

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

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

1.0 Executive Summary

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

2.0 Recommendation(s)

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

3.0 Healthwatch update

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

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

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

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

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

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

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

4.0 Detail

4.1 Contribution to Borough Plan Priorities & Strategic Context

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

4.2 Background

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

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

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

4.2.1 Work programme for 2025-2026

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

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

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

4.3 Community Engagement

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

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

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

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

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

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

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

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

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

4.4 Pharmaceutical Needs Assessment (PNA)

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

4.5 Pharmacy First

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

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

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

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

4.6 GP access and complaints

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

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

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

4.7 Participating in key Health and Care meetings

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

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

4.8 Health awareness / tackling inequalities

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

4.6 Advice and Signposting Health awareness / tackling inequalities

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

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

The most popular topics of were around GP access.

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

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

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

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

5.0 **Added value – Volunteers**

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

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

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

6.0 Financial Considerations

There are no relevant financial implications.

7.0 Legal Considerations

There are no relevant legal considerations.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

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

9.0 Climate Change and Environmental Considerations

No impact on environmental objectives.

Report sign off:

Patricia Zebiri
Healthwatch Manager Brent