

Health and Wellbeing Board

Working Together in Neighbourhoods: Progress update and planned alignment of partnership neighbourhood programmes

29 January 2026

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1. Strategic context and direction

- Brent Council and the Integrated Care Partnership have **progressed multi-disciplinary, partnership working with residents and communities** through key initiatives such as Brent Health Matters (BHM), the Radical Place Leadership (RPL) programme, and the development of Integrated Neighbourhood teams (INTs) for health and care.
- Initial learning from these neighbourhood-level ways working have **confirmed the benefits and potential of these approaches for staff and communities** - staff benefit from better connectedness with colleagues and communities in the same geographies, while residents receive more joined-up support across public services. This chimes with national evidence on leading practices and impact.
- This learning – and the **NHS 10-year plan's ambitions for neighbourhood health and prevention** – confirm the **strategic opportunity to further align current initiatives and resources** across Brent Council and health partners.
- Therefore, a strategic direction for **“Working Together in Neighbourhoods”** has been agreed by the Integrated Care Partnership Executive, with work now underway to create a roadmap for 2026 and beyond.
- This approach will include shared intelligence and neighbourhood insights, closer alignment of resources, and coordinated approaches to working with the community with a particularly **focus on early support and prevention**.

Recap: NHS 10-year plan and three key shifts

Hospital to Community

- Neighbourhood Health service that brings care close to where people live; restoring GP access and introduce new neighbourhood provider contracts.
- Opening of Neighbourhood Health Centres; 12 hours a day, 6 days a week. Co-locating NHS, council and VCSE services
- £120m for ~85 MH (Mental Health) emergency departments co-located with A&Es

Analogue to Digital

- NHS app to become the front door to care
- All health and care providers using shared electronic patient records
- A digital-first service as standard across the NHS
- New AI tools being tested on the Federated Data Platform, which connects information across healthcare settings and links siloed sources, increasing productivity; including the use of ambient voice technology

Treatment to Prevention

- By 2027, 95% of people with complex needs will have an agreed care plan, co-created with patients and cover their holistic needs, not just their treatment
- Creation of a smoke-free generation
- Requirement for health warnings on alcohol labels
- Expansion of healthy start scheme, free school meals and increase soft drinks levy
- Collaboration to test weight loss service delivery models like GLP-1
- Mental Health support teams in schools and colleges
- Genomics population health service
- Increase uptake via neighbourhoods for vaccination and screening initiatives

NHS 10-year plan: What this means at Brent level

Hospital to Community	Analogue to Digital	Treatment to Prevention
<ul style="list-style-type: none">• Development of INTs to support better health and wellbeing in the neighbourhoods.• Development of campus-hubs to provide care closer to home• Developing community care:<ul style="list-style-type: none">• Roll out of the new frailty model• Roll out of child health hubs and looking at ways to align with family wellbeing centres• Pharmacy First scheme roll out• Build on this approach in subsequent years with more support around discharge and admission prevention	<ul style="list-style-type: none">• Work progressing on a single shared patient record through the LCR (London Care Record).• Work happening to allow access to UCP (Universal Care Plan) for care planning purposes• Better Care Portal developed by ASC (Adult Social Care) removing the need for a referral for care assessments• Looking at the NHS App and further alignment and integration of services• NHS App training for residents and staff• Integrated Directory of Services available for residents and staff on services available (JOY)	<ul style="list-style-type: none">• Radical place leadership approach using data-driven and community insights to provide more proactive support• Support a proactive and preventative approach to mental health via cross-system working• Tackle health inequalities by increasing access to services supporting our communities• Implementation of local Thrive models for Brent, and expansion of Mental Health Support in Schools.• Improve uptake of immunisations and screening initiatives across the borough• Action on the wider determinants of health (healthy places) – housing, employment, safety, environment, social connection and infrastructure

2. Programme updates

- Integrated Neighborhood Teams and Neighbourhood Health
- Radical Place Leadership: Neighbourhood prevention
- Brent Health Matters (see separate update report to Health & Wellbeing Board at this meeting)

Neighbourhood Health: Progress Update (Jan 2026)

Harlesden Neighbourhood

- The Harlesden Neighbourhood Group is developing a data-driven action plan supported by strengthened local governance
- Review of population health data underway to inform targeted neighbourhood action plan
- Established a strategic leadership forum and an operational leads meeting to oversee delivery and maintain alignment across programmes
- Partnership with Imperial team on a community-based, one-stop pre-operative preparation pilot to support patients awaiting elective surgery

Willesden Neighbourhood

- The Willesden Neighbourhood Leads Group is providing strategic oversight of local priorities through data-driven planning, strengthened cross-sector collaboration, and coordinated efforts to improve outcomes for residents
- Developing a comprehensive action plan based on local population health data
- Proposed Children and Young People Asthma business case has been incorporated into the wider Child Health Hubs Business Case led by NWL ICB, ensuring alignment with system-wide priorities while maintaining clear benefits
- Neighbourhood working further strengthened through active engagement from a range of services and teams: Brent Health Matters, smoking cessation, Admiral Nursing for dementia and the Work Well employment programme

Wembley, Kilburn, Kenton & Kingsbury Neighbourhoods

- Neighbourhood INT development across Kilburn, Kenton & Kingsbury, and Wembley remains at an early but aligned stage, with initial engagement meetings held with PCN (Primary Care Network) Clinical Directors and management leads to agree emerging leadership arrangements and plan next steps. Regular multi-stakeholder neighbourhood meetings commenced this January, and local population health data is being reviewed to identify shared priorities and inform the development of strategic neighbourhood-level objectives across each neighbourhoods

Neighbourhood Health: Progress Update cont...

Mental Health Pilot (NW10, NW2, HA9): 12-month report (Nov 24-25)

- Earlier intervention to prevent crisis, reduce A&E attendances and avoidable admissions and improve long-term outcomes.
- Across three strands – *Community Connectors, Community Psychologists and the Home Treatment Team (HTT) Outreach Service* – the pilot reached wide audiences and demonstrated positive engagement and impact.
- Community Connectors engaged over 2,100 people, facilitating nearly 1,500 referrals
- Community Psychologists worked with 600 NHS staff and over 3,000 residents through training, workshops and co-production
- HTT supported 75 patients, predominantly from Black or mixed ethnic groups, with 70% avoiding A&E re-presentations.
- Feedback highlighted the **value of accessible, co-produced and culturally attuned approaches that built trust and enhanced understanding** of mental health support.

Neighbourhood Health: Progress Update cont...

System Impact (Apr-Oct 2025)

- Overall impact: INTs are contributing to reduced avoidable hospital admissions (ACSCs, frailty, paediatrics) and stronger discharge outcomes but rising urgent care attendances and persistent inequalities are constraining full system benefit.
- *Avoidable admissions*: Lower year-to-date ACSC admissions, particularly strong in Wembley, and reduced severe frailty admissions in several INTs, indicating more effective proactive and community management.
- *Flow and resilience*: High and stable discharge to usual place of residence (around 92–94%) and falling non-elective care home admissions support system flow and community resilience.
- *Urgent care demand*: UTC (Urgent Treatment Centres) and low-acuity A&E attendances are ~7% higher than last year and rising across all neighbourhoods, suggesting increased front-door demand and/or substitution from core primary care offer.
- *Neighbourhood variation*: Wembley shows excellent long-term condition management (very low ACSC rate) while Harlesden has consistently elevated UTC, paediatric ED (Emergency Dept) and ACSC rates, confirming higher underlying need and signalling priority for targeted INT support.
- *Inequalities*: Overall mental health emergency activity is falling, but admissions for Black communities are 18% higher year-to-date; Somali children's immunisation coverage remains low despite recent improvement, highlighting the need for more focused, co-designed action.
- *Experience of access*: GP experience is improving over time, with Kilburn and Willesden performing better, but many practices remain below NWL benchmarks and older people in Kingsbury & Kenton remain a concern.

Neighbourhood Health: Enablers Update

Digital Infrastructure



- Implementation of Universal Care Plans (UCPs) is progressing, with technical connections being established via Mosaic to enable secure information sharing. Completion is anticipated by January 2026.
- Plans to enable social care access to the London Care Record (LCR) may be temporarily paused during the transition of the national patient record solution from LCR to the OHIN (Oracle Health Information Network) platform, as new technical connections will not be able to be initiated during this period. This pause is expected to be managed to minimise disruption and will inform future planning for integrated digital access once the new solution is fully implemented.

Estates Optimisation



- The Strategic Estates Group (SEG) is overseeing a strengthened primary care estates pipeline, including new approvals and capital allocations at Gladstone Park, Alperton, Uxendon Crescent, Wembley and Willesden, alongside development of a neighbourhood hub campus model to target investment where need and opportunity are greatest.

Workforce, OD & Leadership



- Neighbourhoods reaffirmed as the central priority for 2026 by the Workforce & OD Steering Group in December.
- Work is underway to align workforce strategies and neighbourhood plans between CNWL, CLCH, LNWHT (London NW University Healthcare) and Brent Council.
- There are funding / resource constraints for the full delivery of agreed training priorities and scaling of the existing neighbourhood leadership development offer (a customised version of CNWL's 21st Century Leader Programme), which is currently being prototyped in Harlesden. The plan is to prioritise use of training capacity within our local system to address this.

Radical Place Leadership - Neighbourhood Prevention: Progress Update

Harlesden Neighbourhood Prevention Team

- Completed recruitment / realignment to full time positions within the Harlesden Neighbourhood Prevention Team. This gives us a core of 3 dedicated prevention workers focussed on the Harlesden Connects footprint, as well as a team lead.
- Begun working alongside residents at risk of homelessness and financial hardship – introductions made through community or service settings (e.g. Sufra, New Horizons Community Wellbeing Service).
- Wider team colocation 1x per week for case discussion, ensuring lead worker provides informed and holistic support that connects into community support offers.
- Developing internal data and insight capacity for predictive analytics around homelessness and financial hardship, with exploration of external partnerships with Xantura and LIFT.
- Working alongside colleagues from Public Health, Early Years and Inclusion to coordinate a test and learn approach to school readiness in Harlesden.

Community Power

- Commenced Community Convening work with Harlesden Neighbourhood Forum to explore: a better coordinated local VCSE offer, resident-led governance of the neighbourhood programme and community myth-busting activities (e.g. around housing services)
- Delivered initial meeting between Community Convening partners and colleagues from Housing Needs to consider the role that community groups can play in homelessness prevention. This will develop into an ongoing series and shape the work that the Community Convenors undertake.
- Delivered initial round of grant funding through Brent Giving to explore participatory grant making activities. 10 projects in Stonebridge, Harlesden and South Kilburn to be funded in 2026 focussed on poverty reduction.

Neighbourhood networks

- Delivered 2x Neighbourhood Leadership training cohorts with the NHS for colleagues from across the partnership working in the Harlesden area, building stronger connections and shared insights.
- Developing online network for professionals working in the neighbourhood, offering opportunities to continue building connections, sharing neighbourhood-level insights and opportunities to join-up and coordinate activities to maximise impact.

3. A single framework: Working Together in Neighbourhoods

Challenges...

Service siloes:

- Have to tell story multiple times
- Fall between gaps
- Nobody having time to understand the person and their whole picture

Ways of working:

- Teams feeling stuck in processes
- Lacking time to build trust with people and communities
- Lack of easy join up with other teams

Access barriers:

- Struggle to access right services
- Hard to navigate systems

Crisis response:

- Failure to respond to real and underlying needs earlier drives complexity and crisis presentations

Solutions: A single “Working together in Neighbourhoods” framework and approach...

Purpose:

- A unified framework that brings together three key programmes (INTs, BHM, Radical Place) to deliver better outcomes through neighbourhood-based integration.

Key Message:

- By bringing plans and resources together across the partnership we can amplify impact, making us more than the sum of our parts

Impact:

- Closer coordination between colleagues working ‘on the ground’ - common purpose and approach to maximise resource
- Targeted efforts within neighbourhoods through shared neighbourhood intelligence and insights
- Closer working alongside communities, working *with* not *doing to*

This will draw together three key current programmes to maximise value and impact

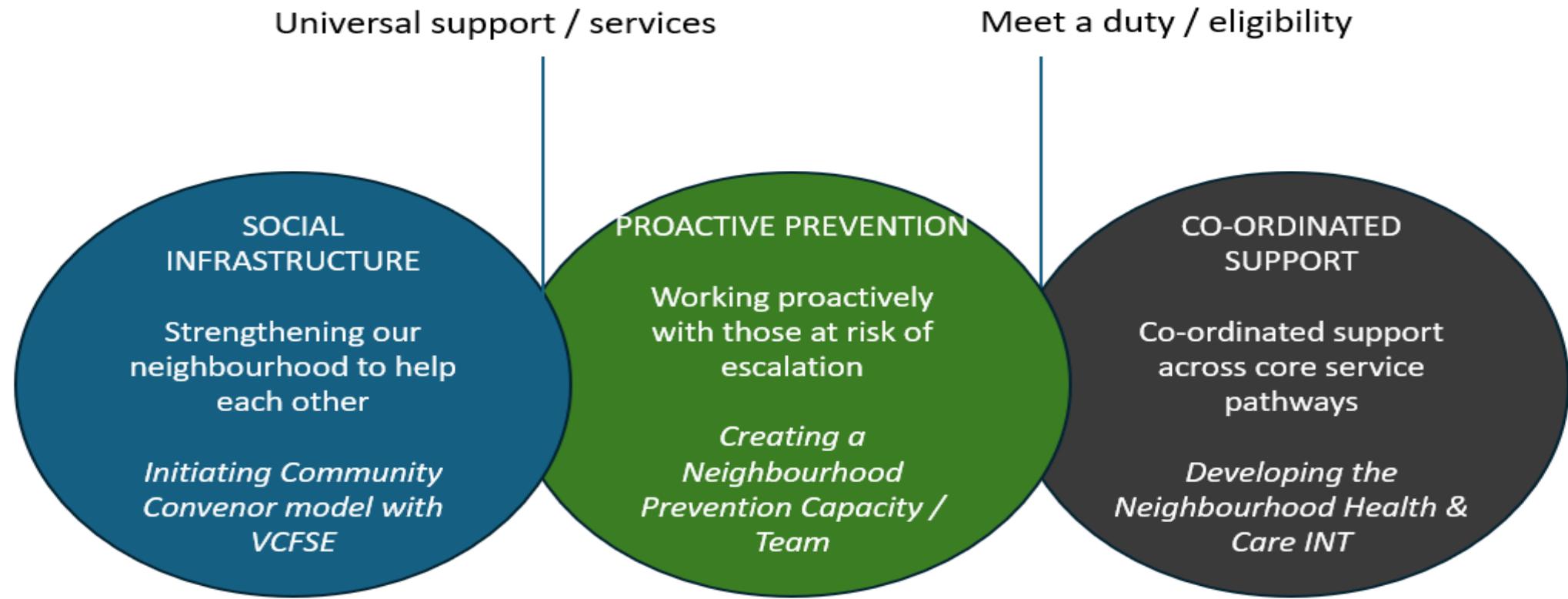
Programmes:

- **Integrated Neighbourhood Teams (INT)** - health-focused neighbourhood working
- **Brent Health Matters (BHM)** - community engagement and social prescribing
- **Radical Place Leadership (RPL)** - community leadership and prevention

Key Synergies:

- **Population Health:** evidence on inequalities and population health to tailor and target activities
- **Workforce:** All partners have social prescribers, community coordinators, care navigators - opportunity for common purpose and a harmonised and targeted approach
- **Geography:** All partners are working in same neighbourhoods with similar target populations
- **Shared Goals:** Prevention, early intervention, community empowerment, reducing health inequalities

It will improve health and wellbeing through social infrastructure, proactive prevention, and more coordinated support



Neighbourhood Working Network + Training & Development
All the “teams of teams” + all programmes in the neighbourhood

Neighbourhood governance / leadership

Neighbourhood operating model
Service Delivery set up + Management + Contracts + Locations + Data / Insights

4. Implementation and next steps

Task and Finish Groups feeding into ICP Executive

- Three partnership Task and Finish groups have been set up (Jan-Feb) to develop the **more detailed plans and roadmap** to put the framework into practice (see table)
- The ICP have established a revised **Neighbourhood and Health Inequalities Executive Group** (merging what were previously two groups) which, at its first meeting in February 2026, will review the work of the Task and Finish Groups and agree next steps

Task and Finish Group	Lead convenors	Purpose
Population health	Public Health (Brent Council) / Central and North-West London (CNWL)	Provide borough-wide evidence and oversight on inequalities and population health, ensuring neighbourhood action plans are feasible, aligned and informed by Brent Health Matters (BHM) learning.
Community connectedness	Commissioning (Brent Council) / Voluntary, Community, Faith and Social Enterprise	Develop a coherent borough-wide approach to community connectedness by mapping and harmonising community connecting roles, strengthening OD support, and designing an empowered VCFSE partnership model.
No wrong front door (access / complex needs)	CNWL / Central London Community Healthcare	Align borough-wide access and complex-needs programmes into a coherent “no wrong front door” model, using a High Intensity Users (HIU) programme as a unifying focus across services.

5. Recommendations

The Board is asked to:

- i. Note and provide comment on the progress made to date.
- ii. Consider and confirm the strategic direction to develop and deliver a single “Working Together in Neighbourhoods” approach that fully aligns the plans and resources of INTs, Radical Place Leadership and Brent Health Matters, to deliver improved health and wellbeing outcomes for residents and communities.
- iii. Highlight any specific elements for prioritisation in the development and delivery of the “Working Together in Neighbourhoods” approach.
- iv. Agree that a further update on progress and the latest national context comes to the Health and Wellbeing Board on 1 April 2026 as part of its oversight role for developing the neighbourhood health approach and plans.

Annex

Updates on specific actions / issues discussed at the Health and Wellbeing Board item in April 2025

Action (April 25 – 1 / 2)	Action update (Jan 26 – 1 / 2)
<ul style="list-style-type: none"> Ensure engagement with housing colleagues, Housing Associations, ward members and the wider community, with an emphasis on avoiding duplication with Brent Hubs and Family Wellbeing Centres 	<ul style="list-style-type: none"> Housing colleagues are now embedded within the Harlesden Neighbourhood Prevention Team and have already made significant contributions to our new ways of working. Presentation provided at Registered Providers and Members Event in October 2025 to provide an overview and updated on the Radical Place Leadership programme and Harlesden Neighbourhood Prevention Team. Presentation at Brent Hubs partners day in October 2025. We are working closely with colleagues from Hubs and Family Wellbeing Centres to ensure that we avoid duplication and actively seek out opportunities to enhance existing offers. We are working closely with a wide range of community partners in Harlesden through our Community Convening work, notably: Harlesden Neighbourhood Forum, Sport at the Heart, Sufra, Jason Roberts Foundation, Rumi's Cave, etc. This has proved essential in ensuring connection between areas of opportunity in the Harlesden area (e.g. Picture Palace, Church End Youth Anchor Hub).
<ul style="list-style-type: none"> Provide an update on scalability across Connect areas, including potential resource needs, VCSE capacity building and funding opportunities 	<ul style="list-style-type: none"> To date, RPL focus has been applied to getting the Harlesden Neighbourhood Prevention Team up and running, built on strong connections within the team and with community partners. As this is now more established, in 2026 we will start to establish key aspects of the overall Neighbourhood working approach across all areas of the borough alongside health partners. We have worked in partnership with Brent Giving to launch the first round of a new participatory grant making scheme, which empowers residents as panel members to distribute funding to initiatives within their local community. The first funding round ran until November 2025, with projects to be funded from March 2026. We have a dedicated programme of work focussed on building capacity within the VCSE, with an initial listening and consultation event held in October to work with VCSE partners to identify opportunities – this is now helping to shape a new VCSE capacity and capability offer that reflects what the sector has told us.

Action (April 25 – 2 / 2)	Action update (Jan 26 – 2 / 2)
<ul style="list-style-type: none"> Report back on culture change within the Council and partner organisations, including training and trust-building 	<ul style="list-style-type: none"> We have now delivered 2 cohorts of 'Neighbourhood Training' for a wide range of partners and colleagues (including different council services and NHS), building connection between colleagues working within the same neighbourhoods with one another, but also with the local community. We will continue to develop this approach alongside health colleagues to support the culture change required to shift towards neighbourhood delivery right across the borough. This will likely include 8-10 further cross partnership cohorts attending the "Neighbourhood Training" in 2026. We are also exploring the potential for models like Camden's Centre for Relational Practice. Internally within the Council, we are exploring mechanisms to amplify the learning and impact of the work that is being undertaken in Harlesden. This includes the delivery of a new series of 'Test, Learn, Grow' showcases in the Council's innovation hub, The Base. The first of these sessions will launch in January 2026 to showcase neighbourhood working and opportunities for innovation.
<ul style="list-style-type: none"> Provide an update on data capture, sharing and evaluation strategies, including the use of the Social Progress Index for longitudinal research 	<ul style="list-style-type: none"> We are beginning to capture data related to the residents accessing support from the Harlesden Neighbourhood Prevention team, which will support in the ongoing monitoring, evaluation and iteration of our neighbourhood approach in Harlesden. We are also putting in place arrangements for independent evaluation (e.g. demonstrating impact of prevention work on outcomes and costs and also exploring a potential University College London partnership on Community Convening / Power work). As this develops, we will also utilise the Social Progress Index as a mechanism of longer-term baselining and evaluation.