

BHM outcomes and impact

Health and Wellbeing Board
29 January 2026

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Introduction

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



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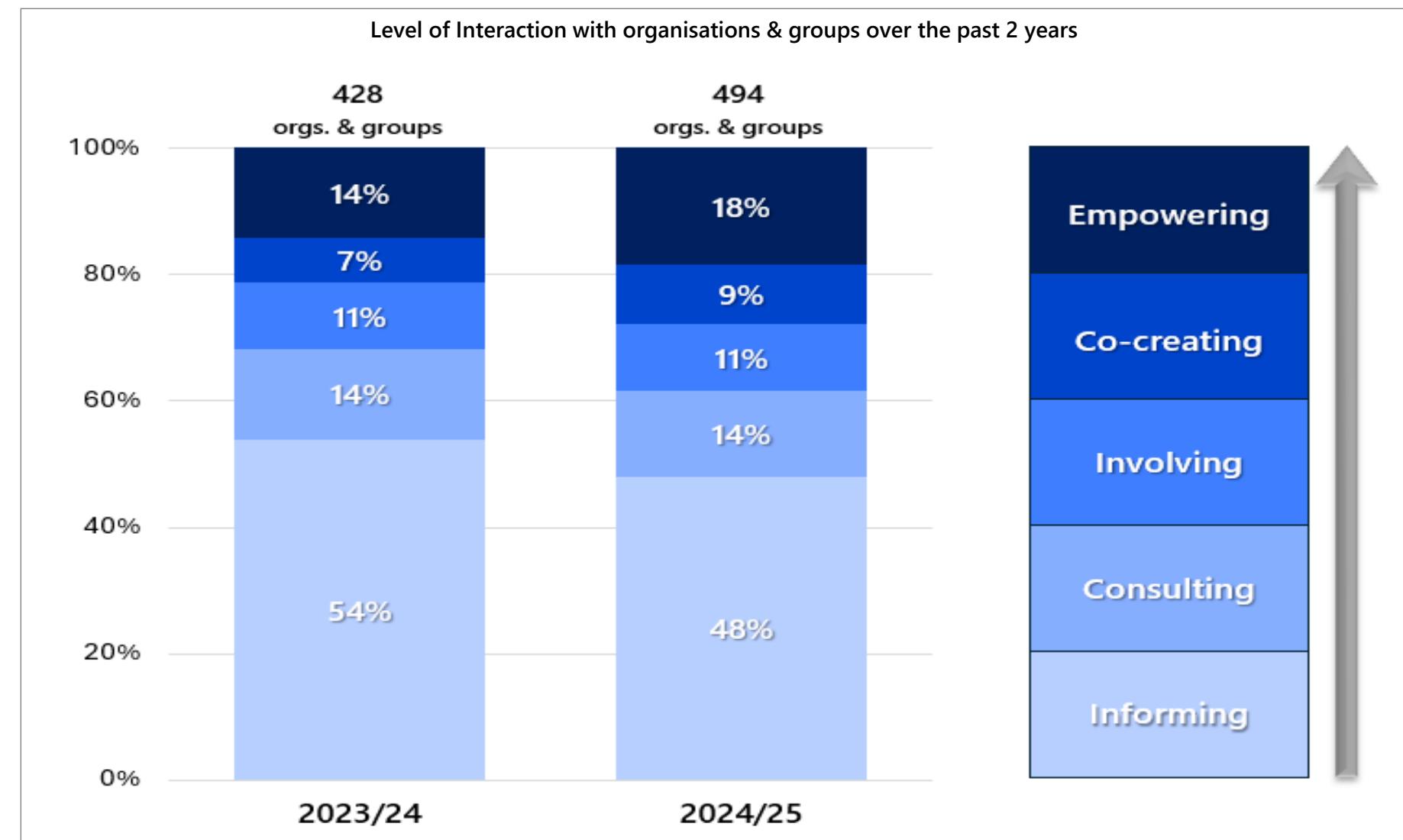
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Community engagement



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



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Community grants

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

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



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Community outreach events data

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

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

IMD 1 and 2 population in Brent: 19.4%

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



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

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

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



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

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

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



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Mental Health team

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



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Clinical outcomes: diabetes management

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

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



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Clinical outcomes: hypertension management

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



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Clinical outcomes: bowel cancer screening

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

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



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

170

Residents were supported

154 Diabetics

16 Prediabetics

96% showed an overall average improvement

1% showed no change

3% showed an overall average decline

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



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

GP registrations, NHS app registrations

- Supported 395 people to register with a GP since April 2023
- Started supporting people to register with and use the NHS App in August 2024.
 - Supported 342 people to register with the NHS App
 - Supported 388 people to use the NHS App

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



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Children and young people team

Asthma:

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

Immunisation:

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

Mental Health:

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



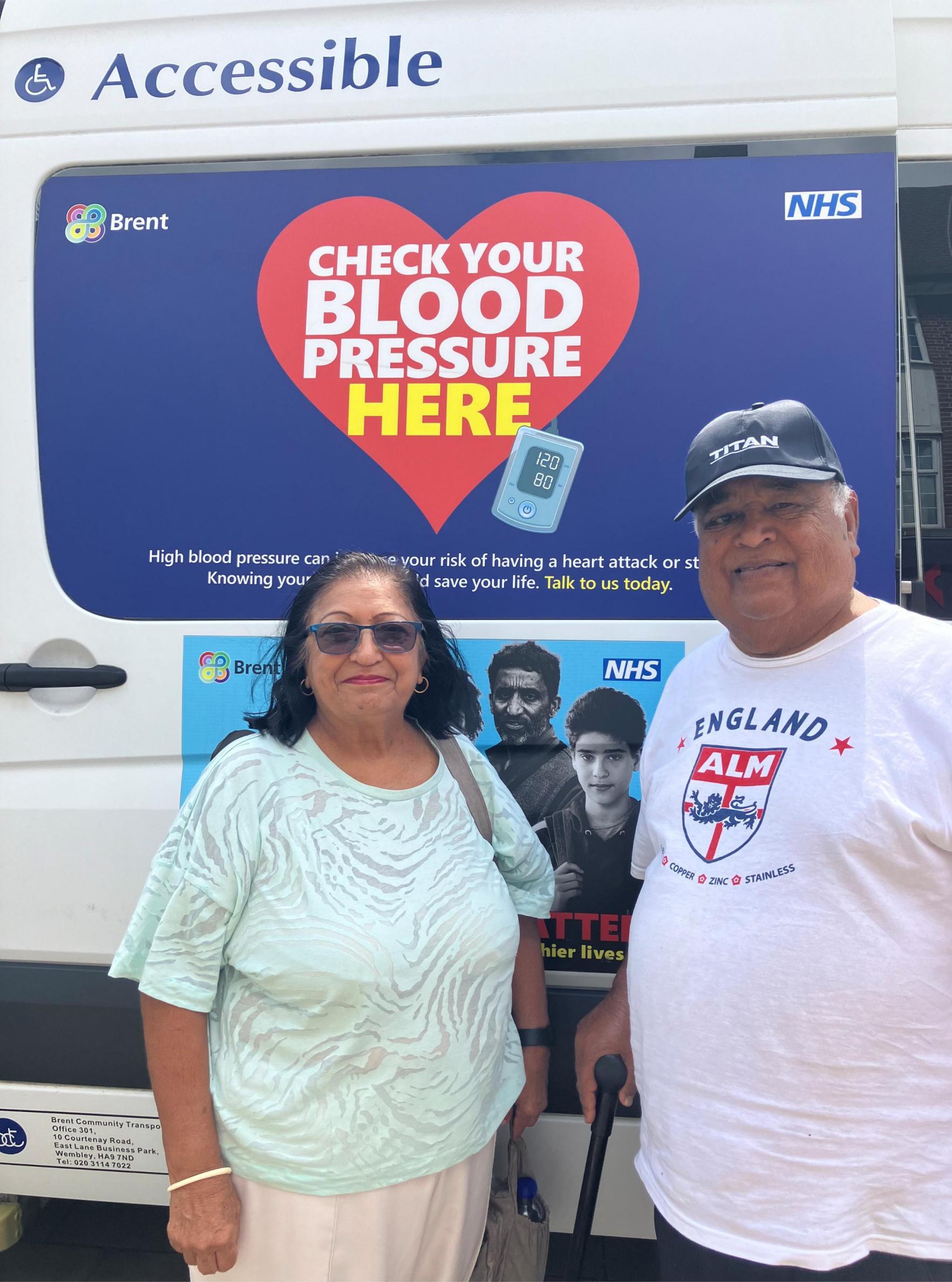
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Case study

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

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Case study

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



Welsh Harp wellbeing

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



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

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

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

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

Abdullahi Ahmad, 34, from Neasden told us, "I came to the café last week and my friends here told me that this event was happening. I thought it sounded like a good idea.

Sometimes people don't go to the GP because we don't have time, or because they are not sure how to get an appointment. Today I felt really looked after."



EIGHT

Filipino Independence Day

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

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

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



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

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



Quotes

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Awards

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



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