
 Brent  West and North London	Brent Health and Wellbeing Board 16 April 2026
	Report from the Chair of Brent Children's Trust
Brent Children's Trust 6 monthly progress report	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Appendix A - Governance Chart
Background Papers:	0
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Wendy Marchese Strategic Partnerships Manager Wendy.Marchese@brent.gov.uk

1.0 Executive Summary

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

1.5. This paper provides an update of the BCT work programme covering the period November 2025 to April 2026.

2.0 Recommendations

2.1. The Health and Wellbeing Board is asked to note the strategic oversight activity of the BCT for the period November 2025 to April 2026.

3.0 Detail

The Brent Children's Trust

3.1. The BCT aims to strengthen integration and collaborative working between the Council and health service partners through a shared goal of improving the health and wellbeing of children, young people and their families in Brent.

3.2. The Chair of the BCT is the Corporate Director, Children and Young People, Brent Council. The Vice Chair is the Brent Integrated Care Partnership Director.

3.3. The full current membership of the BCT consists of:

Organisation	Role
Brent Council	<ul style="list-style-type: none"> • Corporate Director of Children and Young People (Chair) • Director of Public Health • Public Health Consultant (Children and Health Protection) • Director Education, Partnerships and Strategy • Head of Looked After Children and Permanency • Head of Inclusion • Head of Early Help • Head of Place Leadership
Brent Integrated Care Partnership	<ul style="list-style-type: none"> • Brent Integrated Care Partnership Director (Vice Chair) • Brent Borough Lead Director • Brent Clinical Lead, Children's Services • Head of Joint Commissioning - Mental Health, Learning Disabilities and Autism, Brent
Health Service Providers	<ul style="list-style-type: none"> • Deputy Director of Operations for Children's Services Central London Community Healthcare NHS Trust • Service Director for CAMHS and Eating Disorders Central North West London Mental Health Care NHS Trust • Head of Nursing for Paediatric London North West University Healthcare NHS Trust

3.4. The responsibilities of the BCT include:

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

3.5. The BCT activity is also aligned with the Brent ICP priorities relating to children and young people's services. The Chair of the BCT is a member of the ICP Executive, supporting joined-up oversight across both arrangements.

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

Partnership Group	Purpose
Inclusion Strategic Board	<ul style="list-style-type: none">• To drive the development, implementation and success of the Brent SEND Strategy.
Early Help and Prevention Group	<ul style="list-style-type: none">• To drive the development, implementation and success of the Supporting Families programme and Youth Strategy.
Looked After Children and Care Leavers Partnership Group	<ul style="list-style-type: none">• To drive a range of initiatives that reflect both national and local policies and best practice to improve outcomes for children in care and care leavers.

BCT strategic oversight activity during November 2025 to April 2026

3.7. The BCT has continued to provide strategic oversight and direction across a range of partnership initiatives aimed at improving outcomes for children and young people, through integrated working between health, the local authority and voluntary sector partners.

- 3.8. The BCT meets every two months to review progress against identified priority areas and to consider emerging local and national developments affecting children and young people's services.
- 3.9. During the period November 2025 to April 2026, the BCT met on three occasions: 25 November 2025, 10 February 2026 and 24 March 2026.
- 3.10. The meeting held on 10 February 2026 took the form of a reflective workshop to refresh the Brent Children's Trust strategic vision and set a clear direction for the partnership for the period 2026 to 2028.
- 3.11. During this reporting period, BCT continued to oversee several key partnership initiatives outlined in the following sections.

Working Together in Neighbourhoods

- 3.12. The BCT received updates on neighbourhood working initiatives linked to the Brent Health Matters (BHM) and Radical Place Leadership (RPL) programmes. BHM and RPL are key components of effective joint working with communities at the neighbourhood level. These initiatives will be brought together into a single, coherent framework for "Working Together in Neighbourhoods."
- 3.13. The BCT support the work that is underway to develop a detailed roadmap, building on progress and learning from BHM, RPL, and other neighbourhood collaboration efforts across the Borough. This roadmap will provide a structured plan to strengthen integration, maximise community impact, and ensure services are responsive to local needs.
- 3.14. The BCT heard the progress made on the early implementation activity in Harlesden, focusing on strengthening collaboration between the Council, NHS partners, and the voluntary sector to better connect services around families. Key priorities include addressing health inequalities, improving school readiness, and increasing engagement with underserved communities.
- 3.15. Members provided strategic direction on the development of the neighbourhood model for integrated health and care, emphasising the importance of coordinated working across the Council, NHS partners, and voluntary sector.
- 3.16. A new executive group will oversee implementation, supporting neighbourhood-based approaches and ensuring that Family Wellbeing Centres and Child Health Hubs are effectively linked to early intervention and prevention activity.

Early Years Strategy

- 3.17. The BCT reviewed progress on the development of the Brent Early Years Strategy and Action Plan in November 2025 and subsequently approved the final strategy in March 2026.
- 3.18. The strategy aims to strengthen early intervention and improve outcomes for children, with a particular focus on increasing the number of children achieving a Good Level of Development (GLD) by age five.
- 3.19. Development of the strategy included engagement with parents, partners and the workforce, alongside analysis of local data. More than 120 parents participated in a recent survey. Early findings highlighted variation in early years outcomes across wards and gaps in information sharing during pregnancy. Members emphasised the importance of a coordinated multi-agency approach that supports families as well as children, recognising the wider impact of poverty, housing challenges and access to services.
- 3.20. The strategy aligns with the Government's Best Start in Life strategy (published July 2025) and functions as Brent's local Best Start in Life plan. It sets out how the borough will work towards the Department for Education target of increasing the proportion of children achieving a GLD by 9% by 2028.
- 3.21. The strategy builds on learning from the Family Hubs and Start for Life Programme (2022–2026), which supported greater integration of services for families in the first 1,001 days.
- 3.22. Key challenges identified through engagement and data analysis include:
- Fragmented leadership and accountability across agencies.
 - Inconsistent information sharing that can delay early identification of support needs.
 - Complex pathways for families, particularly those supporting children with additional needs.
 - Low parental awareness of the importance of early education and early development.
 - Workforce and financial pressures within the early years sector.
 - Persistent inequalities and rising deprivation affecting outcomes in some communities.
- 3.23. The strategy sets out several approaches to address these challenges, including strengthened partnership working, earlier identification of need, improved support for families in the first 1,001 days, and a stronger focus on reducing inequalities.
- 3.24. A Best Start in Life Transformation Delivery Group will commence in April 2026. Its responsibilities include finalising the action plan, establishing an

accountability framework across agencies and reporting progress through relevant senior leadership structures including the BCT.

- 3.25. Following BCT discussion and feedback on 24 March 2026, the final strategy ([Brent Early Years Strategy 2026 - 2029](#)) was published on 31 March 2026.
- 3.26. A formal launch event is planned for 3 June 2026 at Brent Civic Centre with multi-agency partners, parents and voluntary sector organisations.

Health and Wellbeing of Looked After Children

- 3.27. The BCT also received the Annual Corporate Parenting Health Report 2024–2025, which sets out health outcomes for children in care. Overall performance remains stable, although there has been a slight decline in some health indicators compared with the previous year, partly reflecting changes in the profile of children entering care.
- 3.28. Priorities for the coming year include improving the timeliness of health assessments for children under five, strengthening the recording of immunisations and increasing completion rates for Strengths and Difficulties Questionnaires (SDQs).
- 3.29. Continued focus will also be placed on emotional wellbeing and access to mental health support. The Wellbeing and Emotional Support Team (WEST) continues to provide targeted support to vulnerable children and care leavers. Between April 2024 and March 2025, the service received 133 referrals for looked after children, providing therapeutic support, consultations and training for carers and professionals.
- 3.30. The BCT noted increasing demand for specialist services and the importance of maintaining continuity of support as service arrangements evolve.

Brent Children's Trust Workshop 10 February 2026

- 3.31. The BCT held a workshop on 10 February 2026 to bring together partners to set the strategic priorities for 2026–2028.
- 3.32. The session began with a scene-setting session, providing context on the current landscape, governance arrangements, and a look back at the existing BCT priorities agreed in May 2024.
- 3.33. The BCT considered a range of quantitative and qualitative evidence prepared by the Evidence and Insight team to inform its understanding of key challenges affecting children and young people in Brent and inform the development of new priority themes.

3.34. The analysis covered:

- Socio-economic context: Deprivation in Brent
- Neonatal period and infancy
- Early childhood & primary years
- Specialist needs and secondary years
- Environmental factors and key challenges

3.35. Key insights from considering the data shared with the BCT included:

- **Looked After Children:** Brent recorded 296 children in care in 2024–25, lower than expected and below the level of statistical neighbours. Members discussed whether this reflected unmet need, noting that strong early intervention and preventative support may be contributing to fewer children entering care. The number of children subject to Child Protection Plans was highlighted as an important related indicator to monitor.
- **Oral Health:** Rates of dental decay among five-year-olds remain above the London and England averages, with particular impacts noted among Syrian and Somali communities. While overall dentistry capacity was not identified as the main issue, initiatives such as community-based dental services and supervised tooth-brushing programmes are beginning to show positive results. Members noted the importance of combining quantitative data with community insight to better understand persistent inequalities.
- **Low Birth Weight:** Higher rates of low birth weight were linked to maternal nutrition and wider socio-economic factors. Brent continues to perform well against targets for New Birth Visits, supporting early identification of need and intervention.
- **Housing and Wellbeing:** Overcrowding, temporary accommodation and affordability pressures were recognised as significant factors affecting children’s wellbeing and mental health. Members emphasised the importance of strengthening links with housing colleagues within Trust discussions to support coordinated responses.
- **Mental Health:** Increasing concerns about adolescent mental health were noted, particularly among boys, with pressures often peaking around exam periods. Members highlighted the need to better understand barriers to accessing support and to address how mental health needs may present differently among boys and young men.

3.36. The BCT also considered insights from the [Born in Bradford](#) research programme, reflecting on the key findings and their relevance for Brent,

including implications for early intervention, prevention, and partnership working to improve outcomes for children and families.

- 3.37. BCT members undertook a priority-setting exercise to identify key priority themes for the partnership. Participants proposed priorities individually, which were then voted on to identify those receiving the strongest support. Members then discussed the results and grouped related suggestions into broader themes, confirming consensus across the Trust.
- 3.38. The exercise identified four priority themes to guide the future work of the Brent Children's Trust.

1) Children's Mental Health and Wellbeing

Members highlighted growing concerns about access to support, the need for earlier intervention, and gaps in provision for school-age children. The Trust agreed that future work should focus on strengthening early intervention, expanding school-based support, and ensuring dedicated mental health provision for vulnerable groups, including children in care and families requiring perinatal support.

2) Health Inequalities and Neighbourhood Working

Health inequalities were identified as a cross-cutting priority that should shape all areas of partnership work. The Trust was pleased to hear that the needs of children were being thought about separately as part of this new workstream and that the different cultural needs of the various communities were at the forefront of this workstream. The Trust emphasised the importance of neighbourhood-based approaches that bring services closer to communities, alongside stronger collaboration across health, housing and wider partners.

3) Best Start in Life

Members agreed on the importance of prevention and the first 1,001 days in shaping long-term outcomes. The Trust highlighted the need for stronger early help pathways, improved support for parents and carers, and a continued focus on school readiness and early child development.

4) Inclusion Support and Pathways

Members noted increasing demand for additional support and the need for more coordinated pathways across education, health and social care. The Trust emphasised earlier identification of needs, improved integration of services, and stronger support for speech, language and communication needs.

3.39. In addition to the priority themes, BCT members identified a number of cross-cutting principles that should guide how work across the partnership is developed and delivered.

- **Principle 1: Data and Intelligence**

Members emphasised the need for a stronger, joined-up evidence base combining quantitative data, qualitative insight, and community intelligence. They highlighted aligning research, analysis, and commissioning cycles, and the importance of understanding wider determinants of health—housing, poverty, environment, and crime. Place-based analysis was seen as key to targeting resources effectively across Brent.

- **Principle 2: Partnership Working**

Members supported stronger partnership working across agencies to reduce fragmentation and improve experiences for children and families. This includes integrated referral pathways, shared accountability, and earlier joint planning, with a particular focus on neighbourhood-level collaboration and aligning resources around local priorities.

- **Principle 3: Community Engagement and Inclusion**

Members highlighted strengthening the role of communities and the VCSE sector in governance and delivery, ensuring children, families, and schools have a meaningful voice. They stressed co-producing services with communities, understanding cultural factors, and addressing environmental and housing influences on outcomes.

- **Principle 4: Integrated Delivery**

Members endorsed integrated, prevention-focused delivery models that centre on the lived experience of children and families. They supported co-location of services, stronger neighbourhood working, and approaches informed by Marmot principles and research, including potential development of a “Born in Brent” model to better address local inequalities.

3.40. BCT members also agreed that the governance arrangements of the BCT should evolve to reflect the proposed priority themes and strengthen collective accountability across the partnership.

3.41. There was strong support for widening representation within the Trust membership. In particular, members emphasised the importance of strengthening the role of the voluntary, community and faith sector (VCSE),

recognising that these organisations are often closely connected to communities, hold trusted relationships with families, and provide valuable insight that may not always be captured through statutory data.

- 3.42. Members also highlighted the importance of ensuring that education and housing partners have a clear and active role within the Trust, given their significant influence on children and young people's outcomes and their relevance to the agreed priority themes.
- 3.43. In addition, there was support for strengthening the relationship between the BCT and the children and young people strand of Brent Health Matters. Members suggested that this work should have clearer oversight through the BCT, recognising its contribution to addressing health inequalities and supporting neighbourhood-based prevention activity.
- 3.44. Overall, members supported a move towards a more inclusive and integrated partnership model, with broader representation, clearer accountability and stronger links between governance and delivery.
- 3.45. During the March 2026 meeting, members discussed the next steps following the workshop and agreed that the themes and principles identified would be developed into a refreshed activity plan. This will set out the partnership's priorities and areas of focus for the next two years. The agreed plan will be shared with the Health and Wellbeing Board as part of the next progress update report in October 2026.

4.0 Stakeholder and ward member consultation and engagement

- 4.1. Brent Council and health sector partners are core members of the Brent Children's Trust and its associated partnership groups and have contributed to the development of this report.

5.0 Financial Considerations

- 5.1. This report provides a progress update on the work of the Brent Children's Trust and does not give rise to any direct financial or budgetary implications.

6.0 Legal Considerations

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

7.0 Equity, Diversity and Inclusion Considerations

- 7.1. Included within the main body of the report.

7.0 Climate Change and Environmental Considerations

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

8.0 Communication Considerations

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

Report sign off:

Nigel Chapman

Corporate Director of Children, Young People and Community Development