Brent NHS West and North London	**Brent Health and Wellbeing Board** 30 July 2026
	Local Government Association Peer Review of Brent Health Matters
	Cllr Liz Dixon – Cabinet Member for Community Safety and Public Health

Summary of Local Government Association (LGA) Peer Review of Brent Health Matters (BHM)

Wards Affected:	All
Key or Non-Key Decision:	Non key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix A: LGA Peer Review of Brent Health Matters Appendix B: Brent BHM action plan in response
Background Papers:	None
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1.0 Executive Summary

1.1 Brent Health Matters (BHM) was originally set up in September 2020, following the first wave of COVID-19 where Brent was disproportionately affected in terms of the number of cases and number of deaths. It subsequently formed a central part of a more community connected response to both the immediate and longstanding impacts of COVID-19.

1.2 Since then, BHM has evolved into a broader programme to address health inequalities across the Borough. Recognising the changing context and value of external perspective, Brent Public Health and the Integrated Care

Partnership (ICP) requested that the Local Government Association (LGA) carry out a peer review of BHM at the start of 2026.

1.3 After the LGA team completed their review, a workshop was held with senior stakeholders on 23 April 2026 to sense check the findings and agree key next steps. Further to this 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.

1.4 The final report from the LGA and the action plan in response are attached separately (Appendix A and B). The headline conclusion from the review was that BHM continues to successfully reach residents who don't always access formal services; and that this remains a key priority for Brent as part of a strategy that rightly considers the wider determinants of health (e.g. housing, education, income, employment, behaviours, social connection, environment) not just medically diagnosed conditions.

1.5 While BHM is a well-established and trusted approach the review also identified changes that could increase its impact. This includes embedding BHM in neighbourhood working; increasing individual and family level support for residents by doing a mix of public events and case work; consolidating the existing grants programme with other grant pots across the council; involving the voluntary sector more in the design and implementation of neighbourhood support; and reviewing clinical aspects of the model to avoid duplication.

2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

a) Note the LGA peer review report and thank the external team for their input and recommendations
b) Endorse the headline action plan created in response to the recommendations and highlight any further priority issues for the next stage of Brent Health Matters

3.0 Detail

Contribution to Borough Plan Priorities & Strategic Context

3.1 Delivery of the action plan in response to the LGA peer review will support:

- Brent Joint Health and Wellbeing Strategy, through its focus on prevention, reducing health inequalities and partnership working.

- Borough Plan priorities, including:
  - A Healthier Brent: by shifting care towards prevention, early intervention and proactive neighbourhood-based support, enabling residents to remain healthier and more independent for longer
  - Thriving Communities: by strengthening community capacity, improving access to local services, increasing resident participation

and addressing the wider social determinants of health through integrated, place-based partnership working.

Background

3.2 Brent Health Matters was set up in September 2020, following the first wave of COVID-19 where Brent was disproportionately affected in terms of the number of cases and number of deaths.

3.3 Funding for the BHM Clinical and Mental Health team came from North West London (NWL) Integrated Care Board (ICB) following a business case. Meanwhile, funding for the council employed team and Health Educators (provided by a consortium of voluntary organisations) came from the Public Health grant. The offer initially focused on adults; however, some aspects have been extended to include children and young people.

3.4 Since its inception BHM has evolved into a broader programme to address health inequalities across the borough. Recognising the changing context and value of external perspectives, Brent Public Health and the Integrated Care Partnership (ICP) requested that the Local Government Association (LGA) carry out a peer review of BHM at the start of 2026.

3.5 The LGA peer review team combined expertise from different from across different disciplines. It was comprised of:

- Simon Sherbersky: Former Executive of Communities and Director of Ageing Well, Torbay
- 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

3.6 The team carried out 30 interviews and group conversations between February and March 2026. After the review, a workshop was held with senior stakeholders on 23 April 2026 to sense check the findings and agree key next steps. The final report from the LGA can be found in Appendix A.

Action plan

3.7 Further to the workshop 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. The key actions being progressed are included in Appendix B and summarised below:

a) *Neighbourhoods* - align all BHM staff and resources into neighbourhoods and boost 1to1 support to residents/families, building on the approach developed in Harlesden and extending into other areas (noting this aligns with a Council restructure underway)

b) *Workforce development* - establish relational working as core skill-set across community roles – develop career pathways, training, supervision, reflective support, action learning as part of workforce strategy
c) *Team alignment* – 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
d) *Events* – 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
e) *Clinical* – review the strategic priorities for BHM clinical resources in conjunction with ICB and primary care colleagues
f) *Leadership* – establish clear governance through a senior leaders partnership group to deliver the recommendations, actions and report to Neighbourhoods and Health Inequalities Executive group, ICP Board and Health and Wellbeing Board

4.0 Stakeholder and ward member consultation and engagement

4.1 The review included interviews with around 30 people from a wide range of stakeholders including statutory services, voluntary sector and council members.

5.0 Financial Considerations

5.1 There was no cost to the Council for the LGA review.

5.2 BHM is funded jointly in partnership. Funding for the BHM Clinical and Mental Health team is through the North West London (NWL) Integrated Care Board (ICB) following approval of a business case. Meanwhile, funding for the council employed team and Health Educators (provided by a consortium of voluntary organisations) is through the Public Health grant as is the BHM grants programme. The actions set out in this report are based on maximising the impact of current investments, rather than altering it at this stage.

6.0 Legal Considerations

6.1 There are no direct legal implications arising from the recommendations within this report.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 This way of working will support tackling existing Health Inequalities in Brent.

8.0 Climate Change and Environmental Considerations

8.1 There are no direct climate change and environmental implications arising from the recommendations within this report.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 To enact the recommended changes a formal staff consultation was completed with all BHM council staff from 18th June to 23rd July 2026. This has adjusted some roles and updated role profiles to reflect the priorities agreed.

10.0 Communication Considerations

10.1 The action plan has been presented at the Neighbourhoods and Health Inequalities Executive group for Brent ICP and shared with all staff group across all stakeholders. Tailored engagement with local communities will continue to be a key part of BHM.

Report sign off:

Rachel Crossley
Corporate Director of Service Reform and Strategy