

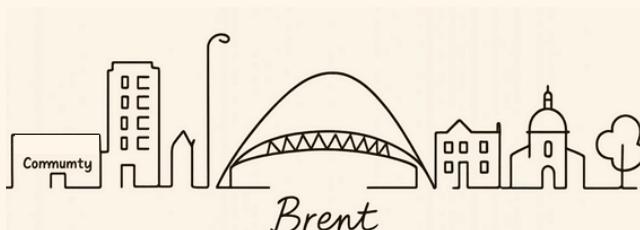
BRENT PUBLIC HEALTH ANNUAL REPORT - DRAFT

2025



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Foreword

Director of Public Health

I am delighted to introduce this year's Public Health Annual Report, which celebrates the work we have done together with our communities, partners and colleagues across Brent.

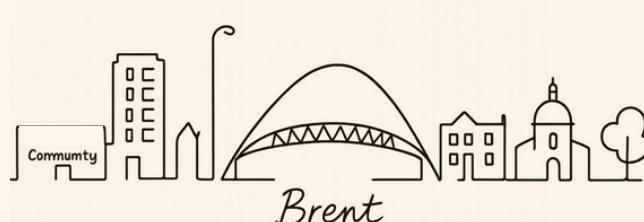
This report takes a different approach. Rather than focusing on specific health outcomes or services, it explores the ways we are deepening our connections with the people who live and work here, placing community engagement, social capital and radical place-based leadership at the heart of public health.

The challenges our residents face are complex, and health inequalities persist. We know that achieving lasting change cannot be done by one organisation or sector alone. It requires us to work alongside communities, listen to their voices, and co-create solutions that reflect their lived experiences and aspirations.

Throughout these pages, you will find powerful examples of how this is already happening; from grassroots projects led by residents, to new cross-sector partnerships, and innovative ways of sharing data and insight. Each example shows how building trust, fostering collaboration, and investing in relationships can spark meaningful change.

I am proud of what we have achieved together, and hopeful about what lies ahead. My thanks go to all our partners, community organisations, and residents who have contributed their time, expertise and energy to this work.

Together, we can continue to shape a fairer, healthier and more connected Brent.



M. Smith

Dr Melanie Smith
Director of Public Health
London Borough of Brent

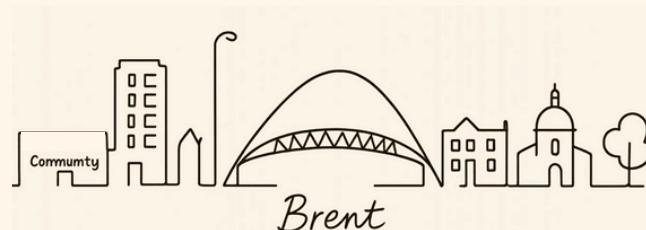
Foreword

Cllr Nerva - Lead Member for Public Health

I am delighted that this year's Public Health Annual Report shines a spotlight on the work we have done to strengthen community engagement, deepen social connection, and lead differently across Brent. The voice of our communities has shaped every page of this report, reminding us that meaningful and lasting change happens when we listen to our residents' lived experiences and act on what they tell us.

I am incredibly proud of the quality and range of work we have delivered together: from creating trusted spaces in libraries, hotels, and high streets, to pioneering new partnerships in factories, schools, and faith settings. We have learned powerful lessons about what works – that trust takes time, that relationships are as important as outcomes, and that health happens in the everyday places people live their lives.

A very special thanks goes out to all our partners and to the residents who have so generously and bravely shared their stories. Their honesty ensures our work stays grounded, ambitious, and aligned to what Brent's communities truly need.



Introduction

Our approach

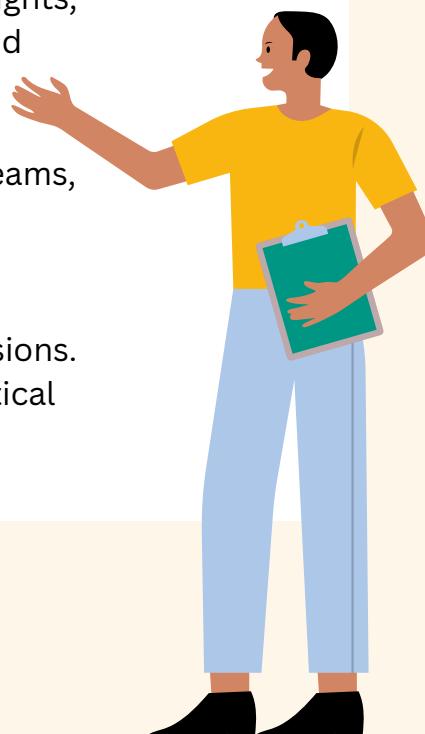
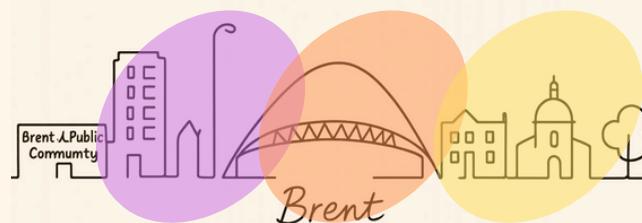
This report is organised thematically around three core areas: Community Engagement, Social Capital, and Radical Place-Based Leadership. These themes capture how Brent is working differently to deliver public health in ways that are rooted in people, place, and partnership.

Each section of the report is brought to life through detailed case studies. These real examples describe what the project was about, what made it stand out, and what we learned along the way. They highlight not only outcomes but also the processes and relationships that shaped the work.

Our approach combines quantitative data, such as uptake, demographics, and outcomes, with qualitative insights, including quotes, feedback, and lived experience. This ensures we present a rounded picture that goes beyond numbers to capture the voices of residents and partners.

The report is also the product of collaboration. Content has been drawn from across our Public Health sub-teams, commissioned services, and community partners, ensuring that it reflects the breadth and diversity of work happening in Brent.

Finally, this report is designed to be honest and reflective. Alongside successes, we share challenges and tensions. By being transparent, we aim to ensure the report is both a celebration of what we have achieved and a practical tool for learning and future planning.



Introduction

Why this report?

- **To capture and celebrate our work**

This report highlights the creativity and commitment of Brent's Public Health team and partners. It tells the story of projects that go beyond business-as-usual, often working in new spaces with new approaches.

- **To showcase impact through real examples**

Case studies bring our work to life; from libraries becoming fitness hubs, to chicken shops offering healthier options, to research that reframed gambling as a public health issue.

- **To provide an evidence base for decision-making**

By collecting data, feedback, and learning, the report strengthens our understanding of what works. It supports future planning across the council, NHS, and community partners.

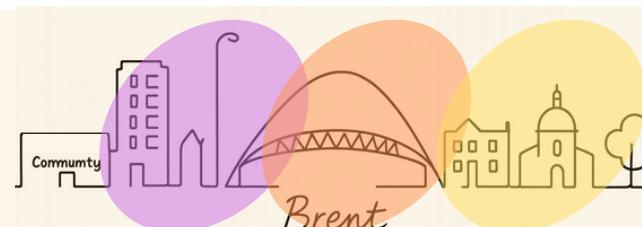
- **To reflect on learning and challenges**

Not everything went smoothly, and that's important. This report is honest about barriers and tensions, sharing what we'd do differently next time so that we can continue improving.

- **To influence and inspire**

Brent is showing leadership in how public health can be delivered at a local level. By sharing our approach, we aim to shape wider conversations at regional and national levels.

★ This report is more than a summary of activities. It is a statement of how Brent Public Health is working differently: engaging with residents, strengthening connections, and leading in place.



Introduction

Themes at a glance

Community Engagement

Bringing services and conversations directly to residents, listening to their experiences, and co-creating solutions that reflect local needs.

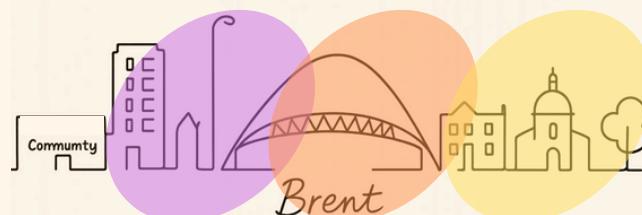
Social Capital

Strengthening relationships, trust, and networks within and between communities so that people feel supported, connected, and able to thrive.

Radical Place-Based Leadership

Leading differently by working with partners and residents to tackle wider factors shaping health and adapting services to local needs.

★ Together, these themes highlight how Brent is reshaping public health – making it more inclusive, responsive, and rooted in place.



Introduction

Summary of our communities in Brent



Around 90 different languages are spoken in Brent, with over a third of residents using a main language other than English.

(Census, 2021)



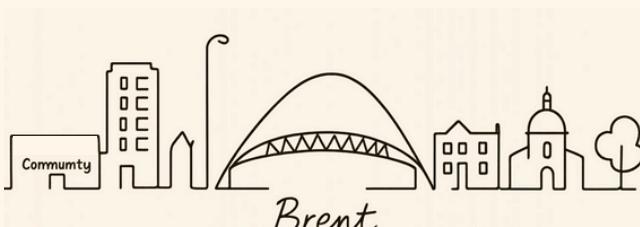
65% of residents are from Black, Asian & minority ethnic groups

(Census, 2021)



56% of residents were born outside of the UK

(Census, 2021)



Introduction

Summary of our communities in Brent

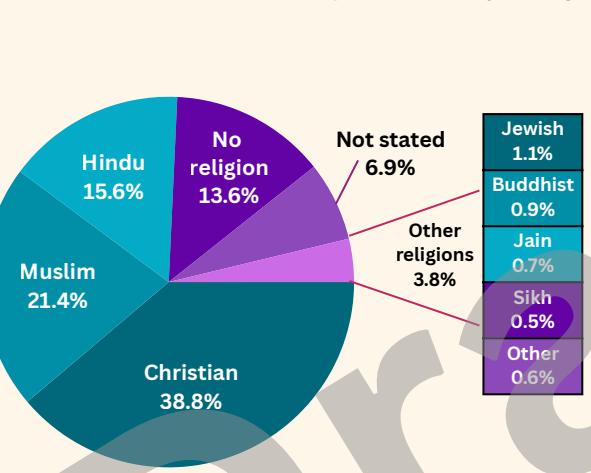
Top 10 language groups in Brent (exc. English)

Populations range from 3,015 (Urdu) up to 21,513 (Gujarati)



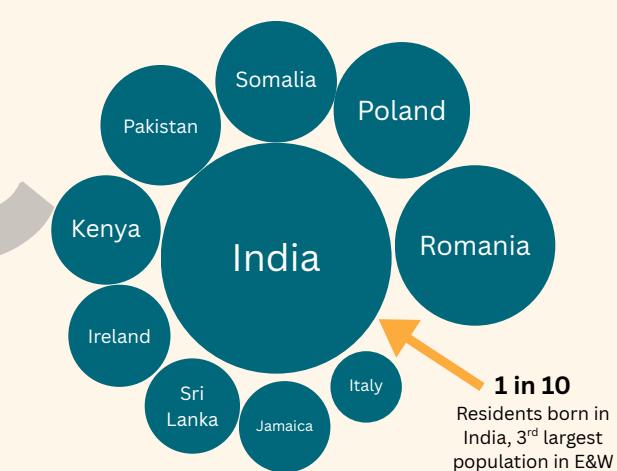
Population by religion, Brent, 2021

Census question: What is your religion?



Top 10 countries of birth, Brent, 2021* (exc. those born in the UK)

Population size ranges from 4,662 (Italy) up to 35,203 (India)



Population Split by Sex (as declared in the census)

49% Male **51%** Female



Population change in Number of Children by Age Group, 2011–2021

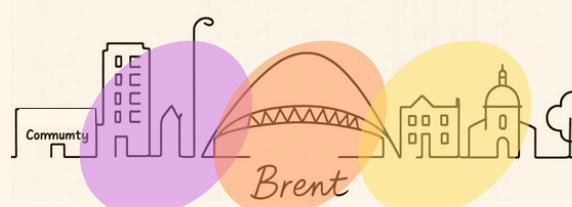
20,000
Children
aged 0-4years

▼ 11%
from 2011 to 2021



40,700
Children
aged 5-14years

▲ 11%
from 2011 to 2021



Population Change by age: % Change

Brent, 2011 to 2021

Age group	Population Change
0 - 14years	+3%
15 - 64 years	+9%
65+ years	+21%

Theme 1: Community Engagement

Community Engagement



What does this mean in practice?

Community engagement in Brent is about more than consultation or one-off events. It is the ongoing process of working with residents, communities, and organisations to shape services, strengthen trust, and create healthier, more resilient places.

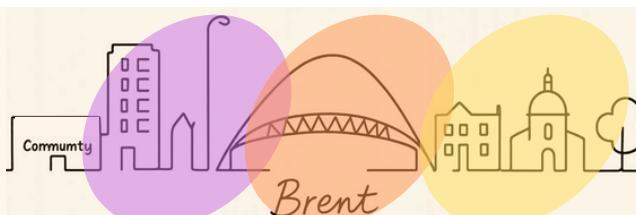
In practice, this means:

- **Listening actively:** Creating spaces where residents feel comfortable to share their experiences, concerns, and ideas.
- **Sharing power:** Involving communities not just as participants, but as partners in shaping priorities and designing solutions.
- **Building trust:** Working through trusted networks, leaders, and community spaces to ensure services feel relevant, accessible, and inclusive.
- **Celebrating culture and diversity:** Recognising that Brent's communities bring creativity, knowledge, and strengths that can enrich how services are delivered.
- **Focusing on relationships:** Valuing the networks between residents, organisations, and services as much as the outcomes themselves.

Why it matters:

- Strong engagement helps us understand local needs better and tailor services to what really works.
- It increases confidence in services, encouraging people to access support earlier and more often.
- It strengthens social connections between residents and organisations, helping to build the social capital that underpins healthier communities.

★ This section of the report showcases examples of how community engagement is already being put into practice across Brent. From cultural events that open doors to health services, to grassroots partnerships that build trust and resilience, the case studies highlight the power of engagement to create meaningful change.





“Carnival de Livro”

Background

Public Health Brent, Brent Libraries, Brent Health Matters and the NHS hosted “Carnaval de Livro” at Harlesden Library. This event was a celebration of Brazilian Carnival with a focus on books, culture, and health. The event aimed to reduce language barriers for Portuguese and Brazilian residents, promote English literacy, and increase engagement with local services. By blending celebration with health promotion, it supported wider goals of inclusion, wellbeing, and reducing inequalities.

Approach

The event strengthened connections between residents and Harlesden Library, positioning it as a welcoming hub for culture, learning, and health. Activities encouraged reading for pleasure and greater use of English among Portuguese speaking communities, supporting integration and inclusion. Alongside this, residents were offered health checks, advice on immunisation and medication, and access to wellbeing services such as talking therapies and physical activity sessions. By combining celebration, learning, and health promotion, the event created an inclusive space that built confidence and encouraged participation.

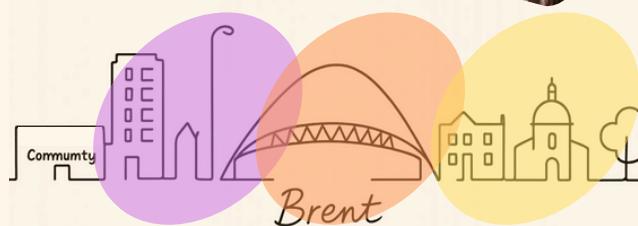


What made it different?

- Brought residents, community organisations, and service providers together under one roof.
- Prioritised inclusivity by tackling language and cultural barriers.
- Took a community-led approach, with residents as active contributors rather than passive attendees.
- Sparked new partnerships and ways of working for future events.

Learning

Over **750** residents attended the event, though only 12% were from the Portuguese and Brazilian communities it aimed to reach. Stronger, more targeted communications are needed to ensure future events reach their intended audiences more effectively.





Smiles & Support: Engaging Families Through School-Based Oral Health Assessments

Background

The Oral Health in Schools Project was developed to tackle Brent's high rates of childhood tooth decay.

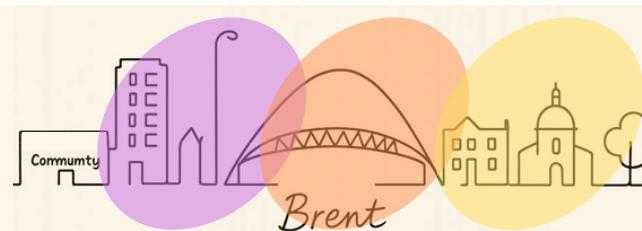
- In 2024, 43.4% of 5-year-olds in Brent had obvious dental decay, compared to the England average of 22.4%.
- Brent also had a higher hospital admission rate for under 5s due to dental caries (362.4 per 100,000 vs 207.2 per 100,000 nationally, 2021 to 2024).

The project aimed to improve oral health for children by providing on-site dental checks in primary schools, applying fluoride varnish, and referring children for further care where needed.

Approach

The Public Health team partnered with NHS Workforce Training and Education to deliver school-based dental checks across the borough. Recognising the opportunity to do more than just provide a health service, the team designed the events to actively engage families with a broad network of local support services.

- Partners included Beezeebodies (healthy weight management team), CLCH school nursing, Whittington Health NHS Trust, Brent Libraries, Brent 4 Life team, Immunisation nurse, oral health promotion, Brent Health Matters, Barnardos, Brent Asthma nurse, Brent Carers Centre and others.
- To encourage children to undertake in the activities of the day, they were rewarded with stickers and small gifts. Multilingual resources were also provided to reduce barriers for parents.
- Letters and sign-up forms were translated using DA Languages, a specialist translation and interpretation service, helping to remove language barriers to participation.



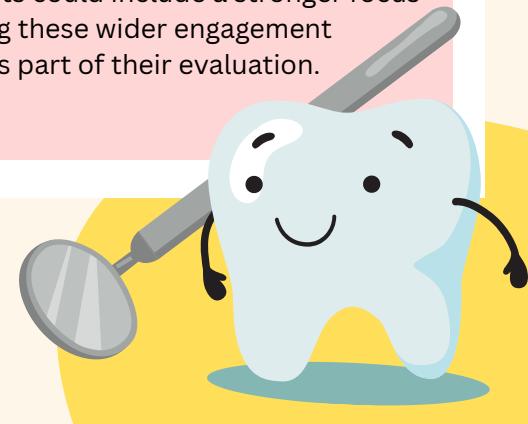
What made it different?

This project showed how a single point of care can become a gateway to wider engagement.

- While families attended for oral assessment, they were also encouraged to learn about other services and support offers.
- The participation of Brent Carers Centre equipped school staff to identify and support young carers.
- Parents were introduced to local services they may not have previously known about, helping them feel more connected and supported.

Learning and Insights

- The project highlighted that engagement can be as valuable as the health intervention itself, building trust and awareness while addressing oral health needs.
- Future events could include a stronger focus on capturing these wider engagement outcomes as part of their evaluation.



Bridging the Gap: Working with Brent's Romanian Community on Tobacco Harm

Background

Smoking prevalence and tobacco related harm remain significant contributors to health inequalities in Brent. The Romanian community forms an important part of Brent's diverse population, with established community networks across the borough. However, engagement with formal stop tobacco services has historically been lower than expected, and routine public health data provides limited insight into attitudes towards smoking within this group.

The Romanian Community Engagement Project was designed to build stronger connections between Brent's Stop Tobacco team and the local Romanian community. The aim was to raise awareness of tobacco harms and improve referrals to stop smoking support, while also learning more about the community's needs and perspectives.

Approach

The project commissioned a native-speaking community worker and researcher to act as a bridge between residents and health services. This worker gathered insights from the community and communicated public health messages in a culturally appropriate way. Working closely with a community lead and champion helped build trust and opened doors that might otherwise have remained closed.

What made it different?

This initiative stood out because it prioritised trust and rapport over quick wins. Engagement with the Romanian community required patience, respect, and consistent presence. By commissioning local voices to take the lead, the project ensured that engagement felt genuine and rooted in the community's own networks. It also demonstrated that investing in relationships is as important as the health outcomes themselves.

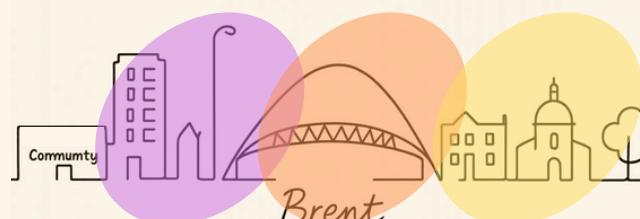
Learning

The work showed that community-led approaches are vital when working with populations that may be more reserved in engaging with statutory services. Regular check-ins with community leads were essential for aligning expectations, as partners did not always have direct experience of delivering tobacco cessation programmes.

Also, strong relationships with community leads and the use of a trusted native-speaking worker provided the foundation for meaningful engagement.

Next steps

The Stop Tobacco team plans to replicate this community engagement model with Brent's Brazilian community, adapting the approach to reflect local needs while keeping trust-building at its centre.



Taking Vaccines and Health Support into the Heart of Communities

Background

Since the start of the Covid-19 pandemic, Brent Public Health has worked in close partnership with the NHS North West London Roving Team to deliver immunisations directly to residents. The project began with Covid-19 vaccinations, particularly targeting underserved and hesitant communities, and has since expanded to include flu vaccines, children's immunisations, and Making Every Contact Count (MECC) health advice. By taking services out into community settings: from buses parked on high streets to pop-ups in libraries and supermarkets, the project ensured residents could access vital health protection in familiar, trusted spaces.

Approach

The success of the project rested on strong multi-agency collaboration. Public Health, NHS delivery leads, and community organisations worked together to design and adapt the service, using data and local intelligence to identify priority areas. In 2025 alone, the partnership delivered **78 community-based vaccination events**, combining a mobile “bus” model with static locations. Public Health staff were present at each session to engage residents, answer questions, and provide wider health advice. Alongside vaccination delivery, around **1,395 residents** were engaged through MECC conversations, with the true figure likely higher due to incomplete data capture across a small number of events.

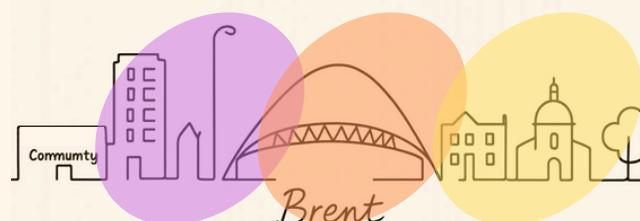
What made it different?

This was not just about vaccination delivery, it was about partnership and trust. Teams worked flexibly, sharing honest feedback to improve delivery, while nurses often stepped outside the bus to talk with residents more informally, echoing the approach of community health workers. Working in visible, accessible locations such as supermarkets, central squares, and libraries also created new relationships with local businesses and reinforced trust with residents.



Learning

The project showed that flexibility and patience are key when working with communities. Despite challenges around clinical governance, processes and access to data, residents experienced a seamless, community-focused service. In 2025, the programme delivered **302 vaccinations (55 Covid and 247 flu)**, delivered with the Roving Team and Ongate Surgery), demonstrating that joint working, supported by leadership, trust and practical enablers such as parking support, can have a measurable impact on uptake.





Nurturing Early Bonds: Perinatal Mental Health and Parent-Infant Relationships

Background

Brent was one of 75 local authorities funded by the Department for Education, the Department for Health and Social Care, and the Department for Housing, Levelling Up and Communities to deliver the Family Hubs and Start for Life programme.

Within this, the Perinatal Mental Health and Parent-Infant Relationship strand was developed to improve access to support for Brent's parents and families experiencing mild to moderate perinatal mental health challenges or parent-infant attachment and bonding difficulties.

Approach

The project combined mapping existing services with listening sessions and workshops involving Brent parents. Their lived experiences directly influenced the design of the new Parent-Infant Relationship Service.

Parents explained that existing support often felt "hard to navigate", which led to the creation of a single, clearer referral pathway. Others said that speaking to peers felt less intimidating than clinical settings, so volunteer-led home visits and parent groups were added. Parents also emphasised the importance of continuity; "I didn't want to repeat my story over and over", which shaped how professionals and volunteers now coordinate support.

By embedding these voices from the start, the service was designed to be simpler, more welcoming, and better aligned to real family needs.

What made it different?

The project took a strong community engagement approach from the outset. The team worked with local parents, carers, and frontline professionals to map out existing services and identify key gaps in provision.

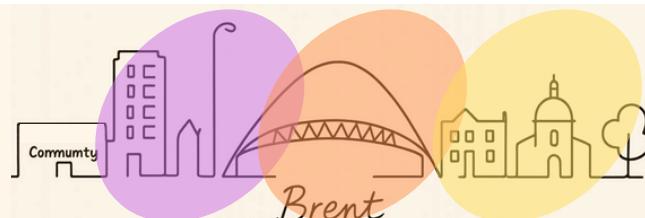
Through one-to-one interviews, workshops, and co-design sessions, families were given a platform to share their lived experiences and shape what support should look like. This insight directly informed the creation of a new Parent-Infant Relationship Service – ensuring the service reflects local needs and is accessible and welcoming to families.

By including community voices at every stage, the work has created a service pathway rooted in local insight and shaped by those it aims to serve.

Learning and Insights

The team gained a deeper understanding of the barriers Brent families face when seeking help for perinatal mental health, including stigma, confusing referral pathways, and limited awareness of support options.

They also learned that creating trust takes time: co-production requires space for listening, iteration, and sustained relationships. If done again, they would begin engagement and design work earlier to allow more time for this process.



Theme 2: Social Capital

Social Capital

What does this mean in practice?

Social capital is about the relationships, trust, and networks that exist between people and organisations. These connections shape how communities support each other, how information flows, and how services are accessed. In Brent, where diversity and resilience are defining strengths, social capital is a vital foundation for health and wellbeing.

In practice, this means:

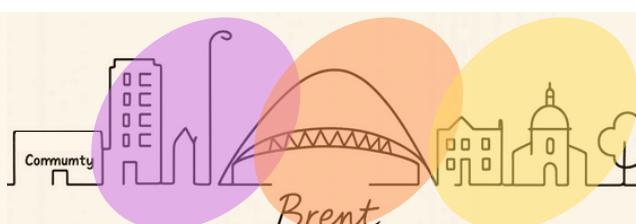
- **Building trust:** Creating reliable, consistent relationships between residents, services, and organisations.
- **Creating safe spaces:** Where people feel confident to connect, share experiences, and support one another.
- **Encouraging peer support:** Recognising that people often learn best and change most when encouraged by those they relate to.
- **Linking networks:** Strengthening connections between different community groups, businesses, faith organisations, and services.
- **Investing in relationships:** Valuing the time and effort it takes to build lasting, meaningful connections.



Why it matters:

- Strong social capital helps reduce isolation and improves resilience, particularly for groups who may be marginalised or face inequalities.
- It creates a sense of belonging and mutual support, which is critical for mental and emotional wellbeing.
- It enhances the reach and effectiveness of public health work, as messages and services are shared through trusted networks.

This section of the report showcases how Brent's Public Health work has helped strengthen social capital. From fitness programmes in hotels that created community for refugees, to creating safe spaces in the community using the libraries, these case studies highlight how stronger connections lead to healthier communities.



Fuelling Community Connections: Building Social Capital Through Food

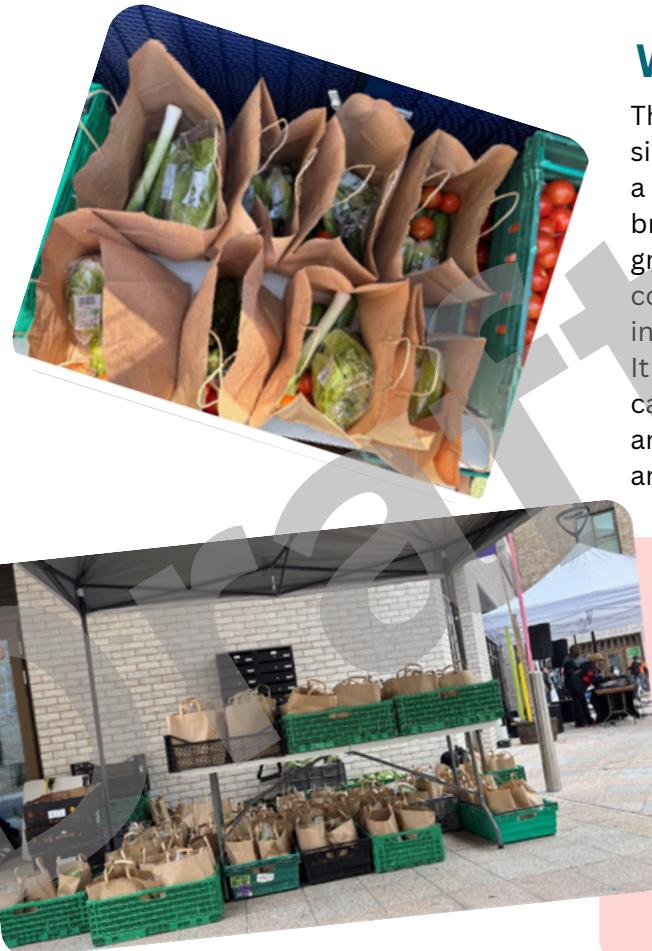
Background

In the beginning of summer, Brent Public Health teamed up with The Felix Project, Volunteers on Wheels, and Brent Health Matters (BHM) to redistribute surplus fresh fruit and vegetables to residents at community health events.

The project aimed not only to increase access to healthy food and promote better diets, but also to strengthen local connections between residents, community organisations, and public health teams, helping to build trust and shared ownership of health outcomes.

Approach

Brent Health Matters identified existing summer community events where the offer could have the greatest impact, starting with the South Kilburn CarniVale, a wellness festival in an area with high deprivation and health inequalities. The team set up a produce gazebo alongside health checks and advice stalls, encouraging residents to visit all service providers and then collect a free bag of fresh produce. Volunteers supported residents through the event, helping them access health checks and sparking conversations about healthy eating.



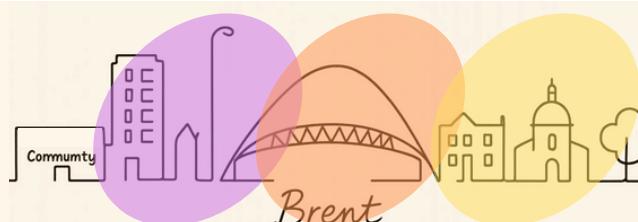
What made it different?

This project used food as a connector, turning the simple act of giving away surplus fresh produce into a way of building social networks and trust. It brought together diverse organisations, from grassroots youth groups to local schools and arts collectives, to support residents' health in an informal, non-stigmatising way.

It showed how collaboration and shared purpose can strengthen relationships between local groups and the council, while offering something tangible and immediate to residents.

Learning

Providing fresh produce alongside health checks boosted engagement and created natural opportunities to talk about healthy eating. Informal conversations between organisations at the event unlocked further collaborations, leading to surplus food offers at Kilburn Grange Primary School's Summer Fair, Kilburn Park Festival, and Divine Purpose's Summer Barbecue.



Building Recovery Together: B3 and BSAFE Community-Led Support Network



Background

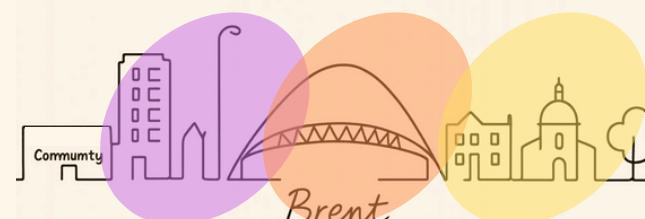
B3 and BSAFE work together to support people in Brent who are in recovery from drug and alcohol misuse. BSAFE provides a vital weekend social space, offering peer support and a safe environment when other services are closed. While B3 focuses on peer-led recovery and lived experience support. The project is aimed at residents in recovery or seeking recovery, as well as those at risk of homelessness or social isolation.

Approach

The B3 and BSAFE network was shaped through a bottom-up, community-led model. From the outset, people with lived experience of substance misuse were involved in designing how the service would work, ensuring that it reflected the realities and priorities of those it aimed to support.

Local community organisations, recovery groups, and peer mentors were brought together to co-produce a shared vision for the network. Regular forums and workshops created safe spaces where partners and residents could share insight, shape activities, and build collective ownership of the support offer.

This collaborative approach helped strengthen trust between services and residents, while building a supportive community culture that encouraged people in recovery to stay engaged, support one another, and access wider health and wellbeing opportunities.



What made it different?

This work stands out for its community-led, peer-driven approach. Both B3 and BSAFE are run by and for people with lived experience, which creates an atmosphere of trust, belonging, and mutual understanding. They bring services directly to residents, for example, hosting on-site HIV testing, liver scans, and health checks, and partnering with organisations like Brent Health Matters, Crisis, and the Hepatitis C Trust. They also build community through creative and social activities such as art groups, karaoke nights, theatre collaborations, and celebrations like Recovery Month and International Women's Day. A key strength is how they connect people to wider opportunities, from volunteering and employment to education and actively reduce barriers between services and the people who need them.

Learning

The project has shown that safe, welcoming, non-judgemental community spaces can be life-changing. Many members describe B3 and BSAFE as their lifeline, especially during weekends or holidays when other services are closed.

It also highlighted that recovery support is most effective when it's social, inclusive, and enjoyable, not just clinical. By embedding fun, creativity, and celebration into their work, B3 and BSAFE have helped people sustain recovery and improve wellbeing.



Swing Box Fitness – Building Strength, Building Community

Background

Refugees and asylum seekers staying in Wembley hotels often face loneliness, isolation, and barriers to looking after their health. To address this, Brent Public Health developed Swing Box Fitness: exercise sessions using existing hotel equipment to promote both physical and mental wellbeing. The programme offered women-only, men-only (later mixed), and mother-and-baby sessions to ensure inclusivity and comfort for all participants.



Approach

The sessions were not just about physical activity, but about connection. Instructors provided empathetic, trauma-informed support, creating psychologically safe spaces where participants felt motivated and respected. A WhatsApp group helped participants stay connected outside of sessions, sharing reminders and encouragement. The programme evolved in response to participants' feedback, for example, extending instructor-led sessions when guests said they felt more engaged with that support.

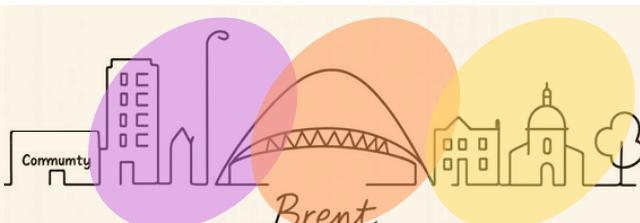
At its heart, Swing Box Fitness created opportunities for bonding and bridging connections. Trust grew between guests, instructors, and staff, building a sense of solidarity within the hotel community. Peer encouragement and shared participation helped reduce isolation and sparked small but meaningful networks of support.

What made it different?

By transforming a hotel space into a hub for movement and mutual support, Swing Box Fitness showed how health programmes can also serve as community-building interventions. Participants didn't just exercise, they shared stories, encouraged each other, and built confidence together. The inclusion of women-only and mother-and-baby groups gave individuals with specific needs safe spaces to connect, strengthening trust and belonging among people who often feel cut off from wider society.

Learning

The programme highlighted the importance of social connection as a health outcome in itself. Many participants valued the shared sense of community as much as the exercise. However, challenges included limited private space and the difficulty of sustaining engagement beyond the initial enthusiasm. A dedicated, protected fitness area would have supported longer-term participation and strengthened community ties further.





Background

The Warm Welcome Spaces campaign set out to provide safe, warm, and welcoming locations for residents during winter, helping tackle issues such as poverty, isolation, and cold housing. Brent Council's six libraries registered as Warm Welcome Spaces, and Public Health partnered with Brent Libraries and exercise provider Our Parks to pilot a 10-week programme of free exercise classes delivered in the library setting.

The project aimed to break down barriers to physical activity, particularly for residents who faced financial constraints or felt unable to access traditional venues like gyms. By bringing physical activity into trusted, accessible community spaces, it offered residents both warmth and wellbeing support.

Approach

The project reimagined libraries as hubs not just for learning, but for health and wellbeing. Exercise sessions were delivered in the familiar, non-traditional setting of the library, creating an inclusive environment where residents felt comfortable joining in. This approach helped attract participants who were largely inactive before the programme, providing them with an entry point into physical activity that was both accessible and free.

Warm Welcome Spaces Library Exercise Project



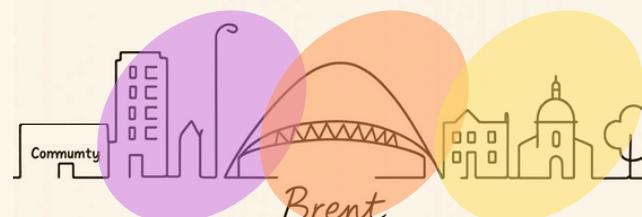
What made it different?

What set this project apart was the way it targeted residents who faced multiple barriers to activity. Over **270** residents took part (with **68%** living in areas of income deprivation), with most reporting less than 30 minutes of weekly activity beforehand. The sessions attracted a broad mix of participants; most were aged between 40–69, the majority from ethnically diverse backgrounds, and many living in areas experiencing high income deprivation.

Resident feedback highlighted how the sessions improved physical health, boosted confidence, and created opportunities to connect socially. The data collected provided strong evidence of impact, which supported the decision to extend the programme beyond the pilot. Free exercise sessions are now embedded across Brent libraries throughout the year, turning them into community spaces where health and social connection thrive.

Impact in residents words

- “Tai chi exercises help me keep physically fit, mentally alert, and I enjoy it. Before this, I never did any exercises. I am mentally and physically more alert and moving better and feel good all round. I’ve made a few friends at the session.”*
- “I find the classes very relaxing mentally but also feel energised. I enjoy exercising there with my friends.”*





Strengthening Early Connections: Start for Life Project

Background

The Healthy Start Project aimed to improve infant feeding, breastfeeding support, and perinatal wellbeing for families with babies and young children in Brent.

It brought together five connected workstreams:

- Expanding the Infant Feeding team with new capacity, including a Specialist Lactation Consultant, and embedding the team more visibly in community spaces.
- Commissioning a Breastfeeding Peer Support Service run by the Breastfeeding Network, training local parents to support and educate other families.
- Developing a breast pump loan scheme and providing new equipment to professionals to improve equity in breastfeeding support.
- Rolling out the Anya App; a 24/7 pregnancy, parenting and breastfeeding support app, featuring AI chat and 3D learning tools.
- Co-producing a communications and engagement plan with local parents to develop culturally resonant messages about perinatal mental health and infant feeding.



Approach

The approach combined professional expertise with community-led support, deliberately creating more accessible, resident-led services while also strengthening the infrastructure behind them. Training and relationship-building with health visitors and infant feeding staff were prioritised so that digital tools and new services would be embedded and trusted.

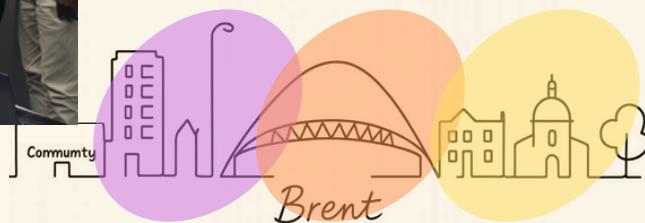
What made it different?

This project stood out for its investment in social networks and trust. Instead of relying solely on professional services, it empowered local residents as peer supporters and created a more consistent wraparound offer.

By pairing community-led support with digital tools and professional expertise, the project strengthened the web of connections around new parents, helping them feel supported, informed and less isolated.

Next Steps

The project laid strong foundations of trust and collaboration with local services. Continuing to build on these relationships will encourage future joint working, with partners more willing to engage because they have seen the local authority deliver on its commitments.





Men's United: Building Bonds, Rebuilding Lives

Background

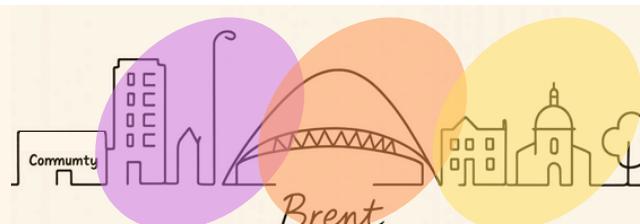
Launched in December 2023, Men United began as a health education pilot but quickly evolved into a space centred on connection, belonging and peer support. Feedback from participants made clear that men were not just seeking information, but somewhere to feel heard, valued and supported without judgement.

Based in Harlesden, the project operates from the Methodist Church, offering warmth, food, toiletries and companionship. Since launching in December 2023, the group has delivered an estimated **89 weekly sessions**, welcoming between **20 - 34** men each week. Over time, the project has engaged at least **250** individual men, with new participants continuing to join regularly.

What made it different?

Men United prioritises human connection over transactions. Rather than relying on signposting alone, the team provides hands-on support, helping men make phone calls, attend appointments, and navigate complex systems together. This relational approach has supported men to register with GPs, access housing adaptations, receive treatment for substance misuse, and secure financial support through benefits.

The project is underpinned by extensive partnership working. Partners include the Methodist Church, B3, Via, GamCare, BetKnowMore, CNWL, Brent Health Matters, Crisis, Adult Social Care, Radical Place Partnership, housing providers, community organisations, and local businesses, creating a broad network of support around participants. Through shared meals, conversation and laughter, men have formed genuine friendships and rediscovered joy. Responding directly to their interests, the team introduced physical activity and group sports, helping rebuild confidence and motivation. One participant has since moved into paid employment through the initiative, strengthening the project's peer-led ethos.



Learning and Impact

The success of Men United lies in the power of relationships. Trust, consistency and empathy have enabled men facing multiple disadvantages to re-engage with services and with one another. Now supporting between 20 and 34 men each week, the group demonstrates how social connection itself can act as a health intervention, improving mental wellbeing, reducing isolation, and creating pathways to support that might otherwise remain inaccessible.

For many participants, this is the first time in years they have felt part of something larger than themselves: a community built on mutual care, dignity and respect.

Impact in residents words

"I come here because it's like a social club and I've made friends which I haven't done since leaving school really. I've made at least half a dozen friends, and I get to see them regularly, every week. Before this I hardly had any friends and the few I had I wouldn't see them for months on end. Having a chat and a haircut and speaking to others is just so relaxing. It really sorts me out."



Theme 3: Radical Place-Based Leadership

Radical Place-Based Leadership

What does this mean in practice?

Radical Place-Based Leadership (RPL) is about reshaping how we lead and deliver health, not from the top down, but from within the places where people live, work, and connect. It means being bold enough to step into spaces not traditionally seen as “health settings,” and flexible enough to adapt services so they work in real-world contexts.

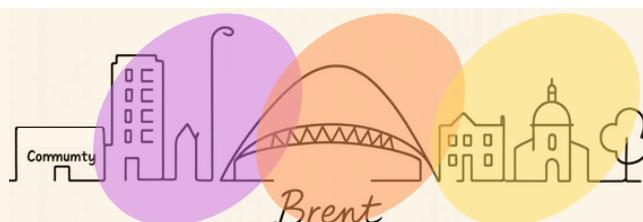
In practice, this means:

- **Going where others don't:** bringing health services into everyday environments like high streets, factories, hotels, and takeaways.
- **Challenging traditional roles:** taking on issues (such as gambling harms) that sit outside usual public health remits, but which impact local wellbeing.
- **Acting locally, shaping nationally:** using evidence and innovation from Brent to influence wider conversations and policy.
- **Balancing power:** working alongside communities, businesses, and partners to design solutions that reflect the reality of people's lives.
- **Staying flexible:** adapting quickly when challenges arise, and shaping delivery models that respond to local needs rather than fitting a rigid blueprint.

Why it matters:

- Radical leadership reframes what health looks like, taking it beyond clinics and campaigns into the everyday spaces that shape behaviour and opportunity.
- It helps us address hidden and overlooked inequalities, by reaching people in the places where those inequalities are most visible.
- It positions Brent as a leader and innovator, showing how local action can spark wider impact.

This section of the report highlights examples of Radical Place-Based Leadership in action. From turning chicken shops into health hubs, to reframing gambling as a public health issue, these case studies show how Brent is leading differently, from within communities.





Taking Health and Wellbeing onto the Factory Floor

Background

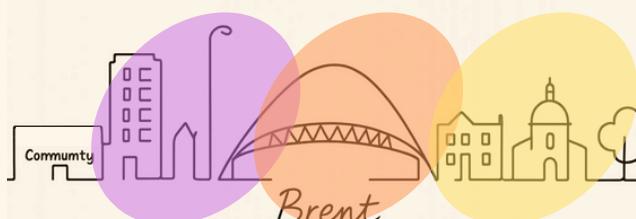
Brent Public Health has worked with Bakkavor (across three sites) and Greencore (since 2022) to bring health and wellbeing support directly into factories. These workplaces employ large numbers of shift workers who often cannot access traditional health services due to unsociable hours, family commitments, or cultural and language barriers. By entering workplaces and delivering targeted health checks and advice on site, the project aimed to reduce these inequalities and strengthen trust with a workforce that is often unseen in conventional community engagement.

Approach

This initiative required doing things differently. Public Health negotiated with factory managers to release staff from production and used staff canteens and other on-site spaces as health hubs. Sessions were designed to reflect the diversity of the workforce, overcoming language and literacy barriers, and addressing issues raised directly by staff. The model demanded flexibility; early mornings, late evenings, and adapting delivery to the unique conditions of factory life, while maintaining trust and partnership with HR leads and managers.

What made it different?

This project demonstrates radical place-based leadership: going into spaces not traditionally seen as sites of health intervention, adapting delivery models to meet people where they are, and building trust through persistence and visibility. Managers and staff recognised the value of the intervention, and Public Health's continued presence has strengthened relationships that now support repeat access.



Learning

Work with factory staff highlighted systemic barriers: disrupted sleep and nutrition patterns linked to shift work, limited access to primary care for nightshift workers, and cultural differences in health behaviours (such as sourcing medication from overseas). Challenges included securing sufficient release time for staff and overcoming hesitancy, especially around sensitive issues like tobacco use.

Next Steps

The approach offers a template for how health services can operate in non-traditional settings. With strong leadership, partnership, and persistence, this model could be extended to other workplaces in Brent, embedding health into the everyday environments where people live and work.



Mapping Inequalities – The Integrated Neighbourhood Dashboard

Background

The Integrated Neighbourhood Dashboard was developed to give a neighbourhood-level view of health inequalities and the wider determinants that shape them. It brings together population data, deprivation, housing, employment, and GP data on multiple health conditions. The dashboard is aimed at councillors, NHS and public health teams, service providers, and residents. By offering a single, place-based view of health needs, it helps shape decisions about where to focus resources and how to design services around local realities.

Approach

This project took a collaborative, system-wide approach from the outset. Public Health worked closely with the local Integrated Care Partnership (ICP) and neighbourhood teams to agree indicators, design the dashboard, and test its functionality. Since summer 2024, the dashboard has been shared through more than **10** engagement sessions, including meetings with Brent Health Matters neighbourhood working groups, ICP working groups, and neighbourhood-based partners. Once published on Brent's Open Data platform, it has been used to support shared understanding of local need and inform future iterations.

What made it different?

The dashboard represents a shift in how intelligence is used to drive local action. By integrating siloed datasets and presenting them by neighbourhood, it enables services to see not only where health conditions cluster, but also how they intersect with wider social factors like housing and employment.

During the early development of Brent's Radical Place-Based Leadership programme, insight from the dashboard helped identify priority communities (particularly in Harlesden) and supported conversations about balancing prevention with proactive care. The work brought together partners from Public Health, Brent Health Matters, the Integrated Care Partnership and voluntary and community sector organisations, creating a shared evidence base for neighbourhood decision-making.

Learning and Insights

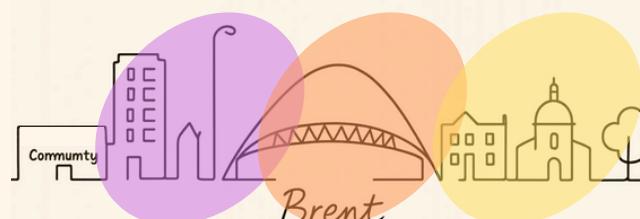
Because the dashboard is public, it attracts users with very different levels of data skills. While it was piloted with multiple stakeholder groups, most feedback focused on the content rather than usability. A key learning is that building a dedicated working group would help maintain engagement and create space for more constructive input.

Next Steps

Future projects could build on this model by embedding multi-agency working from the outset and creating structured feedback loops, ensuring local intelligence continues to drive local action.

The Integrated Neighbourhood Dashboard can be accessed through the Brent Open Data website.
<https://data.brent.gov.uk/>

Link to the Dashboard: [Microsoft Power BI](#)





Making Healthy Start Vitamins Universal in Brent

Background

The Healthy Start card scheme is a national programme providing low-income families with a weekly allowance for fruit, vegetables, and milk, along with access to free vitamins for pregnant women and young children. While the card scheme operates nationally, Brent had no established system for distributing vitamins.

To address this gap, Public Health piloted a universal vitamin dissemination scheme. By making vitamins available to all families, not just Healthy Start cardholders, the project aimed to reduce stigma, promote uptake of the national scheme, and encourage good nutrition practices. Phase 1 distributed vitamins through Family Wellbeing Centres, while Phase 2 extended the offer via Health Visitor new birth visits.

Approach

A single point of contact coordinated the scheme, ensuring clear communication and continuity. The project forged new partnerships with Family Wellbeing Centres, midwifery teams, health visiting services, Brent Hubs, and SUFRA, who helped promote and deliver the initiative.

Innovative methods were trialled to promote uptake, including working with Registration and Nationalities to embed Healthy Start messaging into automated birth registration emails. This approach ensured families received timely information about the scheme at a crucial stage.

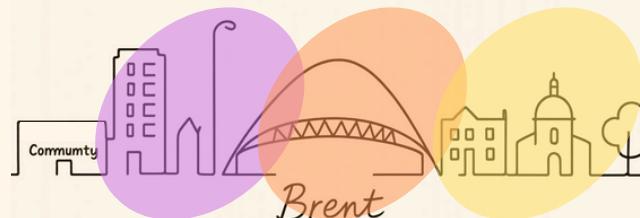
What made it different?

The universal approach reduced the stigma often associated with targeted schemes, positioning vitamins as a normal part of early years care for all families. The pilot also strengthened local relationships across services, showing that collaboration can fill gaps where national support and data are lacking.

Learning and Insights

The project highlighted the challenges of limited national promotion and the lack of eligibility data from DWP. Training and education proved essential, particularly for Family Wellbeing Centres and midwifery teams, though hospital-based midwifery was harder to engage than community teams.

Future iterations would need stronger communications support and expertise to promote the scheme more widely, alongside consistent senior management buy-in to cascade messages effectively.



Health on the High Streets

Background

The Healthier Catering Commitment (HCC) is a London-wide voluntary scheme encouraging food businesses to make small menu changes that support healthier choices. In Brent, the Public Health team partnered with Selekt Chicken, Wembley, a takeaway popular with secondary school students, to explore how we could bring health promotion into everyday spaces.

Approach

Rather than giving standard advice, the Public Health team worked with the takeaway manager to co-design tailored changes. A new student offer of grilled wings and salad was introduced, and the drinks cabinet was rearranged to put water at eye level, with sugary drinks moved out of sight. These small but visible shifts aimed to make healthier choices the easier option in a familiar, trusted space.

What made it different?

This project is a clear example of radical place-based leadership. By stepping into a non-traditional health setting, the local chicken shop and working in partnership with the business owner, the intervention met young people where they already are. It showed that public health can extend beyond clinics and campaigns, embedding itself in the everyday spaces that shape behaviour.

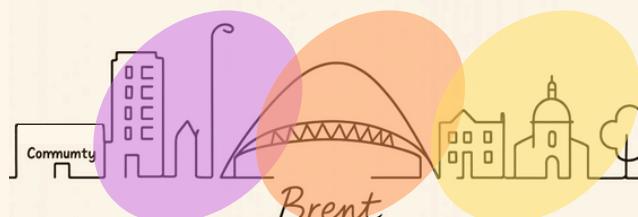


Learning

The rearrangement of the drinks cabinet was highly successful, increasing water sales significantly. The new student meal, while less popular due to longer preparation times, revealed key insights: students are open to healthier choices, but convenience is a deciding factor. The project highlighted the need for creative, practical solutions that balance health with the realities of busy young people's lives.

Next Steps

Future plans include expanding this model to other takeaways near secondary schools, and working with students themselves to design healthier meal deals that are both appealing and practical.





Reframing Gambling as a Public Health Issue

Background

Gambling is usually treated as a regulatory issue, sitting outside the remit of Public Health. In Brent, we took a bold step: reframing gambling-related harms as a public health priority. This work challenged traditional boundaries and placed the issue firmly in the context of health inequalities and community wellbeing.

Approach

With limited datasets available, the team adopted an innovative, local approach by combining quantitative evidence with in-depth qualitative research. By engaging frontline professionals, voluntary organisations, and people with lived experience, we uncovered how deeply gambling harms were affecting residents. Our mapping highlighted the prominence of betting shops on Brent's high streets, reflecting how embedded gambling opportunities are in the local environment.

This evidence base not only informed local priorities but also gained wider attention: it has been briefed to councillors, reported in the media, and even cited in Parliament, strengthening the case for gambling reform and a preventative approach to harms.

What made it different?

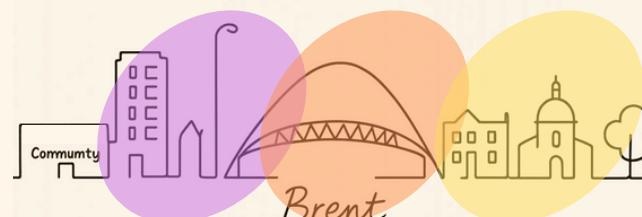
This case study positioned gambling harms as a health equity issue, not just a regulatory concern. It demonstrated leadership by moving into an under-recognised policy space and ensuring that findings were disseminated widely, from local councillors to Parliament, amplifying Brent's voice in national reform debates.

Learning

The main learning from this project is that leadership often means going beyond traditional remits and tackling issues that matter to local people, even when they are not expected from Public Health. The team also recognised that mixed-methods and qualitative evidence are essential in making hidden harms visible, and that evidence only shapes debate when it is shared effectively.

Impact

The impact of this work has been significant. Evidence from the report was cited in Parliament by Dawn Butler MP, reported in the media, and used in local campaigns. The work has also shaped Brent's ongoing partnerships with organisations such as the Primary Care Gambling Service and Betknowmore. Importantly, the report continues to provide a robust evidence base that informs both local strategy and national reform discussions.



Summary and Looking Ahead

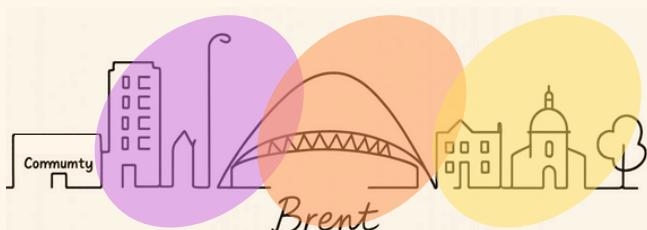
This Public Health Annual Report brings together examples of how Public Health in Brent has consistently worked alongside communities, partners and places to improve health and reduce inequalities. The case studies reflect an approach rooted in long-standing relationships, local knowledge and collaboration across the Council, the NHS and the voluntary and community sector.

Structured around three core themes; **Community Engagement, Social Capital and Radical Place-Based Leadership**, the report shows how public health activity is embedded in the everyday spaces where people live, work and connect. From schools, libraries and faith settings to factories, high streets and community events, these examples demonstrate how services are most effective when they are accessible, trusted and shaped by local context.

Across the case studies, several shared insights emerge. Meaningful engagement depends on consistency and listening, not one-off interventions. Strong social connections and peer support play a vital role in supporting wellbeing and access to services. And effective local leadership often involves working across traditional boundaries, adapting delivery models and responding flexibly to what communities need.

While activity data is included where available, the report also recognises that some of the most important outcomes, such as trust, confidence and connection develop over time. Together, the qualitative and quantitative evidence shows how community-centred approaches strengthen access, improve experiences and support more inclusive services.

Looking ahead, the learning captured in this report provides a strong foundation for future work. It reinforces the value of continuing to invest in partnership working, place-based delivery and approaches that put people and communities at the centre of public health action across Brent.



Acknowledgements

This report would not have been possible without the dedication, creativity, and passion of so many people across Brent.

We would like to thank:

Colleagues across the Public Health team: For their tireless commitment to improving health and reducing inequalities, and for contributing their time, insights, and case studies to this report.

Brent Council teams and services: Especially Libraries, Family Wellbeing Centres, Brent Health Matters; for their ongoing collaboration and support.

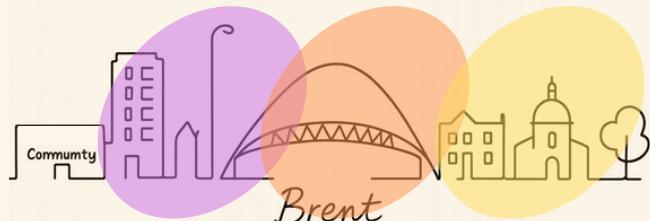
NHS partners, community health teams and primary care colleagues: For their partnership working, flexibility and dedication in reaching our most underserved residents.

Voluntary and community sector organisations: Including local charities, community groups, resident associations and grassroots leaders; for their invaluable role in shaping, delivering, and sustaining the work featured in this report.

Brent residents: For generously sharing their time, experiences, and voices, and for inspiring us to do better every day.

★ This report is a celebration of collective effort. It reflects what is possible when people across sectors and communities come together around a shared purpose: improving health and wellbeing for everyone in Brent.

We extend our sincere appreciation to Janice Constance and the Public Health Team for their invaluable contributions and collaboration in the development of this report.



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