Brent NHS West and North London	**Brent Health and Wellbeing Board** 17 September 2026 **Report from the Brent Integrated Care Partnership (ICP) Executive**

Brent Neighbourhood Health Geographies

Wards Affected:	All
Key or Non-Key Decision:	N/A
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: Letter from Health and Wellbeing Board Chair and Vice Chair to stakeholders • Appendix B: Options and data • Appendix C: Letter from the ICP Executive to all stakeholders
Background Papers:	None
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1.0 Executive Summary

This report:

1.1. Provides an update on the review undertaken to determine the most appropriate geographical footprints for NHS neighbourhood health in Brent – this being a requirement of the national NHS Neighbourhood Health Framework and a

foundation for improved services and support for residents and patients in the borough.

1.2. Summarises the evidence and stakeholder feedback considered as part of the review, including population size and need, health inequalities, accessibility, operational delivery, partnership alignment, and future sustainability.

1.3. Outlines the different geographical options considered through the ICP Neighbourhood and Health Inequalities Executive, and subsequently the Brent ICP Executive.

1.4. Recommends that Brent adopts four NHS neighbourhood footprints (Harlesden, Wembley, Kingsbury and Kenton, Kilburn and Willesden) and sets out the rationale for this model, including its ability to support sustainable integrated neighbourhood working, align partner resources and provide sufficient scale for effective use of enabling infrastructure.

1.5. Clarifies that the proposed footprints provide a strategic and operational framework for neighbourhood working, but there will continue to be flexibility for delivery at a more local level, reflecting the needs and distinct communities within each neighbourhood and across Brent's population.

1.6. Recommends that if there is no agreement to adopt the four-neighbourhood model, then Brent continues to operate to the current configuration of five NHS neighbourhood areas, with no changes made.

2.0 Recommendation(s)

2.1 The ICP Executive recommends to the Health and Wellbeing Board that it:

(i) Agrees the adoption of four NHS neighbourhood health footprints for Brent, comprised of the following Wards:

- *Harlesden:* Harlesden and Kensal Green, Roundwood, Stonebridge
- *Wembley:* Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton
- *Kingsbury and Kenton*: Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp
- *Kilburn and Willesden:* Kilburn, Queen's Park, Brondesbury, Willesden Green, Dollis Hill, Cricklewood and Mapesbury

(ii) Confirms that, if the four-neighbourhood model is agreed, support be provided by the ICP to the merged Kilburn and Willesden area to establish effective collaborative leadership and representation arrangements.

(iii) Agrees that, if the four-neighbourhood model recommended is not agreed, Brent continues to work to the current five neighbourhood-model with no changes made *(noting that this recommendation will be obsolete if recommendation (i) above is agreed)*:

- *Harlesden:* Harlesden and Kensal Green, Roundwood, Stonebridge
- *Wembley:* Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton
- *Kingsbury and Kenton*: Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp
- *Willesden:* Willesden Green, Dollis Hill, Cricklewood and Mapesbury
- *Kilburn:* Kilburn, Queen's Park, Brondesbury

(iv) Requests that a further update on neighbourhood health implementation is presented to the Health and Wellbeing Board in November 2026.

3.0 Detail

3.1 The proposed four-neighbourhood model supports the delivery of Brent's Borough Plan by providing a consistent geographical foundation for partnership working across health, local government, primary care, NHS providers, voluntary, community, faith and social enterprise organisations and local communities.

3.2 It contributes to several of the 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.
- **The Best Start in Life:** through the continued development of Child Health Hubs, integration with Family Wellbeing Centres and coordinated support for children, young people, and families.
- **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.

3.3 The proposed neighbourhood footprints also support the delivery of wider local and national strategic priorities, including:

- Brent Joint Health and Wellbeing Strategy, through its focus on prevention, reducing health inequalities and partnership working.
- Brent Joint Strategic Needs Assessment (JSNA), by using population health intelligence to identify local priorities and inform neighbourhood action plans.
- NHS 10-Year Health Plan, supporting the three strategic shifts from hospital to community, treatment to prevention, and analogue to digital.
- NHS Neighbourhood Health Framework, which establishes neighbourhood working as the operating model for integrated health and care and identifies Health and Wellbeing Boards as key partners in neighbourhood development.

3.4 Establishing four agreed footprints will support greater alignment of neighbourhood leadership, integrated teams, population health planning,

community engagement and enabling workstreams, including workforce, estates, digital, and data.

3.5 The proposed model also retains flexibility for services to operate at a smaller locality or community level where appropriate.

3.6 Clarity on the geographical footprints is required now as it provides the foundation for delivery on the NHS 10-year plan and Brent's ambitions to tackle health inequalities, including the anticipated additional Integrated Care Board (ICB) investment into Brent neighbourhood health as part of the "left shift" towards prevention.

4.0 Background

4.1 Brent has been developing its Working in Neighbourhood programme to bring together health, care, council, primary care, VCSFE (Voluntary, Community, Faith, and Social Enterprise) organisations and communities to deliver more coordinated, preventative, and person-centred support. Brent currently works across five neighbourhood footprints: Harlesden, Wembley, Kenton and Kingsbury, Willesden, and Kilburn.

4.2 A review of these footprints was undertaken through July-September 2026 to ensure that they provide a sustainable foundation for the future development of NHS neighbourhood health in Brent, including integrated neighbourhood teams, neighbourhood action plans, and aligned service delivery. The review considered whether the current arrangements reflect population need and community identity, while also providing sufficient scale to support effective partnership working, leadership capacity and the use of shared resources.

4.3 Evidence and views were invited from stakeholders (see Appendix A), and these were received from primary care, NHS providers, and Brent Council. The review was also informed by population and demographic data, deprivation and health inequalities, travel and accessibility, existing service and partnership arrangements, community identity, operational deliverability, and future sustainability.

4.4 The submissions from stakeholders highlighted a range of preferred options, with differing views and no single clear consensus about the optimal configuration (see Appendix B for further detail). The various positions proposed can be summarised as:

- Creating a four-neighbourhood model by merging the current Kilburn and Willesden neighbourhoods, with the others remaining as they are
- No change – remaining with the current five neighbourhood areas as they are unchanged
- Remaining with a five-neighbourhood model but moving the Mapesbury and Cricklewood Ward from Willesden into Kilburn
- Splitting Wembley into three neighbourhoods, resulting in seven neighbourhoods, if no other changes

4.5 The review underlined the challenge of finding a balance between maintaining a strong local focus and establishing footprints of sufficient scale to be operationally viable and effective for residents. Smaller footprints can support a more localised focus but may require additional leadership, governance, workforce, and infrastructure. Larger footprints can support more sustainable integrated planning and delivery but must retain flexibility to respond to distinct communities and local needs.

4.6 With a no clear consensus through the submissions, the ICP Health Inequalities and Neighbourhoods Executive and subsequently the ICP Executive (02/09/26) have carefully considered the evidence and agreed a recommendation to the Health and Wellbeing Board.

Recommendation for a four-neighbourhood model from the ICP Executive

4.7 Following consideration of the submissions the ICP Executive recommends that Brent moves to a four-neighbourhood model where the current Kilburn and Willesden NHS neighbourhood areas are merged, with the existing configurations for Harlesden, Kingsbury and Kenton, and Wembley remaining unchanged. The proposed neighbourhoods would therefore be:

NHS neighbourhood area	**Wards**	**Population**	**GP registered population**
Harlesden	Harlesden & Kensal Green, Roundwood, Stonebridge.	56,965	83,455
Kilburn & Willesden	Kilburn, Queen's Park, Brondesbury Park, Willesden Green, Dollis Hill, Cricklewood & Mapesbury.	102,700	111,809
Kingsbury & Kenton	Kenton, Queensbury, Kingsbury, Barnhill, Welsh Harp.	75,663	89,538
Wembley	Northwick Park, Sudbury, Wembley Central, Alperton, Preston, Wembley Hill, Wembley Park, Tokyngton	104,487	249,046

4.8 The four-neighbourhood model is considered to provide the strongest balance across the key factors considered and is therefore the best prospect for improved services and support for residents. This model will:

- provide sufficient scale for integrated service planning and multidisciplinary working
- support greater leadership resilience and workforce flexibility

- support more effective use of workforce, leadership, estates, digital and data resources
- avoid creating additional neighbourhood structures which could spread limited workforce and resources across a greater number of footprints
- reduce organisational, governance and provider interfaces for borough-wide, community, and specialist services
- create a more sustainable footprint across Willesden and Kilburn while providing a response to the longstanding issue around the Cricklewood and Mapesbury Ward and its established primary care relationships with Kilburn
- avoid significant levels of change to current arrangements by largely retaining established neighbourhood identities and partnership arrangements

4.9 The ICP Executive recognises that larger neighbourhood footprints encompass distinct communities, each with their own characteristics, needs and identities. The proposed model would therefore retain flexibility for delivery at both locality and community level within neighbourhoods, ensuring that services can continue to respond to local needs while maintaining resident voice and community identity. This mitigation is considered more achievable than addressing the operational pressures that a larger number of smaller neighbourhoods would place on key service providers.

4.10 It should also be noted that regardless of the final neighbourhood geographies adopted, Brent will continue to apply a population health approach to inform overall resource allocation, as well as the targeting and design of services and support.

4.11 If the recommended four-neighbourhood model is not agreed, it is proposed that Brent continues with the current five neighbourhood configuration unchanged. The other changes and options received as part of the review process are not recommended (see Appendix B for details).

4.12 Subject to approval by the Health and Wellbeing Board, detailed implementation arrangements will be developed with partners. This will include neighbourhood governance and leadership, alignment of operational teams, development of neighbourhood action plans, stakeholder communications, and ongoing monitoring of the new arrangements. If approved, the ICP will provide support to the newly merged Kilburn and Willesden area to ensure effective collaborative leadership and representation arrangements.

4.13 As part of ongoing implementation the ICP Executive will consider the merit of any further review of geographies as or when there are material and significant changes to population data and the operating environment.

5.0 Stakeholder and ward member consultation and engagement

5.1 In July 2026, the Chair and Vice-Chair of the Health and Wellbeing Board wrote to NHS, council, VCFSE and other partners inviting further evidence and views on Brent's neighbourhood geographies (Appendix A). Evidence and feedback were received from a range of partners, including Primary Care Networks, NHS

providers, Brent Council services and clinical and operational leaders. Submissions supported a range of options.

5.2 The evidence and options were reviewed by the ICP Neighbourhood and Health Inequalities Executive, and then the Brent ICP Executive on 02/09/26 (see Appendix B).

5.3 To ensure advance awareness of the recommendation from the ICP Executive, a further letter was sent stakeholders (see Appendix C) which:

- explained the emerging recommendation to move to four neighbourhoods
- confirmed that the recommendation would be presented to the Health and Wellbeing Board
- provided details of the next stage of the decision-making process including the process for requesting representation at the Health and Wellbeing Board

5.4 The key messages in this letter were also shared verbally at the Brent Borough Partnership Forum meeting on 09/09/26.

5.5 The Health and Wellbeing Board received an earlier update on the neighbourhood geography review in July 2026. Relevant ward members will continue to be engaged as the agreed footprints are implemented and neighbourhood action plans are developed.

5.6 Following the Board's final decision, a coordinated communication and engagement approach will be undertaken with partners, staff, residents, community organisations, and ward members to explain the agreed footprints and support implementation.

6.0 Financial Considerations

6.1 There are no direct financial implications arising from the decision to adopt four neighbourhood footprints.

6.2 Initial implementation will be managed through existing partnership resources and will primarily involve staff time associated with:

- updating governance and leadership arrangements
- aligning neighbourhood plans, population health data, and reporting
- communicating the agreed changes to partners, staff, and residents
- supporting the transition to the combined Willesden and Kilburn footprint

6.3 Moving to four neighbourhoods can support more efficient use of existing resources by:

- reducing duplicated meetings, governance, and reporting requirements
- reducing the number of interfaces for borough-wide and specialist services
- strengthening workforce flexibility and leadership resilience
- supporting more coordinated use of estates, digital and data infrastructure

6.4 No specific financial savings are assumed at this stage. Any future investment or service changes arising from the development of neighbourhood action plans will be subject to separate business cases and the relevant financial approval processes.

7.0 Legal Considerations

7.1 There are no direct legal implications arising from the proposed change to Brent's neighbourhood footprints. The recommendation establishes a partnership geography for planning, governance and integrated neighbourhood working and does not alter the statutory responsibilities or decision-making powers of individual partner organisations.

7.2 All partner organisations will remain responsible for complying with their relevant statutory duties, governance requirements and contractual arrangements when delivering services within the agreed footprints.

7.3 Any subsequent proposals involving changes to commissioned services, contracts, workforce arrangements, information sharing or the use of property will be considered separately and subject to the appropriate legal, procurement, consultation, and organisational approval processes.

8.0 Equity, Diversity & Inclusion (EDI) Considerations

8.1 Reducing health inequalities is a central objective of Brent's Working in Neighbourhoods programme. The review has therefore considered population need, deprivation, demographic differences, health outcomes, and the wider determinants of health across the proposed footprints.

8.2 The four-neighbourhood model is intended to strengthen the ability of partners to plan and deliver coordinated, preventative support while making effective use of available leadership, workforce, and infrastructure.

8.3 It is recognised that the proposed Wembley and Kilburn and Willesden footprints contain large and diverse populations, with distinct communities and different patterns of need. There is a risk that inequalities impacting smaller communities could be masked if information is considered only at the overall neighbourhood level. This risk will be mitigated through:

- analysing population health information at ward, locality, and community level
- maintaining locality-level delivery arrangements where appropriate
- targeting resources and interventions according to identified need
- involving residents and communities in the development of neighbourhood action plans
- ensuring accessible and inclusive communication and engagement
- monitoring the impact of the footprints on groups with protected characteristics and communities experiencing the greatest inequalities

8.4 Equality considerations will remain integral to the implementation of the neighbourhood model and to any subsequent service redesign or commissioning decisions. Any proposals resulting in material changes to services will be subject to further equality analysis and, where required, a full Equality Impact Assessment.

9.0 Climate Change and Environmental Considerations

9.1 Neighbourhood working supports the delivery of services closer to residents' homes, reducing unnecessary travel and making greater use of community-based facilities.

9.2 The larger Willesden and Kilburn footprint could potentially result in some longer travel and coordination routes if all activity is organised at neighbourhood level. This would be mitigated by:

- retaining locality-level delivery where appropriate
- using accessible community venues
- supporting co-location of partner services
- using digital meetings and information-sharing tools where effective
- considering public transport and accessibility when selecting delivery locations.

9.3 Opportunities to reduce travel, make efficient use of public-sector estates and support sustainable service delivery will continue to be considered during implementation.

10.0 Human Resources/Property Considerations (if appropriate)

10.1 No immediate staffing or property decisions are required as a result of this report. The proposed footprints establish the geographical basis for neighbourhood working and do not directly change the employment arrangements of staff working within partner organisations.

10.2 Any future proposals involving changes to roles, responsibilities or organisational structures will be managed by the relevant employing organisation through its established workforce policies and consultation processes.

10.3 The four-neighbourhood model can potentially support more coordinated use of NHS, council, and community estates. Any specific proposals relating to co-location, property use or investment will be considered separately through the appropriate organisational and estates governance arrangements.

11.0 Communication Considerations

11.1 A coordinated communication and engagement approach will support the confirmation and implementation of the four-neighbourhood model.

11.2 Communications will:

- explain the agreed neighbourhood footprints and the reasons for the decision
- clarify what the change means for partners, staff, residents and communities
- emphasise that larger footprints will retain flexibility for locality-level delivery
- provide clear information about implementation timescales and transitional arrangements
- maintain consistent messaging across partner organisations
- provide opportunities for questions, feedback, and continued involvement.

11.3 Communications will be shared with:

- Primary Care Networks and GP practices
- NHS provider organisations
- Brent Council services and ward members
- VCFSE organisations and community partners
- staff working within neighbourhood services
- residents and local communities.

11.4 Specific communication and engagement will be undertaken with colleagues and communities in Willesden and Kilburn, where the formal neighbourhood arrangements will change. This will support the development of collaborative leadership and governance arrangements and ensure that the identities and needs of different localities remain visible within the combined footprint.

11.5 Updates will continue to be provided through the Health and Wellbeing Board, Brent Integrated Care Partnership governance and existing neighbourhood partnership forums.

Relevant documents:

Neighbourhood Health - National Guidance and Brent's approach to Working in Neighbourhoods, Health and Wellbeing Board, 30 July 2026

Report sign off:

Tom Shakespeare
Brent ICP Director