APPENDIX B

Brent ICP
Integrated Care Partnership

NHS Brent

Response to the LGA peer review of Brent Health Matters

30th July 2026

Background

- Brent Public Health and the Integrated Care Partnership (ICP) requested that the Local Government Association (LGA) carry out a peer review of Brent Health Matters (BHM) at the start of 2026.
- The panel members carried out 30 interviews and group conversations between February-March 2026
- Following their draft report, a workshop was held with senior stakeholders on 23rd April 2026
- A leadership group has been set up with senior members from all the partners in Brent ICP to implement the recommendations and oversee the transition to the next phase of BHM

Local Government Association

The LGA peer review team

- Dr Debbie Frost: Deputy Director for Systems Improvement and Professional Standards at NHS England
- Helen Lowey: Strategic Public Health Advisor for Greater Manchester trauma responsive agenda and Walsall Council
- Cllr. Paul Warburton: Retired Nurse, Labour councillor for Warrington, Chair of HWB Board
- Simon Sherbersky: Former Executive of Communities and Director of Ageing Well, Torbay

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Summary of findings

- BHM has achieved something genuinely hard to replicate. The programme has built real trust in communities that statutory services had previously, and repeatedly, failed to reach.

- The programme has held 208 outreach events attended by over 8,141 people, engaging with 428 community organisations. This reach is near-unique in the London context.

- People across the system — council members, NHS partners, VCFSE (Voluntary, Community, Faith and Social Enterprise) organisations and community leaders speak highly of the BHM brand. Staff are consistently described as passionate community champions.

- The introduction of neighbourhood health as a national policy direction creates both a challenge and a genuine opportunity for Brent to do something different — and to do it well.

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Gaps, improvements and opportunities

- Running alongside the system, not within it
- Real impact is not being captured re community working
- Upstream prevention ambition is unfinished
- VCFSE is underused
- Changing shift to “Brent People Matter”, rather than just focusing on health
- Finalise a common vision from all partners
- Review clinical team composition and function

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Recommendations from stakeholder workshop April 2026

1) Support more community-based and led actions e.g. building on community champions, connectors approach and capacity building
2) Repurpose BHM grants (as part of council's wider changes to grant funding) and direct more core funding to the voluntary sector rather than piecemeal bids
3) Stronger focus on children, young people and families for early support and prevention
4) More relationship-based 1to1 support approaches and giving people time and flexibility aligned to the Integrated Neighbourhood Teams
5) Identify ways to support community connected workers with access to a small, flexible budget that can be used to support residents
6) Make links to wider enablers for neighbourhood working (such as digital, estates/workplaces, training)
7) Map the roles across the wider system – neighbourhoods working gives the opportunity to bring the wider system together
8) Re-consider the strategic focus on the existing BHM clinical investment and create more flexibility to do more preventative community focused work

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Delivering the change

- The review team recommended strengthening the cross-partnership governance that directs and oversees the next chapter of BHM as it is integrated into wider neighborhood working.

- A specific “transitions” leadership group is now set up to do this with senior leads from Brent Council, ICP, CNWL, CLCH (with VCFSE to also be added from now). It reports into the overall ICP and Health and Wellbeing Board governance via the Neighbourhoods and Health Inequalities Executive.

- It will meet monthly for the next six months of transition work and will recommend the appropriate ongoing oversight and governance.

- This group reviewed the recommendations that emerged from the review and subsequent stakeholder workshop and is now progressing the immediate actions on the following slide.

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Key actions

Theme	Action	Time
Neighbourhoods	1. Align all BHM staff and resources into neighbourhoods and boost direct 1to1 support for residents/families, building on the approach developed in Harlesden and extending into other areas (noting this aligns with a Council restructure underway)	• July-Sept: team changes • Sept-March: extending neighbourhood working
Workforce development	2. Establish relational working as core skill-set across community roles – develop career pathways, training, supervision, reflective support, action learning as part of workforce strategy and plan	• Aug-Oct: plan agreed • Nov-March: first phase implementation
Team alignment	3. Ensure stronger connections with other community based / focused roles such social prescribers (employed by GPs) and other case managing roles, to maximise impact and avoid any duplication	• July-Sept: team changes • Sept-March: extending neighbourhood working
Events	4. Target communities or populations where impact is greatest. Co-develop strategy for VCFSE (Voluntary, Community, Faith and Social Enterprise) to take on greater ownership for running events	• Aug: Review events • Sept-Dec: Co-design VCFSE role
Clinical	5. Review the strategic priorities for BHM clinical resources in conjunction with ICB and primary care colleagues	• July-Sept: agree new strategic priorities
Leadership	6. Establish clear governance through a senior partnership group to deliver the recommendations, actions and report to Neighbourhoods and Health Inequalities Executive group, ICP Board and Health and Wellbeing Board	• In place – meeting monthly