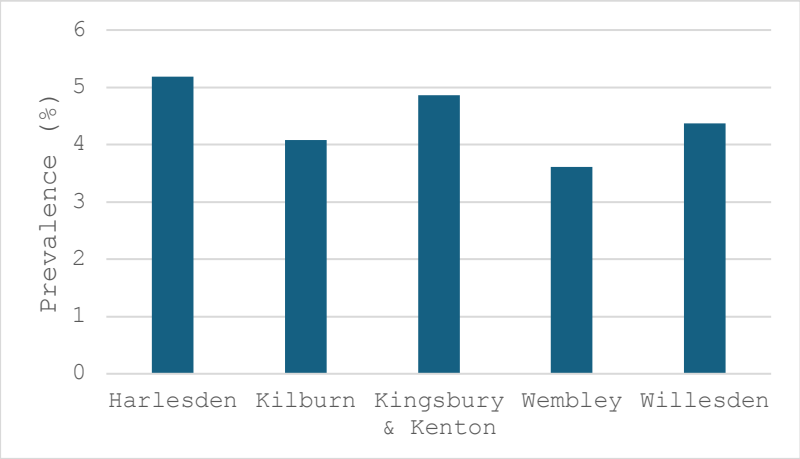
Figure 2. Asthma prevalence by deprivation
Source: WSIC August 2026



The prevalence of diagnosed childhood asthma is highest (4.8%) in the most deprived parts of the borough and lowest (3.9%) in the least deprived parts.

[1] WSIC = Whole Systems Integrated Care NHS data resource for northwest London
[2] This analysis excludes children living in Brent that are registered with a GP outside of Brent and also children registered with a Brent GP but living outside of Brent. Numbers should not be used to guide resource allocation to GPs for asthma patients.

Figure 3. Asthma prevalence by neighbourhood
Source: WSIC August 2026



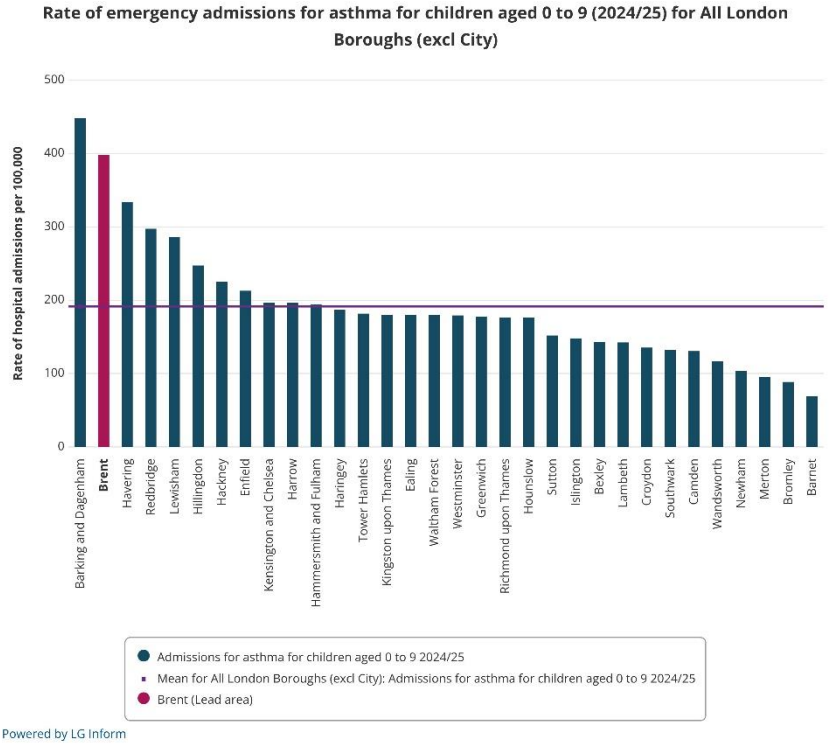
Childhood asthma prevalence is highest in the Harlesden & Kenton neighbourhood.

The total number of children with diagnosed asthma is highest in Harlesden (n=577) but similar numbers are seen in Wembley (n=568) and Kingsbury & Kenton (n=504).

2.2 Asthma admissions

Hospital admissions for childhood asthma are high in Brent compared with the London average. For both 0-9 year olds and 10-17 year olds, Brent has the second highest emergency admissions rate of all London boroughs.

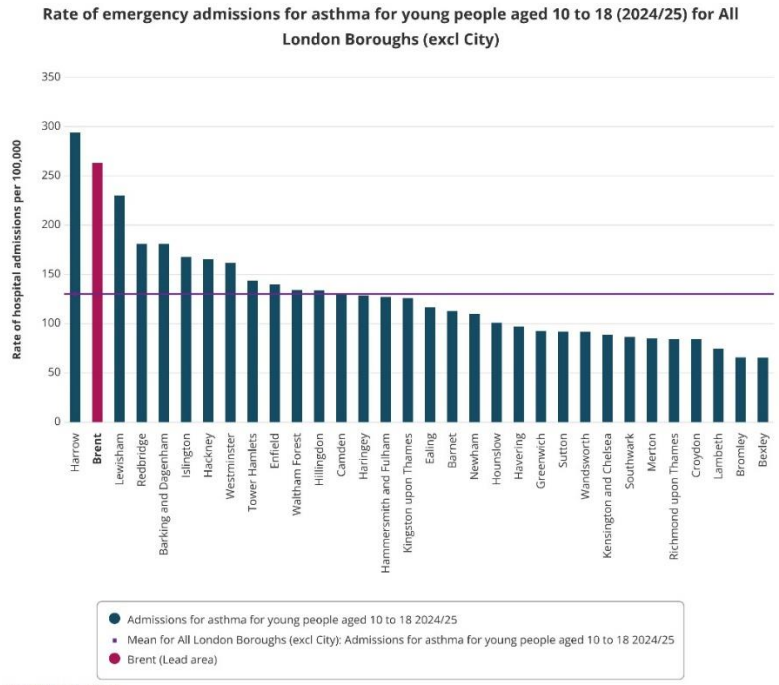
Figure 4. Emergency admissions for asthma in children age 0-9 years



Powered by LG Inform

Source:
Office for Health Improvement and Disparities (OHID)

Figure 5. Emergency admissions for asthma in children age 10-18 years



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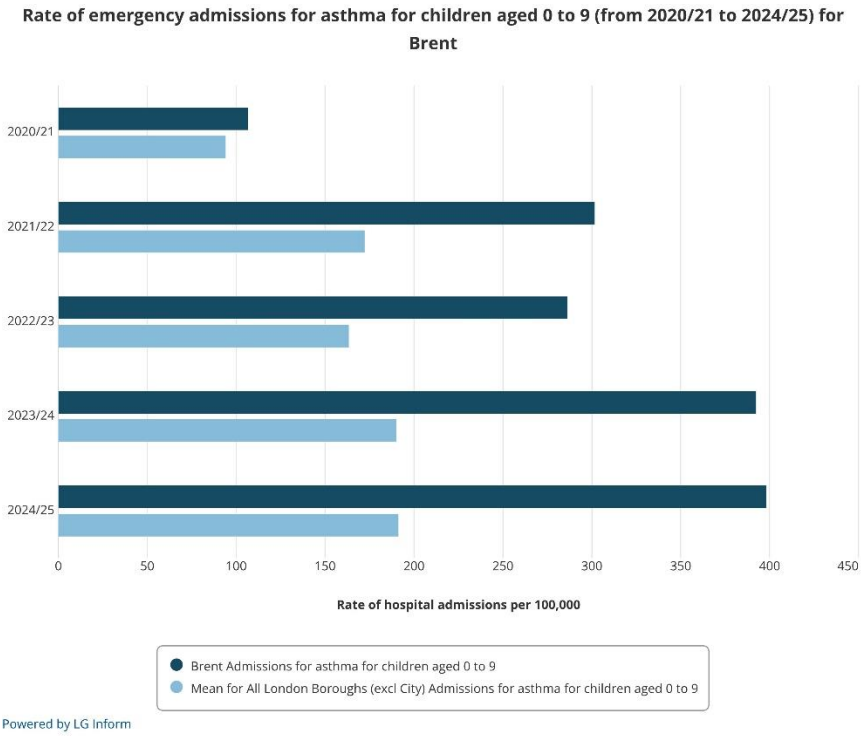
Source:
Office for Health Improvement and Disparities (OHID)

The gap between Brent and London average has widened over the past five years.

Figure 6. Emergency admissions for asthma: trends over time



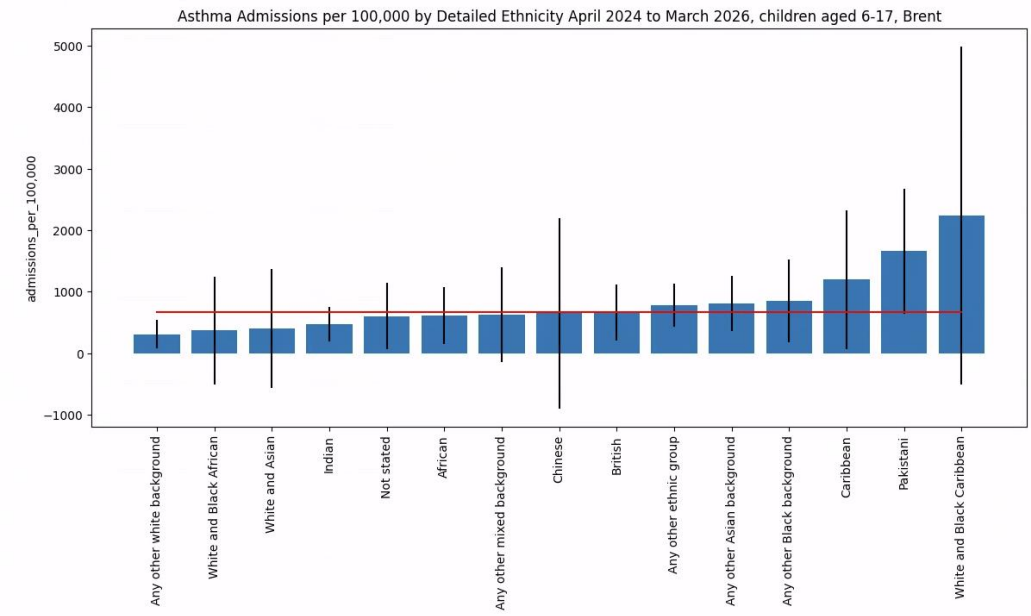
Powered by LG Inform

Source:
Office for Health Improvement and Disparities (OHID)

Within Brent, asthma admission rates are above average for children from Pakistani and Mixed White & Black Caribbean ethnic groups. They are also higher than average for

children from Black Caribbean and other Black ethnic backgrounds (but differences are not statistically significant for these two groups).

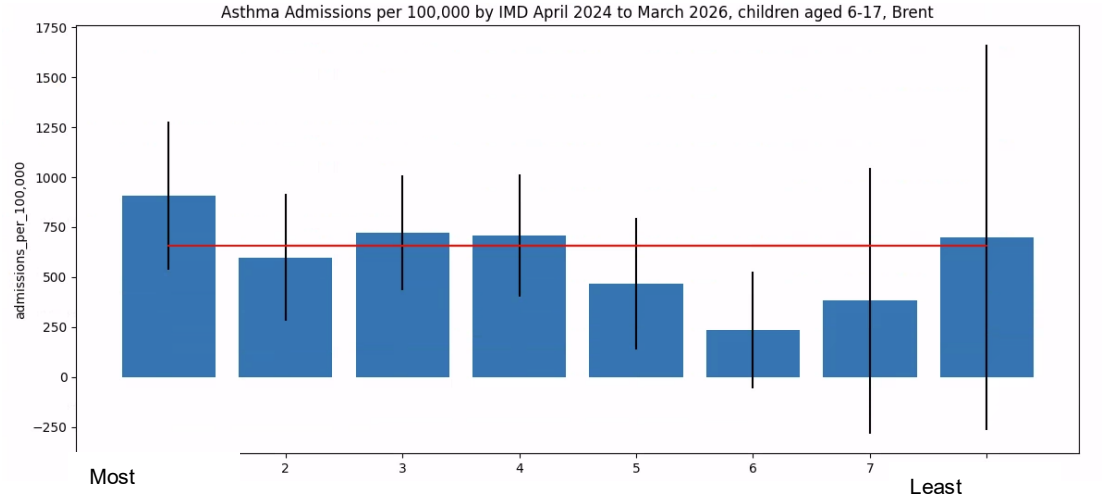
Figure 7. Asthma admissions by ethnicity in Brent



Source: WSIC, August 2026

Asthma admissions tend to be higher in the most deprived parts of the borough and lower in the least deprived parts. However, there is not a clear socioeconomic gradient.

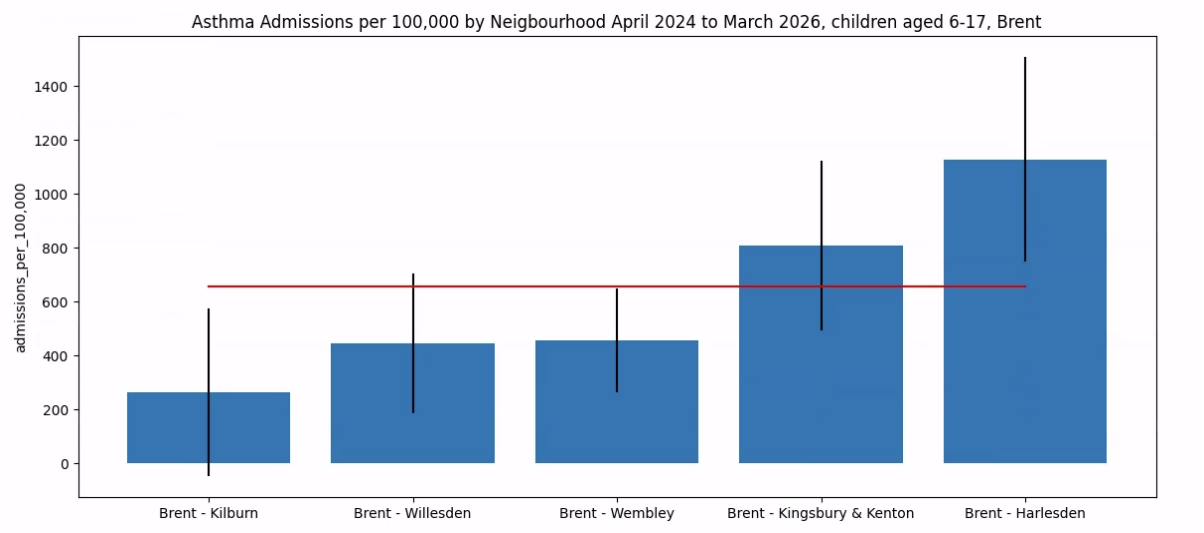
Figure 8. Asthma admissions by deprivation in Brent



Source: WSIC, August 2026

The asthma admission rate is highest in Harlesden and lowest in Kilburn.

Figure 9. Asthma admissions by Brent neighbourhood



Source: WSIC, August 2026

3. Asthma treatment

The number and proportion of asthma patients prescribed an inhaled corticosteroid (a “preventer” inhaler) has increased over the past two years. Short-acting beta-agonist inhaler (SABA, a “rescuer” inhaler) prescribing has also increased over the past two years. However, the number and proportion prescribed multiple SABA inhalers has decreased over this period.

The proportion of asthma patients that have had an annual asthma review has risen year on year since 2021/22, standing at 75% by 2025/26. (Numbers for the latest year are incomplete until the end of the financial year).

Asthma treatment patters are similar in Brent and northwest London.

Figure 10. SABA prescriptions 2024/25 to 2026/27

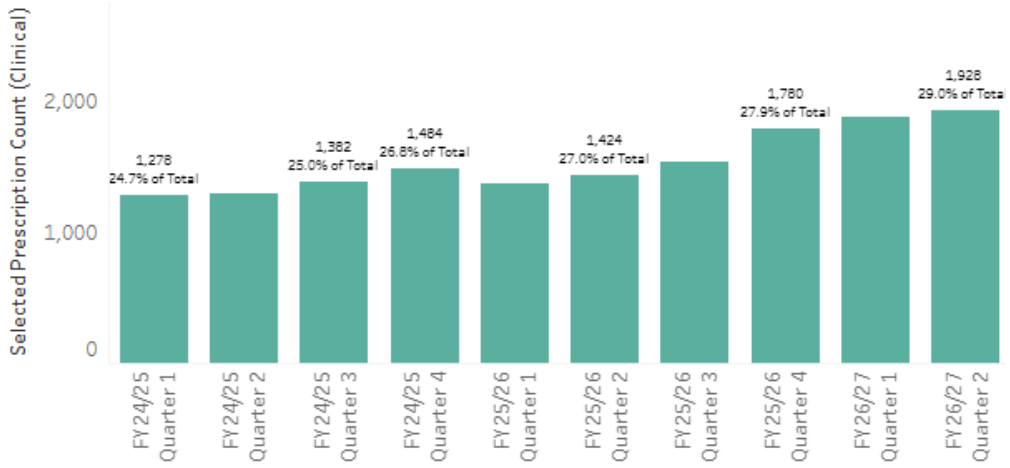


Figure 11. Four or more SABA prescriptions 2024/25 to 2026/27

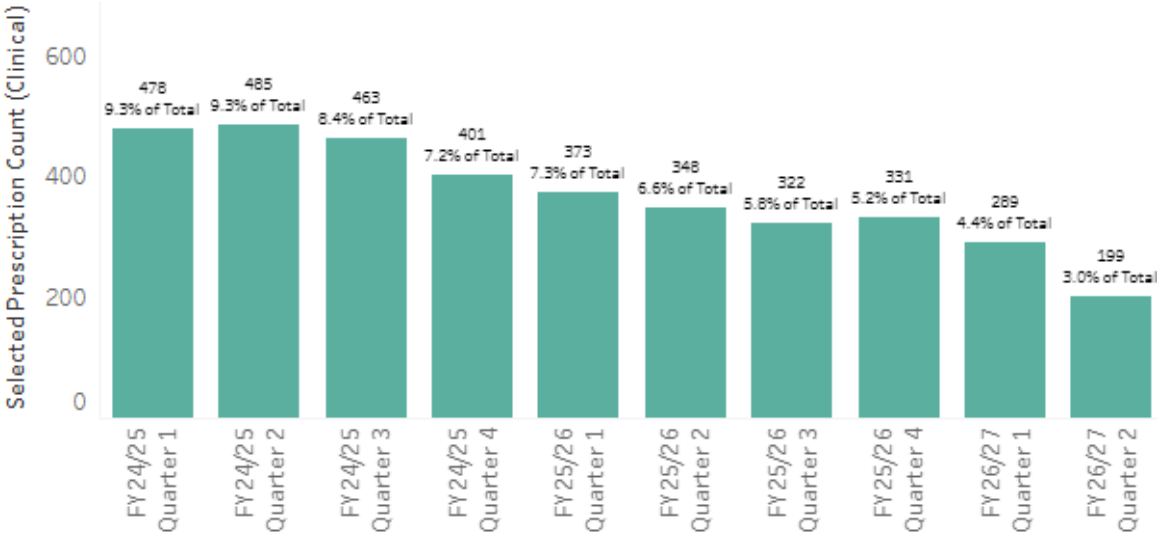
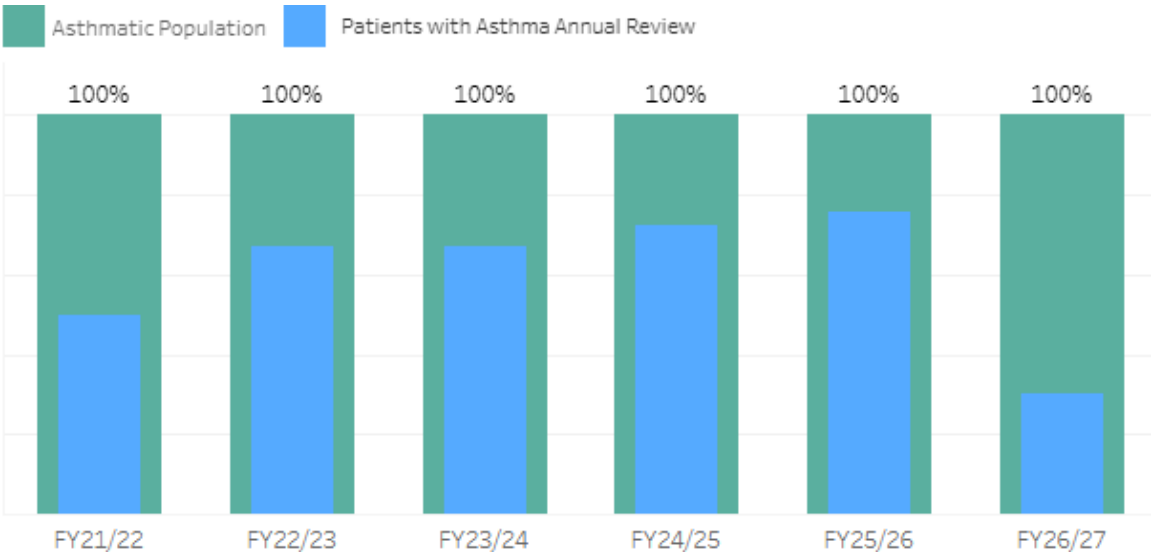


Figure 12. Proportion of asthma patients with a completed annual review



4. Risk factors for asthma

A number of risk factors for asthma are relatively high in Brent, potentially adding to the challenging of preventing and managing asthma. Risk factors include socioeconomic and environmental factors, behavioural factors (such as smoking), and comorbidities (such as lower respiratory tract infections).

4.1 Air pollution

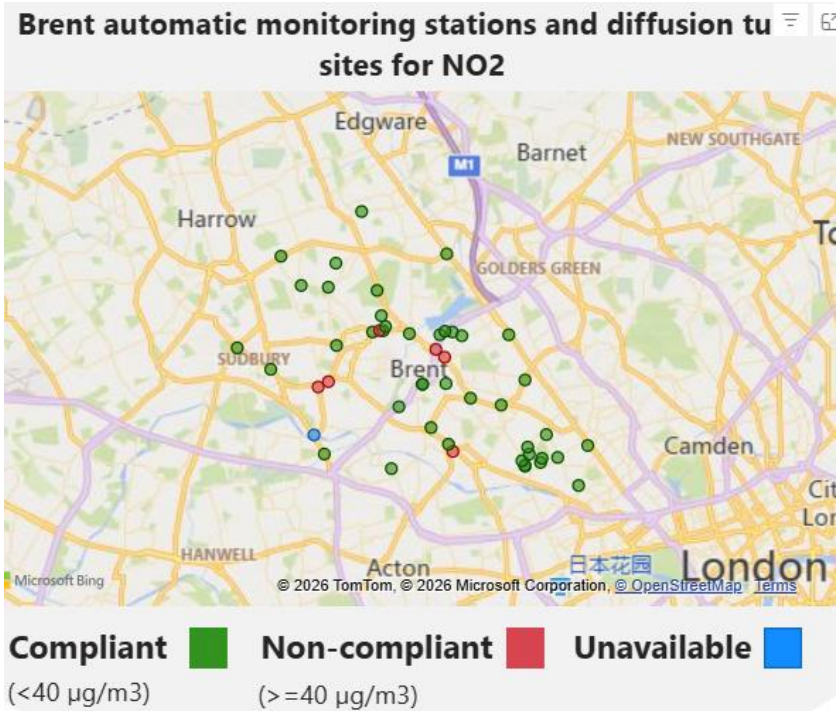
Levels of air pollution are similar in Brent compared to London. However, there are hotspots within Brent where NO2 levels are non-compliant with regulations (shown in red on the map below). Although NO2 and PM2.5 levels have been decreasing over time and are lower than the UK air quality objectives, they remain above the WHO air quality objectives.

Table 2. Air quality indicators 2021-2024 in Brent and London

		2021	2022	2023	2024
		Raw value	Raw value	Raw value	Raw value
Concentration of fine particulate matter (PM2.5)	**Brent**	8.8	9.9	8.3	8.9
	London	8.7	9.6	8.3	8.9
Air pollution: estimated fraction of mortality attributable to particulate air pollution	**Brent**	6.5	7.4	6.2	6.6
	London	6.5	7.1	6.2	6.6

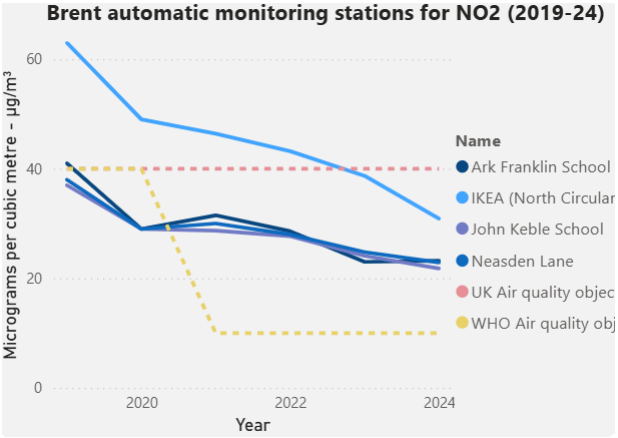
Source: LGInform OHID

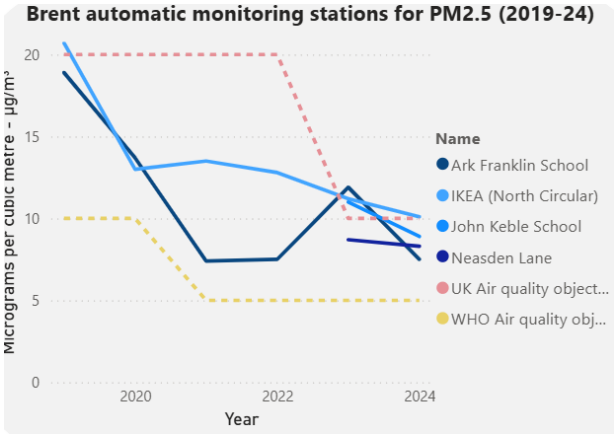
Figure 13. Compliant and non-compliant air quality (NO2) sites in Brent



Source: https://www.brent.gov.uk/environment/air-quality/air-quality-monitoring-data

Figure 14. Air quality (NO2 and PM2.5) in Brent over time





Source: https://www.brent.gov.uk/environment/air-quality/air-quality-monitoring-data

4.2 Damp and mould

Damp and mould in the home is also linked to childhood asthma. The spores from damp and mould can irritate the airways, triggering flare-ups, wheezing, coughing, and serious asthma attacks.[3]

Brent rates of damp housing are similar to or lower than London average, although the annual figures are volatile and indicate some data quality issues.

Table 3. Homes with damp

		2023	2024
		Raw value	Raw value
No. of homes with damp	Brent	2,846	7,032
	London	165,482	237,113
% of homes with damp	Brent	2.2	5.4
	London	4.5	6.4
% of homes with damp: All rented	Brent	4.2	7.6
	London		9.7
% of homes with damp: Private rented	Brent	1.9	8.0
	London	5.7	10.2
% of homes with damp: Social rented	Brent	8.0	6.9
	London	1.1	8.9
% of homes with damp: Owner occupied	Brent	0.2	2.0
	London	10.5	2.5

Damp is more commonly recorded in social rented homes compared with other housing tenures. This presents an opportunity for the council to help tackle asthma through housing improvements and other initiatives targeted at social housing tenants.

Source: LG Inform Plus: English Housing Survey modelled estimate

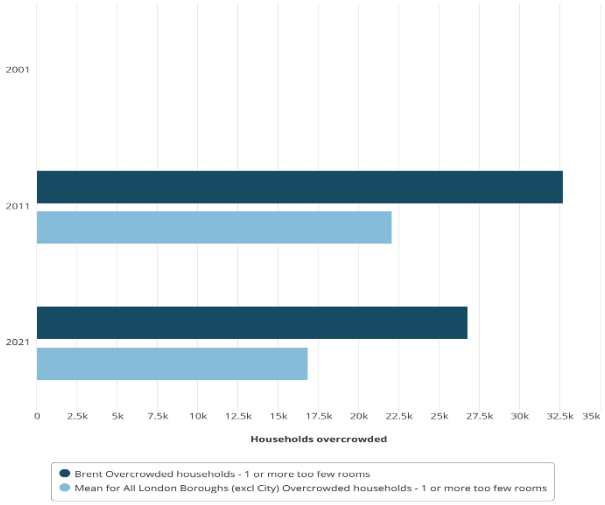
4.3 Overcrowding

Brent has higher levels of overcrowding than the London average. Crowded conditions can affect children in terms of factors such as sleep patterns and this in

[3] Know your rights - what to do if you have damp and mould in a rented home | Asthma + Lung UK

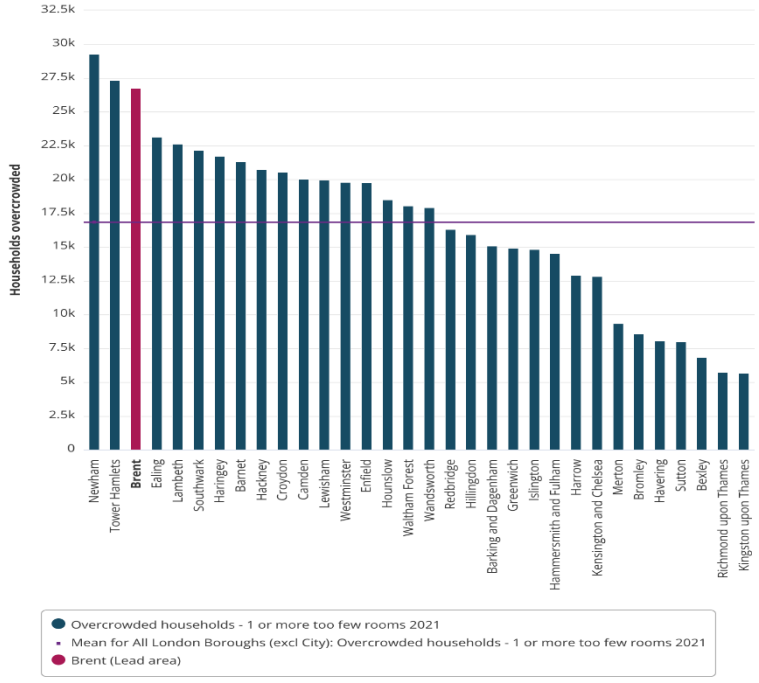
turn can lower immune systems. Brent overcrowding is amongst the worst in London.

Figure 15. Overcrowding - number of households with 1 or more too few rooms (from 2001 to 2021) for Brent



Source: Office for National Statistics

Figure 16. Overcrowding - number of households with 1 or more too few rooms (2021) for All London Boroughs (excl City)



Source Office for National Statistics

4.4 Smoking

Children living in households where smoking occurs are more likely to experience wheezing, asthma symptoms and severe asthma attacks. Data on exposure to second and third hand smoking is not available at the local level but a proxy indicator, households with both a child

and a smoker, is available from NHS records. This ranges from 3.5% of households in some parts of the borough to 20% in some parts of Stonebridge.

Maternal smoking at the time of delivery has decreased over the past decade in Brent and remains lower than the London average. Youth smoking prevalence has also been historically lower in Brent compared with London but these figures need to be updated and expanded to include vaping. A detailed CYP vaping health needs assessment is currently underway.

Table 4. Smoking prevalence in Brent and London

		2014/15	2024/25
		%	%
Smoking prevalence at age 15 - current smokers (WAY survey)	**Brent**	4.2	
	London	6.1	
Smoking prevalence at age 15 - occasional smokers (WAY survey)	**Brent**	1.8	
	London	2.7	
% of mothers known to be smokers at time of delivery	**Brent**	3.5	2.2
	London	5.1	3.3

Source: LGInform

4.5 Multiple deprivation

Socioeconomic disadvantage is linked to higher asthma prevalence. Disadvantaged families often face greater exposure to poor quality housing, higher levels of air pollution and second or third hand smoke. Chronic stress (such as financial insecurity, unstable housing, or other family stress) can influence immune and inflammatory pathways associated with asthma and may make it more difficult for families to adhere to treatment plans. In addition, disadvantaged families may find it difficult to attend medical appointments and may have language barriers and/or lower health literacy.

The 2025 Index of Multiple Deprivation recognised very high levels of deprivation affecting children in Brent.

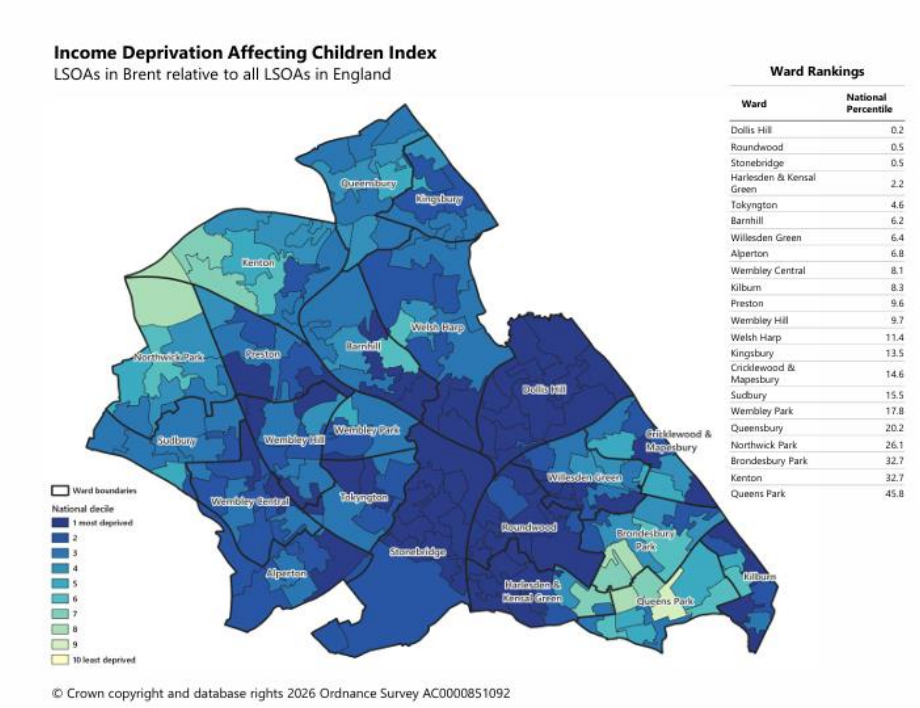
The most deprived parts of the borough are in the Harlesden neighbourhood but there are notably high levels of childhood deprivation across the borough.

- A third of Brent's LSOAs are in the most deprived decile, with 13 LSOAs in the most deprived 1% in England.
- Dollis Hill, Roundwood and Stonebridge are all in the most deprived 1% of all wards in England. Over half of Brent wards are in the most deprived 10%.
- By both the average rank and average score measures Brent is the fifth most deprived local authority in England, with 58.7% of children living in income deprived households.

Income Deprivation Affecting Children Index
Number of LSOAs in each decile

Brent's England Rankings - Income Deprivation Affecting Children Index
1 = most deprived in England, 296 = least deprived in England in 2025, 317 = least deprived in England in 2019

Measure	Rank (2025)	Rank (2019)	Change
Average rank across LSOAs	5	69	-64
Average score across LSOAs	5	100	-94
Proportion of LSOAs in most deprived 10% nationally	11	154	-143



Source: Indices of Deprivation Brent 2025 https://data.brent.gov.uk/download/2j30l/hf4/Report%20-%20Deprivation%20in%20Brent%20v1.0.pdf

4.6 Other health factors

4.6.1 Lower respiratory tract infections

Lower respiratory tract infections are linked to the development of asthma symptoms and exacerbation of the illness.[4] In the under five year olds, hospital admissions for lower respiratory tract infections are at a higher rate in Brent compared with the London average. This difference has grown over the past five years. The rate in children age 2-4 years has almost doubled between 2021/22 and 2024/25.

Table 5. Admissions for lower respiratory tract infections in Brent and London

		2021/22	2022/23	2023/24	2024/25
		Ratio	Ratio	Ratio	Ratio
Admissions for lower respiratory tract infections in children aged 0 to 4 years	**Brent**	160.13	200.64	193.28	211.35
	London	134.13	161.69	147.33	157.70
Admissions for lower respiratory tract infections in infants aged under 1 year	**Brent**	439.37	522.22	570.26	533.77
	London	413.96	481.84	459.80	452.77
Admissions for lower respiratory tract infections in children aged 2, 3 and 4 years	**Brent**	46.73	75.57	49.44	87.41
	London	30.03	45.96	41.26	49.29

Source: LGInform

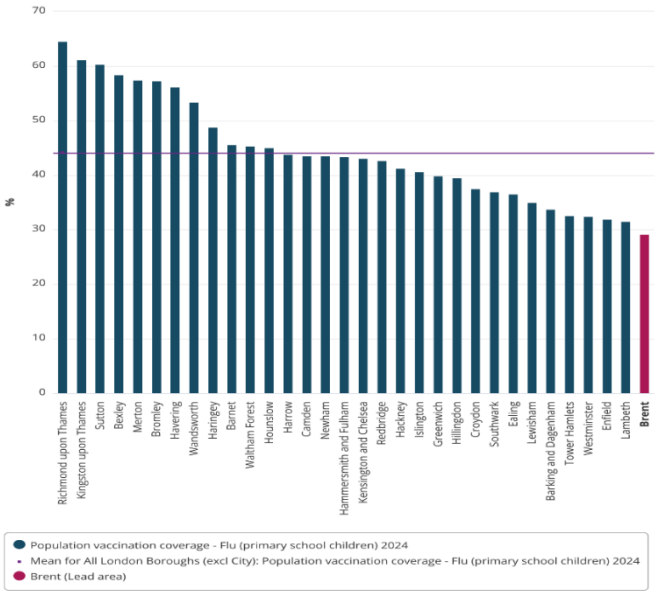
4.6.2 Child vaccinations

Data on child vaccinations generally indicates a picture where Brent coverage is lower than the London average, highlighting a risk for children and young people in Brent relating to respiratory health. Brent has the lowest flu vaccination coverage in London for primary

[4] Respiratory infections and asthma - PMC

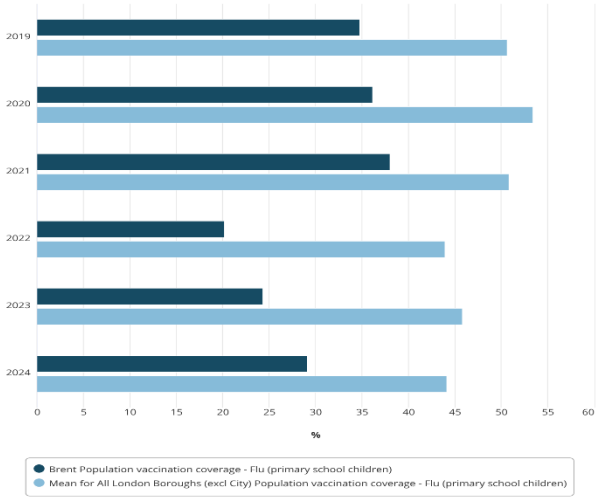
school children. In 2024 the Brent rate was 29.1% against a London mean of 44.1%, a variance of 15%. Coverage has not improved in recent years.

Figure 17. Flu vaccination coverage - (primary school aged children) (2024)



Source: Office for Health Improvement and Disparities (OHID)

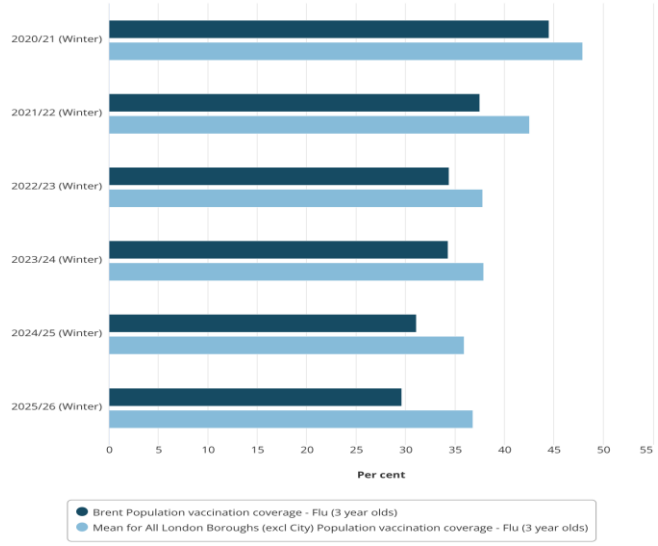
Figure 18. Flu vaccination coverage (primary school aged children) trends over time in Brent



Source: Office for Health Improvement and Disparities (OHID)

Flu vaccination coverage for younger children is also lower in Brent than London and has also not improved in recent years.

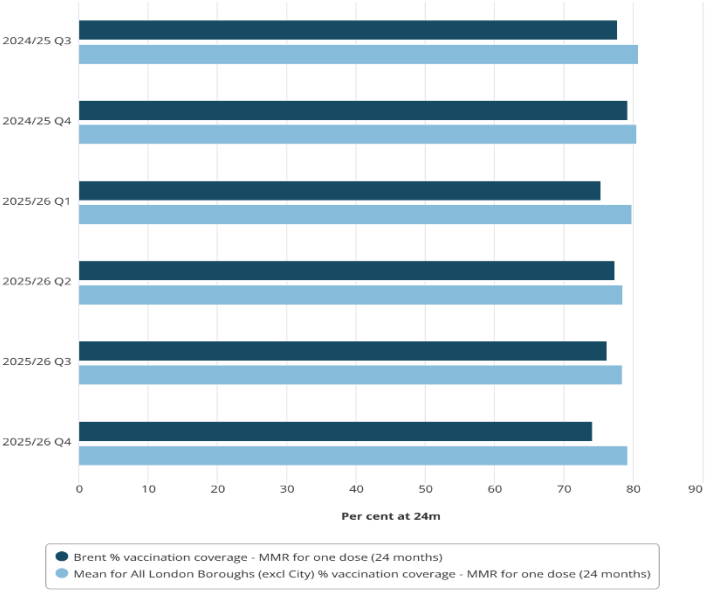
Figure 19. Flu vaccination coverage (All 3 year olds) Winter 2020/21 to 2025/26 in Brent



Source : UK Health Security Agency

Measles can also contribute to respiratory complications. Brent MMR coverage has consistently been below the London average. 74.1% of children had at least one dose by age 24 months in the final quarter of 2025/26 in Brent versus 79.2% average in London.

Figure 20. MMR vaccination coverage for one dose (24 months) (from 2024/25 Q3 to 2025/26 Q4) for Brent



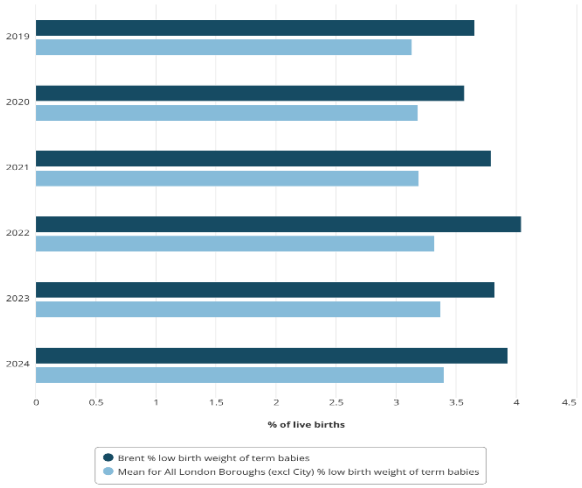
Source: UK Health Security Agency

The PVC vaccine at 1 year can also help counter infections, including respiratory infections that could exacerbate asthma symptoms. The Brent PVC vaccine coverage is close to the London average for this vaccine (87.2% Brent versus 87.7% for London mean in 2024/25).

4.6.3 Low Birth Weight & Premature Births

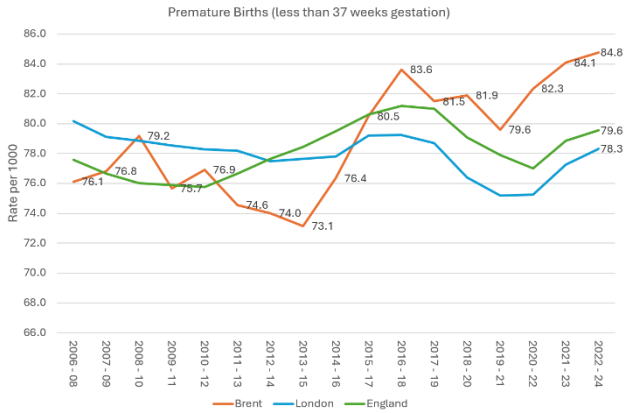
The percentage of live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks is the OHID definition of a low birth weight. Brent has a higher percentage of low-birth-weight babies than the London average and this has consistently been the pattern over the last 6 years (from 2019 to 2024)

Figure 21. Percentage of live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks (from 2019 to 2024) for Brent – Low Birth Weight



A premature birth is a live birth occurring before 37 completed weeks of gestation (OHID). Brent has a higher rate of premature births than both London and England, in the last 7 years. Furthermore, the trend over the latest available three years is on a clearly upward trajectory.

Figure 22. Premature births over time in Brent, London and England



Source:
https://fingertips.phe.org.uk/search/birth#page/4/gid/1/pat/6/par/E12000007/ati/501/are/E09000005/iid/91743/age/329/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

Asthma attacks usually spike when children return to school after the summer holidays as pupils are more exposed to colds, viruses or dust mites in a school setting. Children may also fall out of their usual preventer inhaler routines over the summer break, leaving them more vulnerable to an asthma attack when they return to school.

5. Evidence on asthma care improvement work

Evaluation of the asthma case finding enhanced service (Source: Rammya):

The programme has delivered measurable, system-wide improvements in early access, patient experience and clinical outcomes.

Over 5,500 children received Healthy Child Checks, including one-third of Brent's CORE20 child population. Uptake was significantly higher among the most deprived children (24.4% vs 13.7%), demonstrating effective targeting of those most in need.

The proactive model transformed identification of unmet need:

- Children were six times more likely to receive catch-up immunisations
- Referrals to social prescribing increased 20-fold
- 98.5% had BMI recorded, with an eightfold increase in weight management referrals
- 52 families received intensive, holistic support through Link Workers

The asthma programme delivered particularly striking results.

Emergency care demand fell dramatically:

- ED attendances reduced by 29% (9,338 → 6,622), equating to 2,716 fewer attendances
- Hospital admissions reduced by 28% (266 → 192), equating to 74 fewer admissions

Reductions were sustained across the year, including winter peaks, indicating genuine improvement in disease control rather than seasonal variation.

Crucially, this occurred alongside a 56% increase in new asthma diagnoses (460 children), with diagnosis rates nearly doubling. This confirms that improvements were driven by earlier identification and better management, not reduced access.

Clinical quality indicators reinforce this:

- 81% reduction in prednisolone prescribing (fewer severe exacerbations)
- 59% reduction in high-risk SABA use (improved control)

This represents a whole-pathway transformation, from detection through to long-term management.

Patient experience mirrors these outcomes:

"She helped me access services, supported my mental health and made me feel in control again."

"We were struggling with housing, health and school—now everything is improving."

A child described:

"Now I go to school and help my parents… thank you for helping us."

These results demonstrate that proactive, integrated care can simultaneously improve outcomes, reduce inequalities and significantly relieve pressure on urgent and emergency services.

Sources:

Office for National Statistics, Mid-year estimates, 0-15 population (unrounded) broken down by gender , **Data updated:** 31 Jul 2026
Ministry of Housing, Communities and Local Government, English indices of deprivation, IMD - Income Deprivation Affecting Children Index (IDACI) , **Data updated:** 30 Oct 2025
Office for Health Improvement and Disparities (OHID), Public Health Outcomes Framework, Air pollution: estimated fraction of mortality attributable to particulate air pollution, **Data updated:** 19 May 2026
Office for Health Improvement and Disparities (OHID), Respiratory disease, Fine particulate matter - concentrations of total PM2.5, **Data updated:** 03 Feb 2026
Office for Health Improvement and Disparities (OHID), Smoking Profile, Smoking prevalence age 15 years (SDD survey), **Data updated:** 13 Nov 2023
Office for Health Improvement and Disparities (OHID), Public Health Outcomes Framework, Percentage of mothers known to be smokers at time of delivery, **Data updated:** 19 May 2026
Ministry of Housing, Communities and Local Government, English Housing Survey: local authority stock condition modelling, Damp homes broken down by tenure, **Data updated:** 01 Jul 2026
Office for Health Improvement and Disparities (OHID), Respiratory disease, Asthma: QOF prevalence (6+ years), **Data updated:** 06 May 2026
Office for Health Improvement and Disparities (OHID), Child and Maternal Health, Rate of emergency admissions for asthma for children aged 0 to 9, **Data updated:** 13 May 2026
Office for Health Improvement and Disparities (OHID), Child and Maternal Health, Rate of emergency admissions for asthma for young people aged 10 to 18, **Data updated:** 13 May 2026
Office for Health Improvement and Disparities (OHID), Child and Maternal Health, Rate of emergency admissions for lower respiratory tract infections in children aged 0 to 4 years, **Data updated:** 13 May 2026

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Childhood Asthma in Brent:

LES Aim (2026/27)

The Brent Childhood Asthma Local Enhanced Service (LES) for children aged 5 to 17 years aims to:

- Improve asthma outcomes and overall wellbeing.
- Shift appropriate asthma management from secondary care into primary care.
- Identify and proactively manage children at high risk of asthma exacerbations.
- Address wider determinants of health, including housing conditions, mould exposure, smoking in the household, and other socioeconomic factors.

High-Risk Asthma Cohort

The enhanced review programme focuses on children identified through the **AST00 search**, including those who:

- Have asthma and an EpiPen prescribed.
- Have received oral corticosteroids in the last 12 months.
- Have been prescribed 4 or more SABA inhalers in the last year.
- Are on a SABA-only treatment regime (2 or more SABA prescriptions in 12 months without ICS therapy).

These children should receive an enhanced face-to-face review and management aligned to NICE guidance.

Personal Asthma Plans

Year	Number of Personal Plans
2021/22	773
2022/23	1,154
2023/24	1,293
2024/25	1,325
2025/26	1,645
2026/27 (YTD)	643

Key Findings

- There has been a **113% increase** in personal asthma plans from 773 in 2021/22 to 1,645 in 2025/26.

- Growth has been consistent year-on-year, demonstrating increasing compliance with best practice asthma management.
- The 2026/27 figure of **643 plans** is already equivalent to approximately **39% of the total achieved in 2025/26**, suggesting activity is progressing well depending on the point in the financial year.

Asthma Reviews

Year	Number of Reviews
2021/22	766
2022/23	1,151
2023/24	1,279
2024/25	1,481
2025/26	1,800
2026/27 (YTD)	755

Key Findings

- Annual asthma reviews increased from **766 in 2021/22 to 1,800 in 2025/26**, representing a **135% increase** over the period.
- The largest improvement occurred between 2021/22 and 2022/23, with further steady annual growth thereafter.
- The 2026/27 year-to-date position of **755 reviews** represents around **42% of the previous year's total**, indicating good progress towards maintaining delivery levels.

Strategic Interpretation

The data demonstrates a sustained improvement in the management of childhood asthma within Brent Primary Care. The increasing numbers of asthma reviews and personalised asthma action plans suggest:

- Improved identification and monitoring of children with asthma.
- Greater adherence to national asthma management standards.
- Enhanced support for self-management through personalised care planning.

- Increased opportunities to identify children at risk of severe exacerbations and hospital admissions.

The 2026/27 LES provides an opportunity to build on this progress by specifically targeting children at highest risk and addressing both clinical and social determinants of health. Successful delivery should contribute to:

- Reduced emergency attendances and hospital admissions.
- Improved asthma control.
- Reduced health inequalities.
- Better patient and family experience.
- Increased uptake of inhaled corticosteroid therapy among children currently reliant on SABA-only treatment.

Recommended Focus for 2026/27

1. Maximise completion of AST00 high-risk reviews.
2. Increase coverage of personalised asthma action plans.
3. Review prescribing patterns, particularly SABA overuse.
4. Strengthen links with housing, smoking cessation and social prescribing services.
5. Monitor outcomes relating to exacerbations, oral steroid use and unplanned care utilisation.

Overall, the data indicates a positive trajectory for childhood asthma management in Brent, with the LES providing a targeted framework to further improve outcomes for the borough's most vulnerable children.

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Brent	**Community and Wellbeing Scrutiny Committee** 16 September 2026
	Report from the Corporate Director of Children, Young People and Community Development
	Lead Cabinet Member for Children's Services, Employment and Climate Action - Cllr Jake Rubin

Brent Youth Strategy (2025-2028) Delivery Update

Wards Affected:	All
Key or Non-Key Decision:	Non-Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	0
Background Papers:	Brent Youth Strategy 2025 - 2028
Contact Officer(s): (Name, Title, Contact Details)	Palvinder Kudhail Director, Early Help and Social Care Palvinder.kudhail@brent.gov.uk Serita Kwofie Head of Early Help Serita.kwofie@brent.gov.uk

1. Executive Summary

1.1 This report provides the Community and Wellbeing Scrutiny Committee with an update on delivery of the Brent Youth Strategy 2025–2028 following its launch in April 2025. It summarises progress made during the first year, highlights early impact, identifies areas requiring further focus, and sets out the priorities and next steps for year two.

1.2 The Brent Youth Strategy 2025-2028 provides a partnership-led, borough-wide framework for improving outcomes for children and young people by strengthening participation, access to positive activities, prevention and early intervention and targeted support for those facing the greatest barriers. The report enables Members to scrutinise progress against agreed priorities and to consider whether activity remains sufficiently focused on improving outcomes and reducing inequalities.

1.3 Overall, year one has established important foundations for delivery, including strengthened governance through the Brent Youth Strategy Delivery Group,

improved coordination across services and partners, and a clearer focus on youth voice. Continued scrutiny will be important to ensure that delivery is measurable, evidence-led and responsive to the lived experiences of young people across Brent.

2. Recommendations

The Community and Wellbeing Scrutiny Committee is asked to:

2.1 Note the progress made in the first year of implementation of the Brent Youth Strategy 2025–2028 and the role of the Brent Youth Strategy Delivery Group in coordinating delivery across Council services and partner organisations.

2.2 Comment on the proposed priorities and areas for strengthened focus in year two, including performance reporting, youth participation, partnership delivery, equality of access and evidence of impact.

2.3 Identify any further lines of enquiry or information that Members wish to see reflected in future annual reporting to support effective scrutiny of outcomes for children and young people.

3. Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The Brent Youth Strategy 2025–2028 most closely aligns with three of the five priorities in the Brent Borough Plan 2023–2027: The Best Start in Life, Thriving Communities and A Healthier Brent. It also supports the Council's wider corporate strategic framework, including the Health and Wellbeing Strategy, Equity, Diversity and Inclusion Strategy, Climate and Ecological Emergency Strategy, Brent Inclusion Strategy and Early Years Strategy/Best Start in Life Local Plan. This is through its focus on prevention, participation, inclusion, health, safety, opportunity and partnership delivery.

3.1.2 **The Best Start in Life:** The Strategy contributes directly to the Borough Plan priority of enabling children and young people to have the best start in life by strengthening access to positive activities, trusted relationships, inclusive opportunities, youth voice and targeted support. Its priorities of "Being Heard and Taking Part" and "Reaching Goals and Enjoying Yourself" support the ambition that young people are able to participate in civic life, develop confidence and skills, access education, training and enrichment opportunities, and shape services that affect them. This also aligns with Brent's wider children and young people strategic priorities, including early help, inclusion, SEND participation and the Best Start in Life agenda.

3.1.3 **Thriving Communities:** The Strategy supports the Borough Plan priority to build thriving, connected and resilient communities by promoting participation, community cohesion, youth leadership and stronger partnership working with voluntary and community sector organisations, schools, health partners, police and local providers. The Strategy's emphasis on co-design, inclusive engagement and accessible local activities help ensure that young people are active contributors to community life and that services respond to the experiences of Brent's diverse communities. This contributes to wider corporate objectives around stronger communities, community safety, equality, cohesion and resident involvement.

3.1.4 **A Healthier Brent:** The Strategy aligns strongly with the Borough Plan priority to improve health and wellbeing by focusing on emotional wellbeing, mental health, healthy relationships, trusted adults, safe spaces and early intervention. The priorities of "Feeling Good" and "Staying Safe" support prevention and early help by improving access to wellbeing support, strengthening links between schools, Public Health, CAMHS, community organisations and youth providers, and addressing risks linked to exploitation, youth violence, substance misuse and social isolation. This supports the Health and Wellbeing Strategy by helping to reduce inequalities, promote resilience and improve outcomes for young people most likely to experience barriers to support.

3.2 Background

3.2.1 The Council has been reshaping its approach to youth services since 2015, in the context of reduced budgets for non-statutory services and increasing demand within statutory children's services. This has meant an enhanced focus on work to support the local youth sector, supported primarily by the Young Brent Foundation (YBF), established at the time of funding cuts to the Council's youth services as a means to develop innovative partnerships with the VCS to bring in funding where it was needed.

3.2.2 The commission of the first Brent Youth Strategy (2021-2023) arose from the findings of the Independent Brent Poverty Commission in August 2020 - one of the recommendations was for the Council to bring together a statutory led "Youth and Community Strategy for Young People" in Brent.

3.2.3 In Autumn 2023, The National Youth Agency (NYA) published a Toolkit to support local authorities to ensure that young people's rights and needs are met, quality youth programmes are happening and there is a focus on co-design and collaboration with children and young people.

3.2.4 The Brent Youth Strategy 2025 – 2028 is grounded in principles of equity, inclusion and innovation with a focus on ensuring that every young person, regardless of background, has the resources, confidence and opportunity to lead a healthy, fulfilling and purpose-driven life. Through collaborative partnerships, the aim is to create a sustainable framework that nurtures the young people of Brent to be equipped to thrive.

3.2.5 The key priorities of the Strategy are:

- Being Heard and Taking Part
- Reaching Goals and Enjoying Yourself
- Feeling Good
- Staying Safe

The vision is to build a generation that feels confident, capable and inspired to shape their own futures as well as contribute positively to society. The Strategy is about supporting young people at every stage, acknowledging their potential and providing them with pathways to achieve. The current Strategy seeks to evaluate and build on the progress made to support children and young people in Brent thrive into adulthood.

3.2.6 The refreshed Brent Youth Strategy 2025-2028 was approved by Cabinet in March 2025 and was officially launched with a community celebration event on 7th April

2025 at St Raphael's Best Start Family Hub (formerly known as Family Wellbeing Centre). During this celebration, young people were invited to take part in free sporting and wellbeing activities and to meet with voluntary and community sector partners, including Jason Roberts Foundation, TETH, and Cricklewood Boxing Club, who engaged young people in discussions and informed them about opportunities for education, training, employment and leisure activities in their local community.

3.2.7 In July 2025, the Brent Youth Strategy Delivery Group (BYSDG) was established, bringing together representatives from relevant Brent Council departments and community partner organisations. Since its launch, the group has met five times, alternating between in-person and online meetings to maximise engagement and accessibility. The BYSDG continues to meet on a quarterly basis throughout the lifetime of the Strategy and will share responsibility for delivering the actions and priorities set out in the Brent Youth Strategy and accompanying Action Plan. A key focus for the group is to build on early discussions and identify opportunities for funding and pathfinder projects linked to the Government's National Youth Strategy 2025-2035 and its £500 million investment fund. Emerging information and opportunities are being monitored through participation in National Youth Agency (NYA) National Youth Strategy workshops and regional roadshow events.

4. Key Partnership Achievements by Priority Area

4.1 Engagement and Participation: Being Heard and Taking Part

4.1.1 Year one has strengthened youth participation from consultation towards influence, with young people contributing to formal governance, scrutiny activity, service improvement, recruitment, peer research and safeguarding practice. Brent Youth Parliament activity has expanded, including attendance at 12 council meetings since April 2025, and youth voice is increasingly reflected through the Brent Youth Strategy Delivery Group, SEND participation activity, Public Health engagement, climate participation and contextual safeguarding work.

4.1.2 Evidence of delivery and emerging impact:

- Young people are influencing decision-making through Brent Youth Parliament, the UK Youth Parliament, scrutiny activity, the Brent Youth Strategy Delivery Group, Ofsted engagement, peer research, recruitment and participation forums.
- Participation is becoming more inclusive through SEND surgeries, SEND celebration activity, co-produced events, Public Health engagement and targeted safeguarding work.
- Community, climate and wellbeing engagement has broadened through Community Cohesion Days involving more than 1,000 residents, the Brent Schools Climate Summit, youth-led environmental projects and Public Health youth engagement activities.

4.1.3 Strategic assessment of outcomes and impact

- The key impact is that youth voice is becoming more systematically embedded in governance, service design and safeguarding responses, rather than being limited to one-off consultation.
- Young people attend and contribute to several committee meetings including Corporate Parenting Committee, Cabinet and Community and Wellbeing Scrutiny Committee. As an example, young people have been

commended by Community and Wellbeing Scrutiny committee members for their research, questions and recommendations on different topics such as the Casey Review, Housing, and Health issues. The agenda of the September 2025 Community and Wellbeing Scrutiny committee was set by members of BYP with a focus on period dignity. This was added to the agenda because of a youth-led campaign organised by members of Brent Youth Parliament. Young people are invited to add recommendations for future actions, progress of which is then reported back at future meetings. The year two scrutiny focus should be on evidencing who is participating, whose voices remain under-represented, and how young people's feedback has changed decisions, commissioning, delivery or outcomes.

4.2 Skills, Opportunities and Activities: Reaching Goals and Enjoying Yourself

Year one has broadened access to positive opportunities, with a stronger focus on youth infrastructure, creative and cultural provision, outdoor learning, employability, mentoring and inclusive activities for young people with SEND. This supports the Borough Plan ambition to give young people the best start in life by widening access to skills, confidence-building and positive pathways.

4.2.1 Evidence of delivery and emerging impact:

- £4 million of SCIL funding has been secured to improve youth infrastructure across five local organisations, strengthening the long-term platform for accessible, community-based provision.
- The youth offer has expanded through the Council committing funding to a tri-borough programme involving Camden and Westminster, delivery of services at Best Start Family Hubs for young people with a 4% increase in attendance of 11-25 year olds, a 12.5% increase in ensembles / choirs membership with Brent Music Service, 600 funded places with the Gordon Brown Centre, and via Young Brent Foundation partners, covering arts, sport, culture, outdoor learning, mentoring and youth group activity.
- Targeted pathways have been strengthened through the Holiday Activities and Food programme, Supported Internships, Independent Travel Training, specialist SEND provision, NEET mentoring, GCSE Results Day support, accredited courses and employment guidance.
- The combined NEET / Not Known rate for 16 and 17 year olds improved from 2.7% in 2025 to 2.4% in 2026. This places Brent among the very best performing areas in England (11th nationally). For comparison, London was 3.3% in 2025, falling to 3.2% in 2026.

4.2.2 Strategic assessment of outcomes and impact

- The key impact is a broader, more inclusive and better-connected youth offer, with stronger infrastructure and clearer routes into skills, confidence, accredited learning, employment support and positive activities.
- The year two scrutiny focus will be on tracking reach, repeat engagement, progression into education, employment or training through the upcoming Employment and Skills strategy and how investment is benefiting young people facing the greatest barriers.

4.3 Health and Wellbeing: Feeling Good

4.3.1 Year one has strengthened the preventative wellbeing offer through earlier access to emotional health, mental health, substance misuse, creative, cultural, sporting and outdoor activities. This reflects a shift towards community-based support, trusted relationships and earlier intervention to help reduce escalation and improve resilience.

4.3.2 Evidence of delivery and emerging impact:

- Mental health and wellbeing support has expanded across Public Health, SEND, CAMHS, schools, arts and culture, outdoor learning and specialist providers, including Brent Centre for Young People, who supported 858 young people within the year, with over 80% stabilisation reported across anxiety, depression, low self-esteem and relationships with family.
- Specialist mental health support services such as the Wellbeing and Emotional Support Team (WEST) reported 96% improved outcomes, providing evidence of the impact of earlier intervention for young people accessing support.
- The stepped-care CAMHS model, Via Elev8, Brent Music Service, the Gordon Brown Centre, Best Start Family Hubs and Young Brent Foundation activity have strengthened access to preventative support, creative wellbeing and positive peer connection.

4.3.3 Strategic assessment of outcomes and impact

- The key impact is a more visible, multi-disciplinary and community-based wellbeing offer, with evidence that earlier support is improving outcomes for young people who access services with 168 referrals, 84 assessments and 73 treatments starts between April and September 2025.

- The year two scrutiny focus will be on shared outcome measures, including access, waiting times, sustained engagement, reduced deterioration, improved resilience and young people's experience of support.

4.4 Safety: Staying Safe

4.4.1 Year one has strengthened the partnership response to safeguarding issues outside the home, serious youth violence, exploitation, substance misuse and community safety. Delivery has focused on prevention, earlier identification of risk, trusted relationships, safe spaces and diversionary pathways so that young people are supported to be safe and feel safe in their homes, schools, online spaces and communities.

4.4.2 Through the Diversion from Offending and Early Intervention Programme and the Serious Violence and Gangs Intervention Programme, Air Sports Network and St Giles Trust have continued to make a significant contribution to safeguarding children and young people and preventing involvement in serious violence, gangs, and criminal exploitation. Through a combination of street-based outreach, positive diversionary activities, specialist mentoring, and education, training and employment support, both organisations provide early intervention and targeted support to vulnerable young people. Their work helps build resilience, increase aspirations, reduce risks, and create positive pathways, improving the safety, wellbeing, and long-term life opportunities of children and young people across the borough.

4.4.3 Evidence of delivery and emerging impact:

- The Council's Targeted Prevention Hub has delivered knife crime awareness, mentoring and school-based gang and criminal exploitation workshops, reaching more than 2,500 students in the current academic year.
- Community Safety has delivered 28 knife crime workshops, robbery reduction programmes engaging 241 young people, and street-based mentoring to strengthen prevention and diversion.
- Police, Youth Justice, Public Health, Best Start Family Hubs and the 'I Am Brent' consortium have contributed to school safety, exploitation prevention, restorative practice, safe spaces and positive diversionary activity.

4.4.4 Strategic assessment of outcomes and impact

- The key impact is a more coordinated prevention and safeguarding response, with increased awareness of risk, stronger school and community partnerships, and wider access to safe spaces and diversionary pathways.
- The year two scrutiny focus will be on evidencing whether activity is reducing risk, improving feelings of safety, strengthening protective factors and reaching young people most vulnerable to exploitation or serious youth violence. This will be evidenced by monitoring cases through the Best Start Family Hubs, monitoring online harm through DSLs and increasing the number of young people accessing youth provision in dedicated safe spaces.

5. BYSDG Priority areas of focus for 2026/7

5.1 Being Heard and Taking Part

Efforts are focused on broadening and strengthening avenues for youth participation, with particular attention to vulnerable groups such as those with SEND, care-experienced, NEET, and marginalised communities. There is a drive to ensure youth voice is integrated consistently across all Council directorates and external partners, not just those already active in this area. Enhancing digital platforms for participation, making them accessible and well-publicised, is also a priority to boost engagement. Additionally, the aim is to create more inclusive spaces for young people to interact with services and share feedback, while improving shared data insights among partners for a clearer understanding of young people's needs and service gaps

5.2 Reaching Goals and Enjoying Yourself

5.2.1 Efforts are underway to improve data sharing and partnership working among organisations, with a focus on expanding opportunities for young people—especially those that are post-16 and from vulnerable groups. Priorities include increasing youth participation, boosting visibility and accessibility of services, and strengthening links with employers and partner agencies to support sustained engagement and clearer pathways.

5.2.2 A Youth Employment and Progression Taskforce is being established with Young Brent Foundation. The Taskforce will seek to further improve partnership efforts to reduce youth economic inactivity and seeks to respond to the findings of the Milburn Review which identified a rising trend among 16 to 24 year olds becoming NEET. This work will further strengthen preventative measures by engaging young people

earlier, with schools, colleges and employers, to promote the most suitable and appropriate pathways to successful employment and careers. A post-16 (NEET) oversight group has also been established to support the re-engagement of 16 and 17 year olds who are already NEET / Not Known into education, employment or training outcomes. In addition, the group will help to maintain multi-disciplinary oversight of those young people who are most at risk of becoming NEET and will strengthen the targeting of support for the young people who need it most.

5.3 Feeling Good

5.3.1 The 'Feeling Good' approach aims to contribute to improved wellbeing for young people by fostering collaboration between mental health services, schools, Public Health, and community providers, increasing awareness and accessibility of support services, expanding engagement in preventative activities such as sports and arts, and addressing barriers including social anxiety, safety concerns, and limited-service access. With a newly configured health landscape a focus will be on working closely with the Brent Integrated Care Partnership (Brent ICP) to address health inequalities and to support Brent's young people.

5.4 Staying Safe

5.4.1 There is a focus on supporting young people's wellbeing by encouraging collaboration among mental health services, schools, Public Health, and community organisations. It aims to increase awareness and access to support, promote engagement in preventative activities, and address barriers such as social anxiety, safety concerns, and limited-service availability. The Youth Provision capital project is progressing towards achieving these aims, along with I AM Brent grants providing up to £5,000 capacity building support to help young people stay safe from violence.

6. Next Steps

6.1.1 The table below translates the year two priorities into a focused 12-month delivery plan. It sets out the key actions required across each priority area, the proposed timeframes for delivery, and the intended outcomes and assurance measures that will enable progress to be monitored, to test impact and consider whether activity is improving access, equity and outcomes for young people.

Table 1: Brent Youth Strategy Year Two Delivery Plan — Strategic Priorities, Timeframes and Assurance

Priority area	Strategic focus	Short term Months 1–3	Medium term Months 4–8	Long term Months 9–12	Outcome and impact
Being Heard and Taking Part	Broaden youth participation, particularly for SEND, care-experienced, NEET and under-represented young people.	Map current participation routes and identify engagement gaps.	Strengthen digital, face-to-face and partner-led feedback routes.	Report how youth feedback has influenced decisions, delivery and evaluation.	Clearer evidence of youth voice influencing practice and priorities.
Reaching Goals and Enjoying Yourself	Improve visibility and coordination of youth opportunities, post-16 pathways, skills and positive activities.	Confirm priority cohorts and map the current youth offer.	Strengthen referral routes, communications, employer links and partnership delivery.	Review reach, sustained engagement and progression into positive destinations.	More coordinated access to skills, activities and progression pathways.
Feeling Good	Strengthen preventative wellbeing support through joined-up mental health, school, Public Health and community provision.	Agree shared pathways and improve awareness of available support.	Expand preventative arts, sport, wellbeing and community-based activity.	Review access, barriers, impact and young people's experience of support.	Improved access to early wellbeing support and stronger outcome evidence.
Staying Safe	Strengthen the partnership response to exploitation, youth violence, contextual safeguarding and safe spaces.	Confirm shared priorities, referral routes and prevention pathways.	Deliver targeted prevention, mentoring, school-based and community safety activity.	Review risk, reach, protective factors and evidence of impact.	More coordinated prevention and safeguarding assurance for young people most at risk.
Governance and assurance	Strengthen BYSDG oversight of delivery, data, performance, equalities, funding and	Agree reporting framework, measures and governance expectations.	Establish baselines, data sources and partnership reporting arrangements.	Report progress, learning, risks and next steps through BYSDG and	Clearer accountability and stronger assurance on impact, equity and delivery.

	outcome reporting.			scrutiny updates.	

7. Financial Considerations

7.1 There are no financial implications arising from this report. The achievements and progress made to date have been delivered within existing service budgets, and the implementation of the plan's priorities will continue to be funded through existing resources. In addition, the Council has secured £4m of Strategic Community Infrastructure Levy (SCIL) capital funding to enhance the infrastructure of youth provision buildings across Brent. In 2025/26, the Council spent a total of £1.6m on universal services for young people, including expenditure relating to Connexions service, the AllChild contract, and the Holiday Activities and Food Programme.

8. Legal Considerations

8.1 Pursuant to section 507b of the Education Act 1996 (as amended by Education and Inspections Act 2006) the council is to secure, so far as reasonably practicable, sufficient educational and recreational activities which are for the improvement of young people's well-being, personal and social development, and sufficient facilities for such activities for young people aged 13 – 19, (or up to 25 for young people with additional needs). In addition, the, Education and Skills Act 2008 requires the Council to make available to young persons and relevant young adults for whom it is responsible such services as it considers appropriate to encourage, enable or assist the effective participation of those persons in education or training.

9. Stakeholder and ward member consultation and engagement

9.1 Delivery of the Strategy is underpinned by partnership engagement through the Brent Youth Strategy Delivery Group and wider collaboration with young people, council services, schools, health partners, community safety partners and voluntary and community sector organisations.

9.2 A key scrutiny consideration is the extent to which young people are actively shaping priorities, delivery and evaluation. Year two will place further emphasis on strengthening youth voice, ensuring engagement reaches young people from diverse communities and those who may experience barriers to participation, and demonstrating how feedback has influenced action.

10. Equity, Diversity & Inclusion (EDI) Considerations

10.1 The Brent Youth Strategy fulfils Equity, Diversity and Inclusion considerations under the Equality Act 2010 to ensure fair access and inclusivity for all children and young people in Brent.

11. Climate Change and Environmental Considerations

11.1 There are no direct climate change or environmental implications arising from this annual report. However, delivery partners should continue to consider how youth activities, engagement and local provision can support access to green spaces, active travel, environmental awareness and sustainable community participation.

11.2 Where relevant, future delivery updates may include examples of how youth provision contributes to wider environmental and community wellbeing objectives.

12. Human Resources/Property Considerations

12.1 There are no specific human resources or property implications arising from this annual report. Implementation will continue to be delivered through existing partnership arrangements and service structures.

12.2 Any future proposals that require changes to staffing, governance, premises or delivery arrangements will be brought forward through the appropriate decision-making route.

13. Communication Considerations

13.1 Clear communication will be important to maintain visibility of the Strategy, share progress with partners and young people, and demonstrate how youth voice is influencing delivery.

13.2 Year two communications should focus on promoting opportunities for young people, sharing progress and case examples, ensuring partners understand their role in delivery, and providing accessible feedback routes so young people can continue to shape implementation.

Report sign off:

Nigel Chapman
Corporate Director of Children, Young People and Community Development

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Brent	**Community and Wellbeing Scrutiny Committee** 16 September 2026
	Report from the Corporate Director of Residents and Housing Services
	Lead Cabinet Member for Communities, Culture and Cost-of-Living Support - Cllr Tina Amadi

Post-Decision Scrutiny Review: Brent Creates - A Cultural Strategy for Inclusion, Wellbeing and Growth (2026-31)

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	A – Key Delivery Programmes B – Delivery Roadmap – Plan on a Page C – Cultural Compact D – Performance and Outcomes Framework
Background Papers:	Brent Creates: A Cultural Strategy for Inclusion, Wellbeing and Growth (2026-31)
Contact Officer(s): (Name, Title, Contact Details)	Colin Chester Acting LBOC Legacy Manager Colin.Chester@brent.gov.uk

1.0 Executive Summary

1.1. Brent Creates: A Cultural Strategy for Inclusion, Wellbeing and Growth (2026-31) was approved by Cabinet in March 2026. The strategy provides a framework for using culture to support wider borough priorities, including community cohesion, health and wellbeing, skills and employment, inclusion, regeneration and sustainable growth.

1.2. Since approval of the strategy, significant progress has been made through partnership working and external investment. Approximately £1.5 million of Arts Council England funding has been secured through the ViBrent Place Partnership programme and Creative Community Brent (Creative People and Places). Key delivery activity has included the launch of BrentCreates.com, development of the Brent Cultural Compact, delivery of the Emerging Curators Programme, expansion of creative skills opportunities for young people, and implementation of schemes designed to increase access to cultural activity for residents.

1.3. During 2026/27, delivery will focus on establishing the Brent Cultural Compact, expanding participation in cultural activity, developing creative skills and career pathways, strengthening creative health initiatives, supporting community-led cultural programmes, and embedding a performance and evaluation framework to measure outcomes and impact. Detailed delivery plans and supporting programme information are provided within the appendices.

1.4. This report provides Members with an update on implementation of the strategy, outlines priorities for the year ahead, and presents the proposed performance framework. Scrutiny Committee members are invited to consider whether the planned programme, measures of success and identified risks provide an effective basis for delivering the strategy's ambitions and securing positive outcomes for Brent residents and communities.

2.0 Recommendations

2.1 The Community and Wellbeing Scrutiny Committee is invited to:

- Review and note progress in implementing the Cultural Strategy and the programme of planned activity for the year ahead.

- Provide views on the proposed performance framework and measures of success.

- Recommend any areas for particular focus during the first two years of implementation, including any specific risks or opportunities for consideration.

- Agree that an annual progress report be brought back to scrutiny to monitor delivery and outcomes.

3.0 Contribution to Borough Plan Priorities & Strategic Context

3.1 Since Cabinet approved Brent Creates: A Cultural Strategy for Inclusion, Wellbeing and Growth 2026-31 in March 2026, the focus has been on establishing the partnerships, programmes and investment needed to turn the strategy's ambitions into practical action for residents. Significant progress has already been made, including securing approximately £1.5 million of external funding through Arts Council England programmes, expanding opportunities for young people through ViBrent, launching BrentCreates.com, developing the Brent Cultural Compact, and securing Creative Community Brent as the borough's first Creative People and Places programme. These initiatives provide a strong foundation for increasing participation in culture, supporting wellbeing, developing creative skills and strengthening community connections across the borough.

The year ahead will focus on delivery. Key priorities include expanding cultural opportunities for residents, strengthening links between culture, health and education, supporting creative careers and local talent, building community-led cultural programmes, and establishing a robust framework to measure the

impact of cultural investment. This work will continue to be delivered through collaboration with residents, cultural organisations, schools, health partners, community organisations and businesses across Brent.

The purpose of this report is to provide an overview of progress, planned activity and the proposed approach to measuring success. Scrutiny has an important role in ensuring that delivery remains focused on the outcomes that matter most to residents and in providing challenge and support as implementation progresses. I welcome the Committee's views on the priorities, opportunities and risks identified within this report and look forward to its contribution to shaping the next phase of delivery.

3.2 Brent Creates supports delivery of the Borough Plan through its focus on cultural participation, skills and employment, health and wellbeing, community cohesion and inclusive growth. The strategy is closely aligned with the Brent Youth Strategy; Equity, Diversity and Inclusion Strategy; and Joint Health and Wellbeing Strategy, recognising culture as a means of improving life chances, tackling inequalities, supporting healthier communities and strengthening Brent's social and economic resilience.

4.0 Delivery Progress and Priorities by Strategic Goal - 2026/27

4.1 Brent Creates was approved by Cabinet in March 2026. The strategy is designed to be delivered through a partnership model, with the Council acting as a facilitator and convenor rather than the sole provider of cultural activity.

4.2 Since the launch of the strategy, implementation has focused on establishing the partnerships, governance arrangements and programmes needed to deliver the strategy's six strategic goals. Key milestones have included securing external investment, developing the Brent Cultural Compact, expanding delivery through ViBrent and Creative Community Brent, and strengthening arrangements to measure impact and outcomes. The following sections summarise progress to date and the key delivery priorities for 2026/27 against the six strategic goals.

4.3 Strategic Goal 1: Inclusive Cultural Access

Progress to Date

The strategy seeks to increase participation in culture amongst communities that experience the greatest barriers to engagement. Since adoption of Brent Creates, activity has focused on expanding opportunities for children and young people through the Brent Backpack pilot, supporting borough-wide cultural activity through ViBrent, and securing £750,000 of Arts Council England investment through Creative Community Brent. The Council has also established a partnership with Ticket Bank to increase access to discounted and free cultural opportunities for eligible residents.

Further priorities for 2026/27

Key priorities include establishing the Brent Cultural Compact, expanding the Brent Backpack programme, delivering the community engagement phase of Creative Community Brent and increasing participation amongst priority groups identified in the Cultural Strategy. As part of its first-year mobilisation phase, Creative Community Brent will undertake borough-wide community listening and consultation activities between October and December 2026. This will include engagement with schools, faith organisations, community groups and residents to ensure local people help shape programme priorities, commissioning decisions and the future cultural offer within Brent.

4.4 Strategic Goal 2: Creative Skills and Careers

Progress to Date

The Council and its partners have continued to develop opportunities for residents to access creative skills, training and employment pathways. Activity has focused particularly on supporting young people and improving awareness of career pathways within the creative industries. This has included delivery of work experience opportunities, creative bootcamps, paid placements and professional development activities through ViBrent, alongside successful delivery of the first Emerging Curators Programme cohort.

Further priorities for 2026/27

Priorities include recruiting a second Emerging Curators cohort, expansion of placement opportunities through ViBrent, delivery of freelancer support programmes, and the development of new routes into creative employment for residents from underrepresented communities.

4.5 Strategic Goal 3: Cultural Health and Wellbeing

Progress to Date

A significant milestone has been the establishment of Creative Community Brent through Arts Council England's Creative People and Places programme. Developed with Public Health and local partners, the programme aims to use culture to improve wellbeing, reduce isolation and support communities experiencing health inequalities. Partners include the University of Westminster, Young Brent Foundation and the Compass Learning Trust.

Further priorities for 2026/27

Creative Community Brent is now focusing on establishing community leadership structures, strengthening partnerships with health and wellbeing services, developing referral pathways linked to social prescribing, and implementing a programme of creative wellbeing, community participation and SEND-focused activities. Planned delivery includes community listening activity, creative wellbeing programmes, Dance Together and Sing Together initiatives, SEND-focused activity, community celebrations and partnerships with social prescribing and wellbeing services.

4.6 Strategic Goal 4: Community-Led Placemaking

Progress to Date

The strategy has supported culture-led activity that celebrates local identity, animates public spaces and strengthens community connections. Progress includes continued development of the Kilburn Music Mile initiative and delivery of cultural events that showcase Brent's heritage and diverse communities.

Priorities for 2026/27

Key priorities include expanding community-led cultural programmes, further development of Kilburn Music Mile, delivery of cultural and heritage events including Kilburn Music Mile. Community leadership structures, including the Creative Community Steering Group and Young & Creative Panel, will play an important role in shaping future cultural activity across the borough. In addition, a borough-wide microgrants programme (grants of up to £500) is being established to support grassroots cultural activity.

4.7 Strategic Goal 5: Infrastructure and Investment

Progress to Date

Since adoption of the strategy, the Council and its partners have secured approximately £1.5m of external investment through the ViBrent Place Partnership programme and Creative Community Brent. The Council has begun development of the Brent Cultural Compact to strengthen partnership working and attract future investment into the borough. Brent's designation as a DCMS Culture Priority Place also creates opportunities to access future funding streams targeted at areas with high levels of community need and lower levels of cultural participation.

Priorities for 2026/27

Priorities include formally establishing the Brent Cultural Compact, publishing Brent's first Cultural Impact Report, and supporting the borough's Arts Council England National Portfolio Organisations. A further priority is continuing to grow the usage of BrentCreates.com, a dedicated digital platform which launched in 2025 as a dedicated borough-wide platform to promote cultural events, opportunities, funding and participation across Brent.

The Council is exploring opportunities to secure additional investment linked to the visitor economy and major events, such as a ticket levy. Any future proposal would be subject to feasibility assessment, stakeholder engagement and separate decision-making processes.

4.8 Strategic Goal 6: Environmental Sustainability

Progress to Date

Environmental sustainability has been embedded within Brent Creates as one of the strategy's six priorities. Initial work has focused on engaging partners and considering how environmental objectives can be reflected within cultural programmes and events, recognising the role culture can play in supporting environmental awareness and sustainable behaviours.

Priorities for 2026/27

Partners will work through the Cultural Compact and wider delivery programmes to promote sustainable cultural practices, support environmentally responsible event delivery, and explore opportunities for cultural activity to contribute towards wider climate and sustainability objectives.

5.0 Proposed Performance Framework

5.1 Brent Creates will be monitored through an annual performance framework designed to assess the contribution of culture to the Borough Plan priorities, including participation, inclusion, health and wellbeing, skills development, community cohesion and economic growth. Performance reporting will combine quantitative measures with qualitative evidence, including case studies, resident feedback and programme evaluation.

5.2 The proposed framework is structured around the six strategic goals set out in sections 3.2.3 to 3.2.8 above.

5.3 Annual reporting will focus on a small number of headline measures within each theme, together with analysis of impact, learning and areas for improvement. Baseline measures have been established using a combination of national datasets, local data and programme-specific evaluation and will be reported through future annual Cultural Impact Reports. For more information please see Appendix D.

5.4 Members are invited to comment on the proposed approach and identify any additional information they would find useful through future annual reporting.

6.0 Risks and Mitigation

Risk	Mitigation
Insufficient external funding to deliver the ambitions of the Cultural Strategy.	Delivery is based on a partnership model designed to maximise external investment and reduce reliance on Council funding. Significant funding has already been secured through Arts Council England programmes, and further investment opportunities will be pursued through the Brent Cultural Compact and strategic partnerships.
Participation and engagement levels are lower than anticipated, particularly amongst priority or underrepresented groups.	Programmes including Creative Community Brent, Brent Backpack, Ticket Bank and community engagement activity are specifically designed to reduce barriers to participation. Performance monitoring will assess participation levels and help identify areas where additional targeted activity is required.
Partnerships do not sustain the level of collaboration	Delivery is supported through established partnerships including ViBrent and Creative Community Brent, with the Brent Cultural

Risk	Mitigation
required to deliver the strategy.	Compact providing strategic oversight, shared ownership and opportunities for collaboration across sectors.
The impact of cultural investment cannot be clearly demonstrated.	The strategy is supported by a performance and evaluation framework that combines participation data, outcome measures, resident feedback and case studies. An annual Cultural Impact Report will be used to monitor progress and demonstrate outcomes.
Cultural opportunities and investment are not distributed equitably across the borough.	Delivery programmes will prioritise community-led activity, neighbourhood engagement and targeted investment in communities experiencing lower levels of cultural participation. Regular monitoring will be used to identify and address gaps in provision.

7.0 Stakeholder and ward member consultation and engagement

7.1 Brent Creates was developed through a programme of engagement and consultation involving residents, artists, cultural organisations, freelancers, education providers, health partners, businesses and community groups from across the borough, led by an external consultancy. The strategy was informed by stakeholder interviews, workshops, surveys and sector engagement activities, ensuring that its priorities reflect the needs, aspirations and experiences of Brent's diverse communities.

7.2 The strategy adopts a partnership-led approach to delivery and ongoing stakeholder engagement. Key delivery partners include members of the ViBrent network, Creative Community Brent, Arts Council England National Portfolio Organisations, education providers, public health partners and community organisations. The establishment of the Brent Cultural Compact will further strengthen opportunities for stakeholders to contribute to strategic oversight, collaboration and the co-design of cultural initiatives. Details of the Cultural Compact is found in Appendix C.

7.3 Community engagement remains a core principle of implementation. Programmes including Creative Community Brent will utilise community panels, co-commissioning approaches and participatory decision-making processes to ensure that residents continue to play an active role in shaping cultural activity and investment across the borough. Particular attention will be given to engaging communities that experience barriers to cultural participation.

7.4 Given the borough-wide nature of the strategy, all wards are affected. Ward Members will continue to be engaged through existing Council governance and scrutiny arrangements and through local cultural initiatives taking place within their communities.

8.0 Financial Considerations

8.1 Since approval of the Cultural Strategy, approximately £1.5 million of external funding has been secured through Arts Council England programmes, including ViBrent Place Partnership and Creative Community Brent (Creative People and Places). This funding supports delivery of the programme objectives set out within the strategy. The activities described within this report are being delivered through a combination of existing resources, external funding and partnership working.

8.2 There are no direct financial implications arising from the recommendations contained within this report. Any future funding requirements, grant applications, investment proposals or budget implications will be considered through the Council's established governance processes.

9.0 Legal Considerations

9.1 This report is for noting and scrutiny purposes only. There are no specific legal implications arising directly from the recommendations contained within this report.

9.2 The implementation of Brent Creates will continue to be undertaken in accordance with the Council's statutory duties and powers, including those relating to cultural services, equalities, procurement, grant funding and data protection, where applicable.

9.3 Any future projects, funding arrangements, partnership agreements or contractual commitments arising from the delivery of the strategy will be subject to the Council's established governance processes and will be supported by appropriate legal advice where required.

10.0 Equity, Diversity & Inclusion (EDI) Considerations

10.1 Equity, diversity and inclusion are central principles of Brent Creates: A Cultural Strategy for Inclusion, Wellbeing and Growth 2026-31. A key objective of the strategy is to reduce barriers to cultural participation and ensure that all residents have opportunities to access, shape and benefit from cultural activity. The strategy identifies a number of priority groups that experience lower levels of cultural participation or face barriers to engagement, including children and young people, residents on lower incomes, Black, Asian and minority ethnic communities, Eastern European communities, people experiencing mental ill-health, and local artists and freelancers.

10.2 The strategy supports the Council's Equity, Diversity and Inclusion Strategy 2024-28 through its commitment to inclusive representation, community co-design, workforce diversity and equitable access to cultural opportunities. Programmes delivered through the strategy seek to ensure that cultural activity reflects Brent's diverse communities and supports residents whose voices have historically been underrepresented within the cultural sector.

10.3 Implementation of the strategy incorporates a partnership and community-led approach, including co-commissioning, community panels and participatory

decision-making processes. These arrangements are intended to ensure that residents and communities are actively involved in shaping cultural provision and that investment is informed by local needs and lived experience.

10.4 The strategy also contributes to addressing health inequalities through its focus on creative health, wellbeing and social connection. Through programmes such as Creative Community Brent and partnerships with health organisations, culture is being used as a tool to support mental wellbeing, reduce isolation and improve outcomes for communities experiencing disadvantage.

11.0 Climate Change and Environmental Considerations

11.1 Environmental sustainability is one of the six strategic priorities within Brent Creates. The strategy recognises the role that culture can play in supporting environmental awareness, sustainable behaviours and community engagement with climate action.

11.2 Through its focus on community-led placemaking, cultural infrastructure and partnership working, the strategy seeks to encourage sustainable approaches to cultural delivery, including the use of local venues and assets, environmentally responsible event management, and the integration of sustainability themes within cultural programming.

11.3 As implementation of the strategy progresses, the Council will work with cultural partners through the Cultural Compact, ViBrent and Creative Community Brent to identify opportunities to reduce environmental impacts and promote sustainable cultural practices. This includes considering how cultural activity can contribute to wider borough objectives relating to climate resilience, community wellbeing and sustainable regeneration.

12.0 Human Resources/Property Considerations

12.1 Delivery of Brent Creates is being undertaken through existing staffing resources and a partnership-led approach. The Council's role is to facilitate, coordinate and support delivery through collaboration with cultural organisations, community groups, education providers, health partners and other stakeholders.

12.2 There are no direct human resources implications arising from this report. Any future staffing requirements associated with specific projects or externally funded programmes will be considered through the Council's established workforce and budget management processes.

12.3 The strategy recognises the importance of cultural infrastructure and creative spaces within the borough. Opportunities to utilise and develop cultural, community and public assets will continue to be explored through individual projects and partnerships, with any associated property implications being considered through the Council's normal governance arrangements.

13.0 Communication Considerations

13.1 Effective communication will be essential to the successful delivery of Brent Creates. The strategy seeks not only to increase awareness of cultural opportunities across the borough, but also to demonstrate progress against its commitments and ensure residents can see the benefits being delivered through implementation. Communications will be delivered through a range of channels including Brent Creates, Council communications platforms, partner networks, social media, newsletters and community-based communications.

13.2 Particular emphasis will be placed on communicating opportunities for participation, especially amongst communities that experience barriers to cultural engagement. Communications activity will support the Inclusive Cultural Access objective by promoting affordable and free opportunities, highlighting opportunities available through Ticket Bank, and ensuring information is accessible through a variety of channels and community networks.

13.3 Progress and impact will also be communicated through the publication of an Annual Cultural Impact Report, providing residents, partners and Members with transparent information on delivery, outcomes and future priorities.

Report sign off:

Tom Cattermole
Corporate Director of Residents and Housing Services

Appendix A: Key Delivery Programmes

ViBrent

ViBrent is a borough-wide cultural partnership funded through Arts Council England's Place Partnership programme. It brings together Brent Council and eight cultural and community organisations to strengthen Brent's cultural sector, increase participation in arts and culture, and expand creative opportunities for children and young people.

The partnership supports cultural organisations, artists and freelancers through networking, training and professional development activity, while also creating opportunities for local residents to engage in arts and culture.

Key programmes include:

- Brent Backpack cultural education pilot.
- Paid creative placements and work experience opportunities.
- Creative careers bootcamps.
- The Primary Festival and other artist-led opportunities for children and young people.
- Professional development and networking support for artists, freelancers and cultural organisations.

Through collaboration between partners, ViBrent aims to create a more connected, inclusive and sustainable cultural sector and improve access to creative opportunities for Brent residents.

Further information: https://www.brentcreates.com/vibrent/

Creative Community Brent

Creative Community Brent (CCB) is Brent's Creative People and Places programme, funded by Arts Council England with £750,000 of investment. The programme aims to increase participation in arts and culture, particularly amongst communities that have historically experienced lower levels of cultural engagement.

The programme is delivered through a partnership involving Fresh Arts, Brent Council, the University of Westminster, Compass Learning Trust and Young Brent Foundation, with activity shaped by resident-led governance groups and community participation.

The programme will deliver a range of community-led cultural, creative and wellbeing activities, including work with children and young people, health and wellbeing initiatives, cultural participation projects and community events.

Expected outcomes include:

- Engagement of more than 57,000 residents in cultural activity.

- Cultural opportunities for over 7,500 school children.
- Increased participation by children and young people with SEND.
- Development of creative health initiatives linked to wellbeing and social prescribing.
- Increased community leadership and participation in cultural decision-making.

The programme supports delivery of Brent Creates by improving access to culture, strengthening community wellbeing and attracting external investment into the borough.

Further information: https://www.fresharts.co.uk/creative-community-brent/

Appendix B: Cultural Strategy Delivery – A Plan on a Page

The first year of *Brent Creates: A Cultural Strategy for Inclusion, Wellbeing and Growth 2026-31* is focused on establishing the partnerships, governance, programmes and evaluation arrangements needed for longer-term delivery. Activity will be delivered with ViBrent, Creative Community Brent, the Brent Cultural Compact, Arts Council England National Portfolio Organisations, and cultural, education, health and community partners. At the end of the year we will review progress against the plan and agree future priorities through the newly established Cultural Compact.

A high-level plan on a page is provided overleaf showing activity spanning the last quarter, through to Q1 in 2027/28.

Cross-Cutting Delivery

Throughout the year, the Council and its partners will:

- promote cultural opportunities through BrentCreates.com, Ticket Bank, ViBrent, Creative Community Brent and partner networks;
- increase participation among groups experiencing barriers to cultural engagement;
- strengthen collaboration across culture, education, health, regeneration, business and the voluntary and community sector;
- support artists, freelancers, cultural organisations and creative businesses;
- pursue external investment and sustainable funding; and
- monitor progress through the Cultural Impact Framework and Annual Cultural Impact Report.

Strategic theme	Q2: July - September 2026 Raising Awareness and Building Foundations	Q3: October - December 2026 Participation, Access and Community Voice	Q4: January - March 2027 Skills, Partnerships and Growth	Q1: April - July 2027 Evaluation, Impact and Future Planning
Inclusive Cultural Access	Promote the Vi-Brent Summer of Creativity and cultural opportunities through BrentCreates.com and partner channels. Begin Creative Community Brent engagement, including the Have Your Say survey.	Deliver community listening and borough-wide engagement; recruit the Community Steering Group and Young & Creative Panel; promote inclusive cultural programmes, Black History Month activity and the Kilburn Music Mile Festival.	Promote Ticket Bank and deliver Creative Community Brent pilot activity and community-led programmes.	Deliver community celebrations, festivals, heritage activity and themed participation events, including Climate and Culture and ESOL activity.
Creative Skills and Careers	Deliver ViBrent Work Experience Week and recruit the next Emerging Curators cohort.	Launch ViBrent resources; expand partnerships with schools and youth organisations; begin the Brent Backpack cultural education pilot and launch artist and volunteer opportunities.	Deliver Brent Backpack in participating schools; launch placements and progression pathways; deliver the ViBrent Freelancers Marketplace and professional development activity.	Continue placements, volunteering and skills development opportunities; use learning from Year 1 to shape the next phase of cultural education and creative skills programmes.
Cultural Health and Wellbeing	Develop partnerships and identify opportunities for future creative health activity.	Develop creative health pilots with Public Health and community partners, alongside disability inclusion and equity-focused engagement.	Develop thematic Cultural Compact working arrangements, including health and wellbeing, and continue creative wellbeing activity through delivery partners.	Evaluate participation and wellbeing outcomes and develop the next phase of creative health activity in response to the findings.
Community-Led Placemaking	Begin community leadership recruitment and identify future community-led opportunities.	Launch pilot workshops, micro-grants, artist open calls and volunteer recruitment; strengthen resident involvement in shaping cultural activity.	Deliver community-led cultural programmes, pilot projects and winter cultural celebrations.	Launch a second round of micro-grants and deliver community celebrations and heritage activity across the borough.
Infrastructure and Investment	Establish the Brent Cultural Compact, begin recruitment of an independent Chair, develop the Cultural Impact Framework and identify future funding opportunities.	Hold the inaugural Cultural Compact meeting, agree priority workstreams and strengthen partnerships with Arts Council England National Portfolio Organisations.	Launch the Cultural Compact and its working groups; agree the Cultural Impact Framework; develop proposals for a future Brent Cultural Fund and support creative workspace and business growth.	Publish the first Annual Cultural Impact Report; review progress through the Cultural Compact; agree priorities for 2027/28 and progress Creative Enterprise Zone and culture-led regeneration activity.
Environmental Sustainability	Incorporate sustainability into development of the Cultural Impact Framework and future programme planning.	Include climate, environmental responsibility and accessibility within programme and partnership development.	Embed sustainability considerations within cultural programmes, partnership activity and the emerging performance framework.	Deliver Climate and Culture activity and assess environmental impact as part of Year 1 evaluation and future planning.

Appendix C: Brent Cultural Compact

The Brent Cultural Compact is a proposed borough-wide partnership that will bring together representatives from culture, local government, business, education, health and the voluntary sector to provide strategic leadership for culture in Brent. It is a key delivery mechanism within Brent Creates: A Cultural Strategy for Inclusion, Wellbeing and Growth 2026-31 and will support delivery against the six strategic goals.

The purpose of the Compact is not to deliver programmes directly, but to act as a strategic forum that strengthens partnership working, helps attract investment, influences policy and ensures culture contributes to wider priorities.

The proposed membership reflects national best practice and includes representatives from:

- Brent Council
- ViBrent
- Creative Community Brent
- Arts Council England National Portfolio Organisations
- Business and the creative industries
- Higher education institutions
- Health partners
- Young Brent Foundation and youth representatives
- The voluntary and community sector
- Major cultural and civic institutions.

The proposed Brent Cultural Compact will be chaired independently. The Compact will work closely with existing partnerships including ViBrent and Creative Community Brent.

Key functions of the Brent Cultural Compact will include:

- Providing strategic leadership for culture across the borough.
- Supporting implementation of Brent Creates.
- Identifying and pursuing funding and investment opportunities.
- Strengthening collaboration between cultural, health, education, business and community partners.
- Advocating for culture within wider policy and decision-making processes.
- Supporting the development of a sustainable and inclusive cultural sector.

Through the Compact, Brent aims to create a stronger, more connected cultural ecosystem that helps maximise the social, economic and wellbeing benefits of culture for residents, communities and businesses across the borough.

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Appendix D: Performance and Outcomes Framework

Introduction

Brent Creates is supported by a Theory of Change and Impact Framework designed to measure the contribution culture makes to the Borough Plan priorities, including health and wellbeing, community cohesion, skills development, economic growth and inclusion. The framework combines quantitative measures with qualitative evidence, including case studies, resident feedback and programme evaluation.

Purpose

The Cultural Strategy will be monitored through annual reporting against six strategic themes aligned to the Borough Plan and the objectives of Brent Creates. Reporting will combine headline performance indicators with resident feedback, case studies and impact evaluation.

Strategic Theme	Intended Outcome	Headline KPI / Measure
Participation & Access	More residents engage in culture and barriers to participation are reduced.	Total participants engaged; proportion of participants from priority groups; participation by geography; Ticket Bank uptake.
Creative Skills & Careers	More residents access creative skills, training and employment opportunities.	Work placements and work experience opportunities; participation in skills programmes; number of young people supported into creative pathways.
Health & Wellbeing	Cultural activity contributes to improved wellbeing and reduced isolation.	Participation in creative wellbeing programmes; social prescribing referrals and engagement; resident wellbeing feedback.
Community-Led Placemaking	Stronger civic pride, community cohesion and community leadership.	Number of community-led projects; volunteers engaged; resident participation in co-design and decision-making activity.
Infrastructure & Investment	A stronger and more sustainable cultural sector.	External funding secured; number of cultural partnerships; engagement with cultural organisations and freelancers.
Environmental Sustainability	Culture supports environmental awareness and sustainable practice.	Number of programmes incorporating sustainability themes; proportion of major cultural events adopting sustainable delivery approaches.

Example programme targets are provided overleaf

Example Programme Targets

The following measures have already been identified through funded programmes and will contribute to future performance reporting:

Measure	Current Target
Residents engaged in Creative Community Brent activity	More than **57,000** participants over programme lifetime
School children engaged through Cultural Backpack and related activity	More than **7,500** children
Children and young people with SEND participating in activity	At least **2,500** participants
Young people's festival activity through ViBrent	**4,200** participants and **5,000** audience members
Paid work opportunities for young people	**20** opportunities by 2027
Creative careers bootcamps	**4** delivered by 2027
Young people receiving mentoring placements	**60** by 2027
Users of BrentCreates.com	**20,000 annual users by 2031**
Affordable creative spaces supported	**At least one per year**

Reporting Arrangements

Progress will be reported annually through a Cultural Impact Report, combining KPI performance, qualitative outcomes, case studies and evaluation findings to assess the contribution of culture to inclusion, wellbeing, skills development, community cohesion and economic growth in Brent.

Brent	**Community and Wellbeing Scrutiny Committee** 16 September 2026
	Report from the Deputy Director, Democratic and Corporate Governance

Community and Wellbeing Scrutiny Committee – Work Programme 2026/27

Wards Affected:	All
Key or Non-Key Decision:	Not Applicable
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	One Appendix A – Community and Wellbeing Scrutiny Committee Work Programme 2026/27
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat Strategy Lead – Scrutiny, Strategy and Partnerships chatan.popat@brent.gov.uk Amira Nassr Deputy Director, Democratic and Corporate Governance Amira.Nassr@brent.gov.uk

1.0 Executive Summary

1.1 To present the Committee's work programme for 2026/27.

2.0 Recommendation(s)

2.1 That the Committee's work programme (set out in Appendix A) be agreed.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 Borough Plan 2023-2027 – all strategic priorities.

3.2 Background

3.2.1 The work programme outlines the items which the Community and Wellbeing Scrutiny Committee will consider during the municipal year.

3.2.2 The programme is in line with the remit of the Committee which is set out in the Council Constitution (under the Terms of Reference for scrutiny committees[1]):

Adult Social Care, Safeguarding, Children's services, Cultural services, Education, Health, Housing and Public Health and Wellbeing.

Members are reminded that Housing will remain within the remit of the Community and Wellbeing Scrutiny Committee until the new Housing Scrutiny Committee has been established, a schedule of meeting dates has been agreed, and work programme exercises have been completed.

The Committee is also responsible for discharging the functions of the Council under Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 in respect of the review and scrutiny of relevant NHS bodies or relevant health service providers including:

- reviewing or scrutinising any matter relating to the planning, provision and operation of the health service in the borough; and
- making reports or recommendations to the relevant NHS bodies or relevant health service providers or Full Council on any other matter reviewed or scrutinised; however
- in response to any consultation by the relevant NHS bodies or relevant health service providers in respect of any proposal for a substantial development of the health service in the borough or for a substantial variation in the provision of such service, to make recommendations to Full Council only.

3.2.3 Committee members prioritised items for inclusion in its work programme at its annual work planning meeting, ensuring items selected aligned with:

- The strategic priorities set out in the Borough Plan 2023-27
- Areas of local community concern
- Significant issues affecting a significant number of residents/wards
- Emerging policies, strategies, or key decisions where there is strong interest for scrutiny input.

Nonetheless, this method of prioritisation is in line with best practice[2].

[1] Brent Council Constitution, Part 4.
https://democracy.brent.gov.uk/documents/s142996/Part%204%20May%202024%20Terms%20of%20Reference%20.pdf

[2] The Good Scrutiny Guide (Centre for Public Scrutiny).
https://www.cfgs.org.uk/wp-content/uploads/CfPS-Good-Scrutiny-Guide-v4-WEB-SINGLE-PAGES.pdf

3.2.4 The work programme of a scrutiny committee is intended to be a flexible, living document that can adapt and change according to the needs of a committee. The 2026/27 work programme will therefore be regularly reviewed throughout the municipal year by the Committee and updated accordingly where necessary.

4.0 Stakeholder and ward member consultation and engagement

4.1 Non-executive members were involved in developing the work programme as part of their membership of the Committee.

4.2 In developing its work programme, the Committee held sessions with stakeholders such as cabinet members, corporate directors, and ward councillors to temperature check key priority areas, avoid work duplication, and most importantly confirm the work programme reflects matters of local community concern.

5.0 Financial Considerations

5.1 There are no financial considerations arising from this report. However, budget and financial implications are addressed in the 'Financial Considerations' section of any reports to the Committee, requested as part of its work programme.

6.0 Legal Considerations

6.1 There are no legal considerations arising from this report. However, legal implications are addressed in the 'Legal Considerations' section of any reports to the Committee, requested as part of its work programme.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 There are no EDI considerations for the purposes of this report. However, EDI implications are addressed in the 'EDI Considerations' section of any reports to the Committee, requested as part of its work programme.

8.0 Climate Change and Environmental Considerations

8.1 There are no climate change and environmental considerations for the purposes of this report. However, climate change and environmental implications are addressed in the 'Climate Change and Environmental Considerations' section of any reports to the Committee, requested as part of its work programme.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 There are no human resources or property considerations for the purposes of this report. However, human resources or property implications are addressed in the 'Human Resources/Property Considerations' section of any reports to the Committee, requested as part of its work programme.

10.0 Communication Considerations

10.1 There are no communication considerations for the purposes of this report. However, communication implications are addressed in the 'Communication Considerations' section of any reports to the Committee, requested as part of its work programme.

Report sign off:

Amira Nassr
Deputy Director, Democratic and Corporate Governance

Appendix A

Community and Wellbeing Scrutiny Committee: 2026/27 Work Programme

Confirmed Meeting Dates:

- **Tuesday 30 June 2026, 6pm**
- **Wednesday 16 September 2026, 6pm**
- **Tuesday 24 November 2026, 6pm**
- **Monday 18 January 2027, 6pm**
- **Wednesday 03 March 2027, 6pm**
- **Tuesday 20 April 2027, 6pm**

Tuesday 30 June 2026

Agenda Item	Cabinet Members / Non-Executive Members	Corporate Directors / Directors	External Organisations / Participants
Brent Safeguarding Adults Board Annual Report 2025/26	Cllr Muhammed Butt Leader of the Council and Cabinet Member for Adult Social Care	Rachel Crossley Corporate Director, Service Reform and Strategy	Nicola Brownjohn, Brent Safeguarding Adults Board Independent Chair Metropolitan Police NW London NHS
Brent Safeguarding Children Partnership Report 2025/26	Cllr Jake Rubin Cabinet Member for Children's Services, Employment and Climate Action	Nigel Chapman Corporate Director Children, Young People and Community Development	Keith Makin, Brent Safeguarding Children Partnership Independent Scrutineer Metropolitan Police NW London NHS

Wednesday 16 September 2026

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Community and Wellbeing Scrutiny Committee Work Programme 2026/27	Councillor Sai Karthik Madabhushi, Chair of the Community and Wellbeing Scrutiny Committee	Minesh Patel Corporate Director, Finance and Resources	
Brent Youth Strategy	Cllr Jake Rubin Cabinet Member for Children's Services, Employment and Climate Action	Nigel Chapman Corporate Director, Children, Young People and Community Development	
Brent Culture Strategy	Cllr Tina Amadi Cabinet Member for Communities, Culture and Cost-of-Living Support	Tom Cattermole Corporate Director, Residents and Housing Services	
Childhood Asthma in Brent	Cllr Liz Dixon Cabinet Member for Community Safety and Public Health	Rachel Crossley Corporate Director, Service Reform and Strategy	NW London NHS

Wednesday 24 November 2026

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Update from the Housing Management Advisory Board (HMAB)	Cllr Robert Johnson Cabinet Member for Housing, Homelessness and Renters	Tom Cattermole, Corporate Director, Residents and Housing Services	Independent Chair, Housing Management Advisory Board
Private Rented Sector (PRS)	Cllr Robert Johnson Cabinet Member for Housing, Homelessness and Renters	Tom Cattermole, Corporate Director, Residents and Housing Services	
Supported Accommodation	Cllr Robert Johnson Cabinet Member for Housing, Homelessness and Renters	Tom Cattermole, Corporate Director, Residents and Housing Services	

Monday 18 January 2027

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
CQC Assurance following Local Area Assessment	Cllr Muhammed Butt Leader of the Council and Cabinet Member for Adult Social Care	Rachel Crossley Corporate Director, Service Reform and Strategy	
Adult Social Care: • Prevention • Equity and Access Co-production and Voice of the Person	Cllr Muhammed Butt Leader of the Council and Cabinet Member for Adult Social Care	Rachel Crossley Corporate Director, Service Reform and Strategy	
Making Brent an Inclusive Borough (SEND)	Cllr Jake Rubin Cabinet Member for Children's Services, Employment and Climate Action	Nigel Chapman Corporate Director Children, Young People and Community Development	

Wednesday 3 March 2027

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Housing Management: Tenant Satisfaction Measures Brent Housing Management (BHM) Performance	Cllr Robert Johnson Cabinet Member for Housing, Homelessness and Renters	Tom Cattermole, Corporate Director, Residents and Housing Services	
Housing and Tenant Satisfaction improvement Programme (HTSIP)	Cllr Robert Johnson Cabinet Member for Housing, Homelessness and Renters	Tom Cattermole, Corporate Director, Residents and Housing Services	
Temporary Accommodation and Homelessness Prevention	Cllr Robert Johnson Cabinet Member for Housing, Homelessness and Renters	Tom Cattermole, Corporate Director, Residents and Housing Services	

Tuesday 20 April 2027

Agenda Item	Leader/Deputy Leader/Cabinet Members	Corporate Directors / Directors	External Organisations / Participants
Annual Setting and School Standards Achievement Report 2025-26	Cllr Jake Rubin Cabinet Member for Children's Services, Employment and Climate Action	Nigel Chapman Corporate Director Children, Young People and Community Development	Headteachers from various Brent schools
Creating a Seamless System of Family Help – The Family First Programme (FFP)	Cllr Jake Rubin Cabinet Member for Children's Services, Employment and Climate Action	Nigel Chapman Corporate Director Children, Young People and Community Development	

*Placeholder slots have been saved as per the request of Lead Members and Corporate Directors