

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

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

## 1.0 Executive Summary

- 1.1. The Brent Children's Trust (BCT) is a strategic partnership group with the primary function to coordinate and steer the joint strategic direction for the delivery of local authority and health partner integrated services for children and young people in Brent.
- 1.2. As the BCT is a strategic partnership group, all operational activities sit with the individual organisations represented on BCT.
- 1.3. The BCT has a strategic relationship with the Brent Health and Wellbeing Board and Brent Integrated Care Partnership (ICP).
- 1.4. The Health and Wellbeing Board maintain oversight of BCT activity (see **Appendix A** for full governance structure). As part of this governance arrangement the BCT provides the HWB with a regular update report.
- 1.5. This paper provides an update of the BCT work programme covering the period April 2025 to October 2025.

## 2.0 Recommendations

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

## 3.0 Detail and Contribution to Borough Plan Priorities and Strategic Context

### **The Brent Children's Trust**

- 3.1. The BCT aims to strengthen integration and collaborative working between the Council and health service partners through a shared goal of improving the health and wellbeing of children, young people and their families in Brent.
- 3.2. The Chair of the BCT is the Corporate Director, Children and Young People, Brent Council. The Vice Chair is the Brent Borough Director, NWL ICP.
- 3.3. The full membership of the BCT consists of:

Organisation	Role
<b>Brent Council</b>	<ul style="list-style-type: none"><li>➤ Corporate Director of Children and Young People (Chair)</li><li>➤ Director of Public Health</li><li>➤ Public Health Consultant</li><li>➤ Director Education, Partnerships and Strategy, CYP</li><li>➤ Head of Looked After Children and Permanency</li><li>➤ Head of Inclusion CYP</li><li>➤ Head of Early Help, CYP</li><li>➤ Head of Localities, CYP</li></ul>
<b>Brent Integrated Care Partnership</b>	<ul style="list-style-type: none"><li>➤ Brent Integrated Care Partnership Lead</li><li>➤ Brent Borough Director</li><li>➤ Brent Clinical Director (Vice Chair)</li><li>➤ Head of Mental Health, Learning Disabilities and Autism, Brent</li></ul>
<b>Health Service Providers</b>	<ul style="list-style-type: none"><li>➤ Central London Community Healthcare NHS Trust</li><li>➤ Central North West London Mental Health Care NHS Trust</li><li>➤ London North West University Healthcare NHS Trust</li></ul>
<b>Community and Voluntary Sector</b> (as of September 2024)	<ul style="list-style-type: none"><li>➤ Chief Executive Officer of CVS Brent</li></ul>

- 3.4. The BCT recognises the importance of ensuring the education sector has a voice at the strategic level and will continue to explore the most appropriate way to ensure that the education sector is represented within the Trust.

3.5. The responsibilities of the BCT include:

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

3.6. The BCT also has the responsibility to oversee and drive the partnership activity responding to the four Brent ICP priorities that focusses on children and young people services. The BCT provides regular progress updates to the Integrated Care Partnership Board.

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

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

### **Brent Children's Trust Priorities 2024-2026**

- 3.8. In May 2024, the BCT agreed a refreshed strategic vision and set of priority areas of focus for 2024-2026.
- 3.9. The BCT have identified five priority areas of focus that will drive the work programme for 2024-2026.
1. Drive a strengthened programmatic approach to vaccinations and childhood immunisations
  2. Strengthen the strategic oversight of the THRIVE programme delivery.
  3. Set the strategic direction of continuous improvement of Early Help and Intervention services.
  4. Set the strategic direction of continuous improvement of services for Looked After Children (LAC) and Care Leavers.
  5. Set the strategic direction of continuous improvement of services for children and young people with Special Educational Needs and Disabilities (SEND).
- 3.10. These priority areas are each underpinned by three success pillars:
1. Utilising partnership performance information
  2. Strengthening joint systems and shared accountabilities
  3. Improving communication and engagement

## Brent Children's Trust Priorities 2024- 2026



3.11. The BCT developed an activity plan to enable the BCT to track the agreed partnership activity for each of the five priority areas of focus, this plan is updated every two months and continues to be reviewed during each BCT meeting.

### **BCT strategic oversight activity during November 2024 to March 2025**

3.12. The BCT meets every two months to review progress against the identified priority areas of focus and consider any emerging local and national issues.

3.13. During the period April 2025 to October 2025, the BCT met three times on 22 May 2025, 15 July 2025, and 16 September 2025.

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

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

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

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

### ***Families First Partnership Programme***

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

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

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

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

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

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

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

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

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

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



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

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

#### ***NHS ICB Reforms – impact on Children’s Services***

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

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

***Family Wellbeing Centres Annual Report***

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

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

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

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

#### **5.0 Financial Considerations**

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

#### **6.0 Legal Considerations**

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

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

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

#### **8.0 Equity, Diversity and Inclusion (EDI) Considerations**

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

#### **9.0 Communication Considerations**

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

**Report sign off:**

***Nigel Chapman***

Corporate Director of Children, Young People and Community Development