Brent ICP
Integrated Care Partnership

NHS Brent

Working together for better health and care

APPENDIX B

Options and data: Review of Brent's NHS Neighbourhood Health Footprints (July-Sept 2026)

Process so far

- Brent needs to confirm its neighbourhood geographies as a foundation for neighbourhood health services, population health management, multidisciplinary working and future neighbourhood-based delivery.
- In June 2026 the ICP Executive reaffirmed the five criteria for assessing neighbourhood geographies (slide 5).
- In July 2026, the Chair and Vice-Chair of the Health and Wellbeing Board wrote to NHS, council, VCFSE and other partners inviting any further evidence or views on this matter.
- Submissions were requested against the agreed assessment criteria, with stakeholders asked to indicate whether they supported the current geography or proposed a change of any kind.
- Responses were received from stakeholders with various options for neighbourhood footprints in Brent – there was no clear single consensus view.
- The Health Inequalities and Neighbourhoods Executive (19/08/26) and Brent ICP Executive (02/09/26) reviewed the responses agreed the recommendation to the Health and Wellbeing Board.

Clarification on definitions used

- "Neighbourhoods" has a specific meaning in the context of the NHS Neighbourhood Health Framework
- Through discussions it is helpful to re-iterate that this definition sits alongside other scales/geographies for planning, delivery and engagement, and that our partnership-wide commitment to "working in neighbourhoods" is about a way of working rather than exclusively one organising scale or set of services

NHS Neighbourhood Health Framework

Neighbourhoods are becoming the organising unit for:

- Neighbourhood Health Services
- Population health management
- Multi-disciplinary working
- Prevention and community-based care
- Future neighbourhood contracts (expected to operate around coherent neighbourhood geographies)

More broadly….

Neighbourhoods are both places where:

- People live, defined by the communities themselves; and
- For public services, descriptions of geographical units for planning and integration of operations.

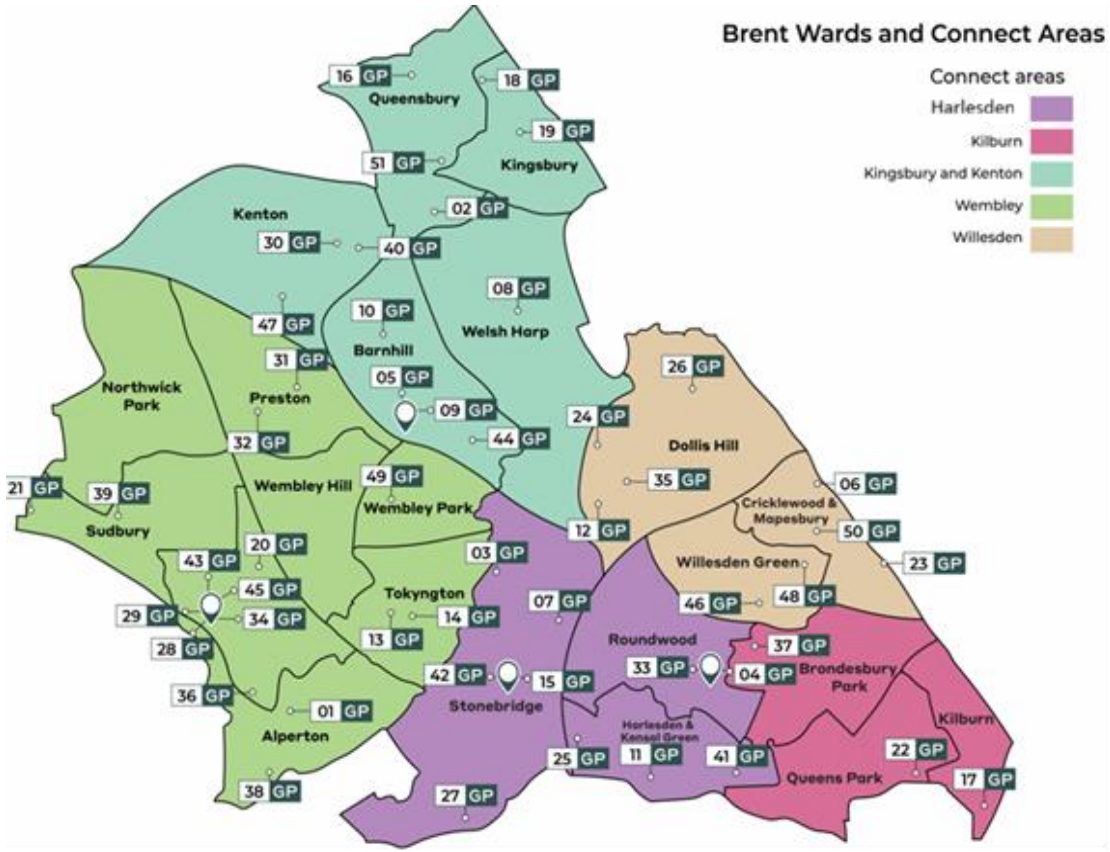
'Working in Neighbourhoods' describes how public services operate together alongside communities within neighbourhoods, demonstrating:

- Genuine connection across services to improve outcomes for residents through earlier preventative support
- Deep collaboration and capacity building with communities and the VCFSE, including shifting power
- Innovation and new solutions

The current Five Neighbourhood Health Geographies

(also listing all GP Surgeries and Primary Care Networks)

Neighbourhood Alignment	Practice Name	PCN	Map Ref
Kingsbury & Kenton	Brampton Health Centre	North K&W	2
Kingsbury & Kenton	Chalkhill Family Practice	Central K&W	5
Kingsbury & Kenton	Church Lane Surgery	Harness North	8
Kingsbury & Kenton	Ellis Practice	Central K&W	9
Kingsbury & Kenton	Forty Willows Surgery	Harness South	10
Kingsbury & Kenton	Jai Medical Centre (Brent)	North K&W	16
Kingsbury & Kenton	Kings Edge Medical Centre	North K&W	18
Kingsbury & Kenton	Kingsbury Health & Wellbeing	North K&W	19
Kingsbury & Kenton	Preston Hill Surgery	Harness North	30
Kingsbury & Kenton	The Fryent Way Surgery	North K&W	40
Kingsbury & Kenton	Tudor House Medical Centre	Central K&W	44
Kingsbury & Kenton	Uxendon Crescent Surgery	North K&W	47
Kingsbury & Kenton	Willow Tree Family Doctors	Harness North	51
Wembley	The Surgery, Harrow Road	Harness North	13
Wembley	Hazeldene Medical Centre	West K&W	14
Wembley	Preston Medical Centre	Harness North	31
Wembley	Preston Road Surgery	Central K&W	32
Wembley	Wembley Park Drive Med Centre	Harness North	49
Wembley	Alperton Medical Centre	West K&W	1
Wembley	Lancelot Medical Centre	West K&W	20
Wembley	Lanfranc Medical Centre	Harness North	21
Wembley	Pearl Medical Practice	Harness North	28
Wembley	Premier Medical Centre	West K&W	29
Wembley	SMS Medical Practice	Harness North	34
Wembley	Stanley Corner Medical Centre	West K&W	36
Wembley	Sudbury & Alperton Medical Centre	West K&W	38
Wembley	Sudbury Surgery	Central K&W	39
Wembley	Sunflower Medical Centre	Harness North	43
Wembley	The Wembley Practice	West K&W	45



Neighbourhood Alignment	Practice Name	PCN	Map Ref
Harlesden	Brentfield Medical Centre	Harness South	3
Harlesden	Burnley Medical Practice	South K&W	4
Harlesden	Church End Med Centre	Harness South	7
Harlesden	Freuchen Medical Centre	Harness South	11
Harlesden	Hilltop Medical Practce	Harness South	15
Harlesden	St. Andrew's Medical Centre	North K&W	25
Harlesden	Park Royal Medical Centre	Harness South	27
Harlesden	Roundwood Park Medical Centre	Harness South	33
Harlesden	The Law Medical Group Practice	Beacon	41
Harlesden	Stonebridge Medical Practice	Harness South	42
Willesden	Chichele Road Surgery	Kilburn Partnership	6
Willesden	Gladstone Medical Centre	South K&W	12
Willesden	Mapesbury Medical Centre	Kilburn Partnership	23
Willesden	Neasden Medical Centre	North K&W	24
Willesden	Oxgate Gardens Surgery	Harness South	26
Willesden	St George's Medical centre	South K&W	35
Willesden	Willesden Medical Centre	South K&W	46
Willesden	Walm Lane Surgery	Harness South	48
Willesden	Willesden Green Surgery	Beacon	50
Kilburn	Kilburn Park Medical Centre	Kilburn Partnership	17
Kilburn	Lonsdale Medical Centre	Beacon	22
Kilburn	Staverton Surgery	Kilburn Partnership	37

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Assessment Approach

Evidence was sought against the following criteria, with an expectation that any change would need a strong rationale given work is already underway in the current five neighbourhood configuration.

Domain	**Key Question**
1) Population & Need	Does the geography support a balanced and sustainable population footprint?
2) Community & Place	Does it reflect natural communities and resident experience?
3) Operational Delivery	Can services work effectively within the footprint?
4) Partnerships & System Alignment	Does it align with key partners and local structures?
5) Future Sustainability	Will the arrangement remain viable over the next 3-5 years?

Summary of responses submitted by stakeholders in August

There is no single consensus position

- Submissions support different proposals:
  - combining the Kilburn and Willesden areas
  - retaining the current configuration of five with no changes
  - moving the Cricklewood & Mapesbury Ward from the Willesden area into the Kilburn area
  - creating three Wembley neighbourhoods, thereby increasing the total number of neighbourhoods by at least two

Primary care perspectives

- Kilburn and Beacon PCNs (Primary Care Networks) provided substantial evidence of longstanding joint working across Kilburn and Cricklewood and Mapesbury as a basis for moving this Ward into the Kilburn area.
- Harness South and the Willesden Strategic Group emphasised continuity, wider partner alignment and the disruption associated with changing established boundaries.

Summary of responses submitted by stakeholders in August

Several providers favour fewer neighbourhood areas / structures

- The Brent Medical Director, CLCH (Central London Community Healthcare NHS Trust) CNWL (Central North West London NHS Trust) and ASC (Adult Social Care, Brent Council) support or see merit in creating a four-neighbourhood model by combining Kilburn and Willesden.
- This is primarily based on leadership, workforce and operational capacity considerations.
- Needs to be considered in terms of mitigating the larger scale of neighbourhood areas that contain differences in population and community dynamics.

Wembley

- Its current and projected population supports examining smaller footprints.
- Harness North proposes three neighbourhoods.
- Splitting Wembley would increase the total number of neighbourhood areas to seven assuming no other changes.
- Needs to be carefully considered in terms of GP registrations, leadership capacity, partner alignment and the initial small scale of Wembley South.

Specific options that the responses identified

Option	In submission from	Summary of key points
(A) Create a four-neighbourhood model by merging the Kilburn and Willesden neighbourhoods	Brent Medical Director CLCH CNWL ASC	Preserves primary care relationships without reducing Willesden's scale; may strengthen leadership and resilience; reduces the number of structures for borough-wide services; offers closer alignment with wider provider operating models
(B) Remain unchanged with the current five neighbourhood areas	Harness South PCN Willesden Strategic Group Survey	Continuity of current planning and delivery; alignment with existing partnership structures; concerns about disruption, reworking population analytics and reforming teams; request for a consistent borough-wide approach to any boundary changes
(C) Move the Cricklewood and Mapesbury Ward from Willesden into Kilburn	Kilburn and Beacon PCNs	More than 10 years of locality collaboration; unanimous preference of affected practices; PCN and workforce alignment; continuous Kilburn–Shoot-Up Hill–Cricklewood corridor; joint breast-screening project with Royal Free
(D) Wembley is split into three neighbourhoods	Harness North PCN	Responds to Wembley's scale and projected growth; proposes smaller operational footprints; argues for closer local alignment with communities, primary care and partner structures

Further detail on each of the above can be found in the next section

Detail on options and data

These following slides include the options appraisal materials that the Neighbourhoods and Health Inequalities Executive and the ICP Executive reviewed as part of their decision making.

For each of the specific options that the submissions identified it sets out the following:

- Summary of the rationale and supporting evidence provided Initial consideration of key risks and potential mitigations
- Key population and operational data
- Indicative travel times, where relevant
- Population and needs profiles where a neighbourhood area merger or split has been proposed

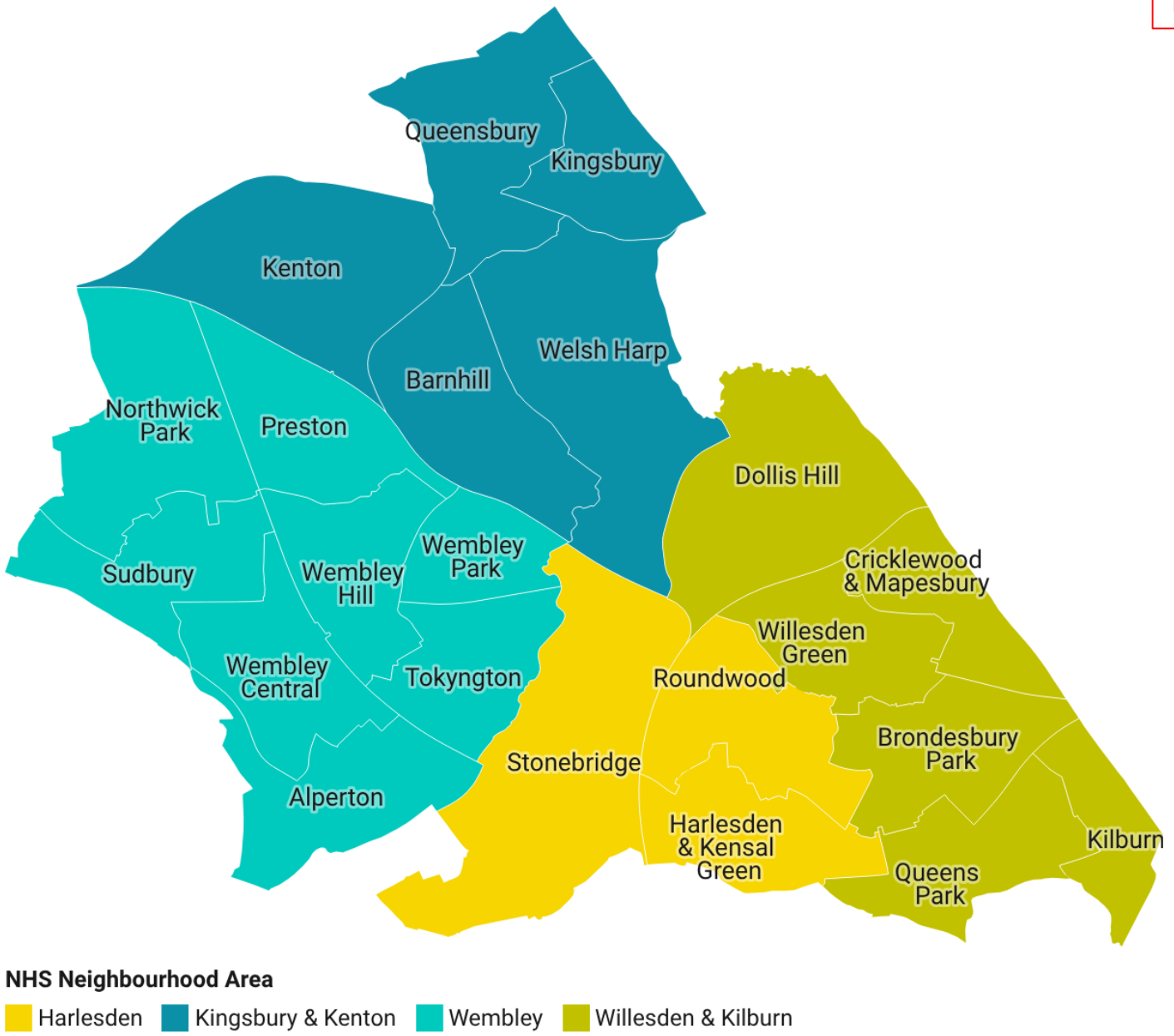
The data referenced is drawn from the following sources:

- https://data.brent.gov.uk/dataset/population-projections-for-brent-gla-2wq58 https://data.brent.gov.uk/dataset/brent-joint-strategic-needs-assessment-jsna-emgrl https://data.brent.gov.uk/dataset/2021-census-brent-ward-profile-tool-vdd8m
- wsicanalytics.nw.london.nhs.uk
- Microsoft Power BI
- Census 2021 Population – NOMIS
- 2023-based BPO population projections - ONS

Option (A):
Create a four-neighbourhood model by merging the Kilburn and Willesden areas

Four neighbourhoods

ICP Executive recommendation:
This is the recommended option



Option (A): Create a four-neighbourhood model by merging the Kilburn and Willesden areas

Configuration proposed:

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

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn and Willesden (merged)	102,700	112,641	111,809
Harlesden	56,965	74,200	83,455
Kingsbury & Kenton	75,663	92,000	89,538
Wembley	104,487	165,600	249,046

Key points from submissions:

- Creates four formal neighbourhoods across Brent, with only Kilburn and Willesden requiring a change to the existing configuration.
- Responds to the longstanding issue around Cricklewood & Mapesbury, while preserving established primary care relationships between Kilburn and Cricklewood & Mapesbury.
- Avoids transferring population and capacity from Willesden to Kilburn.
- Reduces the number of organisational, governance and provider interfaces across Brent – this is supported by evidence submitted by multiple providers/ stakeholders.
- Strengthens leadership resilience and workforce flexibility, particularly for borough-wide and specialist services and commissioning – in particular addresses the relatively low GP rehgistered population in Kilburn area
- Avoids increasing the number of neighbourhoods and the associated risk of diluting workforce, services and resources across additional structures.
- Locality-level delivery can continue within larger neighbourhood footprints to ensure services remain responsive to distinct communities and population needs.

Potential limitations and considerations (based on submission and/or data):

- Creates a large footprint containing distinct communities and different patterns of need.
- Longer travel and coordination routes may make local delivery more difficult.
- Community identity and resident voice could become diluted.
- Existing Kilburn and Willesden leadership arrangements would need to be redesigned.
- A locality-level delivery model would be needed to prevent needs being averaged across the combined footprint.

Travel and practical accessibility
Combined Kilburn and Willesden longest indicative journey approximately 4.2-4.7 miles
Approx 20-30 mins by car
Approx 30-45 mins by public transport
Longest route Queens Park to Cricklewood and Mapesbury

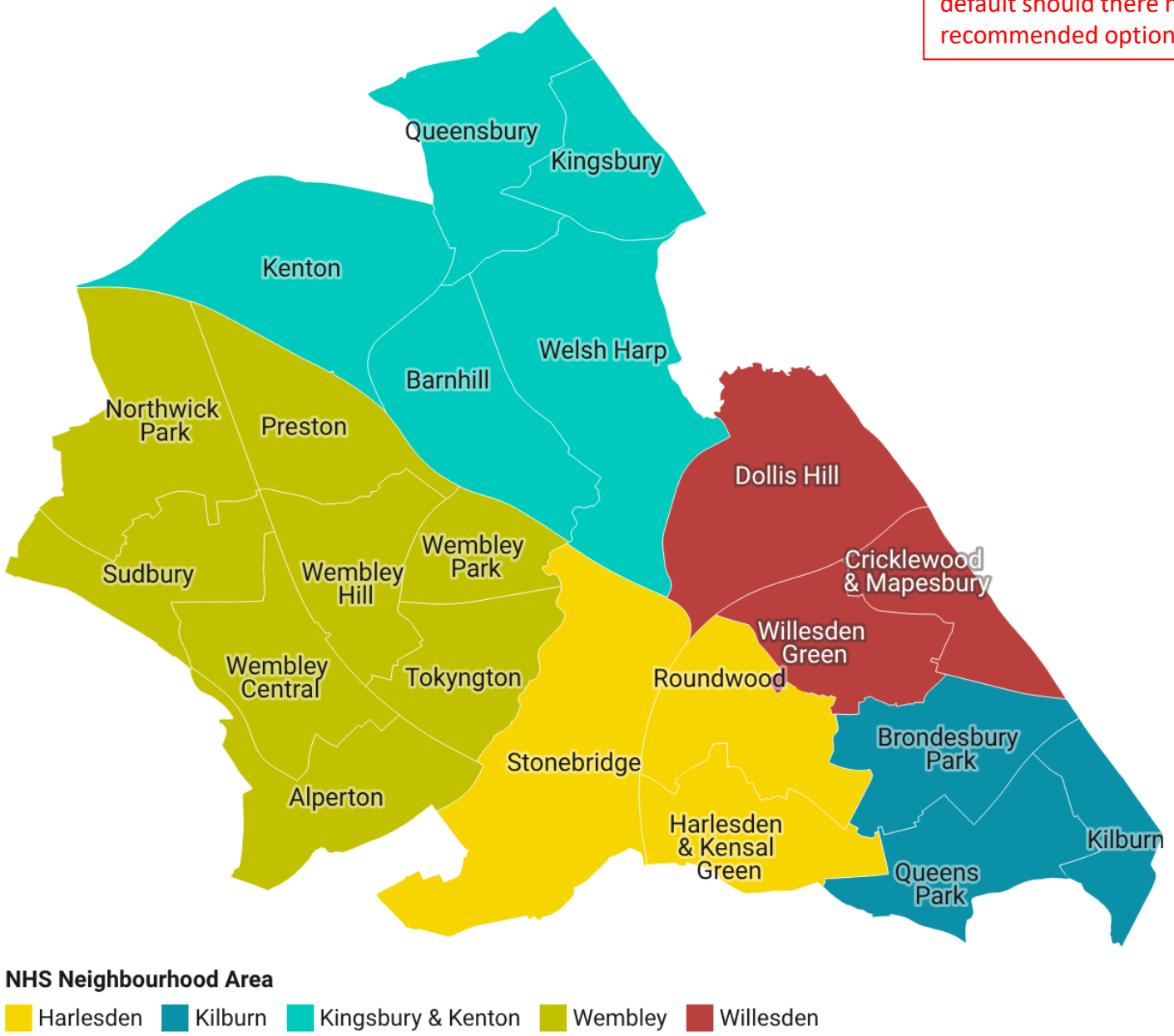
Option (A) continued: Creating a four-neighbourhood model by merging the Willesden and Kilburn areas: **Population and needs profile summary**

Evidence theme	Willesden	Kilburn	What the evidence suggests
Population growth	55,972 in 2023, rising to 61,235 by 2041 (+9%)	47,673 in 2023, rising to 51,406 by 2041 (+8%)	Both are showing similar steady increases over time
Age profile	Under 16: 19.3%; age 65+: 11.2%	Under 16: 17.7%; age 65+: 11.3%	Willesden has slightly higher proportion of children
Ethnic diversity	Asian/Asian British: 22.1%; Black/Black British: 16.2%; BAME: 58%	Asian/Asian British: 12.8%; Black/Black British: 16.8%; BAME: 47%	Willesden has a higher ethnically diverse population compared to Kilburn
Migration and language	Born outside UK: 55%; cannot speak English well or at all: 8%	Born outside UK: 46%; cannot speak English well or at all: 4%	Language and accessible communication needs are greater in Willesden
Housing pressures	Overcrowded households: 15.2%; private rented/other tenure: 43%	Overcrowded households: 10.9%; private rented/other tenure: 35%	Willesden has greater overcrowding and more privately-rented properties
Children and families	Income deprivation affecting children: 70.3%; Reception obesity: 13.1%	Income deprivation affecting children: 41.7%; Reception obesity: 6.3%	Significant difference in deprivation among children with Willesden having far greater need.
Health and vulnerability	Older people aged 65+ living alone: 30%; self-harm emergency admission ratio: 18.4	Older people aged 65+ living alone: 37.3%; self-harm emergency admission ratio: 15.6	Willesden has higher need relating to mental health; Kilburn has higher need relating to older people living alone
Challenges (inc. wider determinants)	Deprivation among children and families, childhood obesity, children's oral health	Long-term Unemployment, Prevalence and emergency hospital admissions for COPD, SMI prevalence, Treatment targets for diabetes	Willesden's biggest challenges relate to children's health whilst Kilburn's challenges revolve around the working-age population.

Option (B): Retain current five neighbourhoods

ICP Executive recommendation: This is the recommended default should there not be agreement on the preferred recommended option (A)

Current five neighbourhood areas



Option (B): Retain current five neighbourhoods

Configuration proposed:

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

Key points from submissions:

- Avoids resetting neighbourhood plans, population analytics, governance and emerging MDT relationships
- Retains alignment with the model used to develop the current configurations
- Allows larger footprints to be managed through sub-neighbourhood delivery arrangements
- Avoids uncertainty elsewhere in Brent

Potential limitations and considerations (based on submission and/or data):

- Does not resolve the disagreement about the Kilburn boundary and longstanding primary care relationships involving Cricklewood & Mapesbury practices.
- Kilburn retains the smallest GP-registered population.
- Wembley remains significantly larger than the other neighbourhoods and is projected to reach approximately 165,500 residents by 2041.
- Providers (CLCH, CNWKL, Council) will need

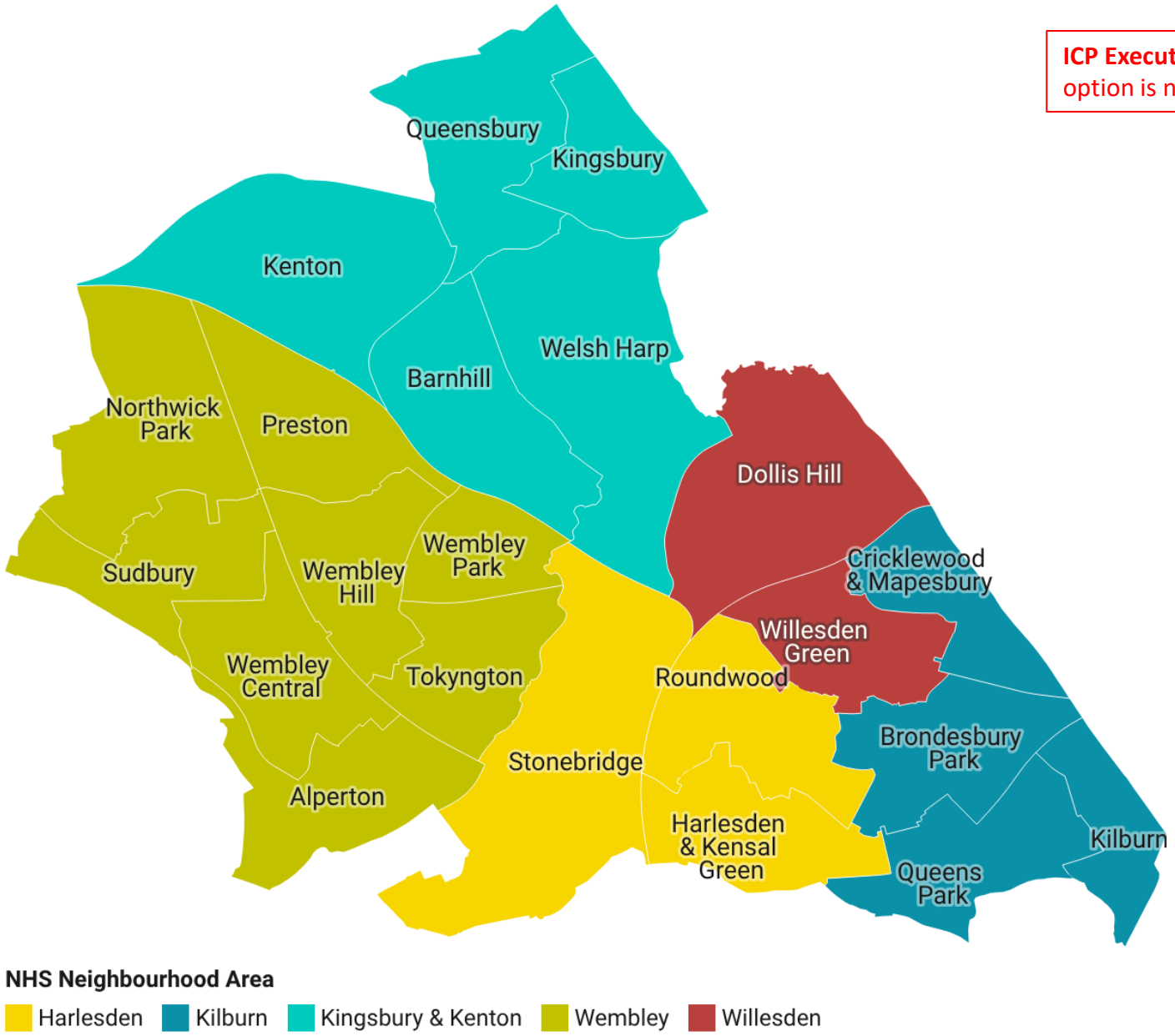
Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn	47,913	53,600	34,538
Willesden	54,787	66,800	77,803
Harlesden	56,965	74,200	83,455
Kingsbury & Kenton	75,663	92,000	89,538
Wembley	104,487	165,600	249,046

Travel and practical accessibility:

- Harlesden longest indicative journey approx. 2.2 miles, 15 mins by car and 15-25 mins public transport
- Willesden: approx. 2.5 miles, 12-18 mins by car and 20-30 mins by public transport
- Kilburn: approx. 1.6 miles, 8-12 mins by car and 10-20 mins by public transport
- Kenton and Kingsbury: approx. 3.7 miles, 15-20 mins by car and 25-40 mins by public transport
- Wembley: approx. 4.5-5 miles, 20-30 mins by car and 35-50 mins by public transport

Option (C): Move the Cricklewood & Mapesbury Ward from Willesden into Kilburn

Moves C&M Ward into Kilburn



ICP Executive recommendation: This is option is not recommended

Option (C): Move the Mapesbury & Cricklewood Ward from Willesden into Kilburn

Configuration proposed

Move Cricklewood & Mapesbury from Willesden to Kilburn, creating a four-ward Kilburn neighbourhood comprising Kilburn, Queen's Park, Brondesbury Park and Cricklewood & Mapesbury.

Key points from submissions:

- All practices within the Ward support alignment with Kilburn instead of the Willesden neighbourhood, citing more than 10 years of locality collaboration.
- Six out of seven main practices across Kilburn partnership and Brent Beacon PCNs would sit within the new four-ward proposed footprint.
- Willesden Green Surgery's main and branch sites would no longer sit in separate neighbourhoods.
- The Kilburn-Cricklewood corridor is presented as a continuous community and travel geography.
- The Royal Free breast screening pilot demonstrates existing cross-PCN population-health delivery; 8 practices collaborated.

Potential limitations and considerations (based on submission and/or data):

- Reduces Willesden's resident and GP- registered populations.
- Disrupts Willesden planning and relationships developed on the current footprint.
- Responses suggest that provider reconfiguration alone should not determine neighbourhood boundaries.

Current

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn	47,913	53,600	34,538
Willesden	54,787	66,800	77,803

Proposed change

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Kilburn with Mapesbury and Cricklewood added	61,871	66,150	62,688
Willesden (without Mapesbury and Cricklewood)	40,829	42,456	49,560

Option (D):
Wembley is split into three neighbourhoods

Wembley split into three making seven neighbourhoods

ICP Executive recommendation: This is option is not recommended

Option (D): Wembley is split into three neighbourhoods

Configuration proposed

Divide the current Wembley area into:

- **Wembley East:** Wembley Hill, Wembley Park and Preston
- **Wembley West:** Northwick Park, Sudbury and Wembley Central
- **Wembley South:** Alperton and Tokyngton

Key points from submissions:

- All three areas are projected to become viable neighbourhood-sized populations.
- Wembley South is projected to more than double in population by 2041.
- Distinct demographic, housing and health-inequality patterns support tailored responses.
- Smaller footprints could strengthen local accountability, resident engagement and MDT coordination.
- Harness North argues that the geography reflects identifiable regeneration, high-street and residential corridors.

Potential limitations and key considerations (based on submission and/or data):

- Wembley South begins below the typical 30,000 population range.
- Registered populations are highly uneven, particularly because some practice lists include out-of-borough and digital registrations.
- The submission does not quantify the workforce and leadership required for three neighbourhood structures.
- Creating three neighbourhoods could increase meeting and interface requirements, contrary to submissions from providers favouring fewer structures.

Current

Neighbourhood	Population	Projected Growth (By 2041)	GP Registered Population (now)
Wembley	104,487	165,600	249,046

Proposed

Proposed neighbourhood	Population	Projected Growth (By 2041)
Wembley East (Wembley Hill, Wembley Park and Preston)	41,193	57,214 (+38.9%)
Wembley West (Northwick Park, Sudbury and Wembley Central)	45,368	55,031 (+21.3%)
Wembley South (Alperton and Tokyngton)	25,745	53,267 (+106.9%)

Option (D) continued: Wembley is split into three neighbourhoods
Population and needs profile summary

Evidence theme	Wembley East	Wembley West	Wembley South	What the evidence suggests
Population growth	41,193 in 2023, rising to 57,214 by 2041 (+38.9%)	45,368 in 2023, rising to 55,031 by 2041 (+21.3%)	25,745 in 2023, rising to 53,267 by 2041 (+106.9%)	South starts below the typical 30,000 neighbourhood range but is projected to more than double; West grows more moderately
Age profile	Under 16: 17.5%; age 65+: 9.0%	Under 16: 18.4%; age 65+: 12.4%	Under 16: 18.5%; age 65+: 11.8%	West has the largest older population proportion; South has the largest proportion of children
Ethnic diversity	Asian/Asian British: 42.5%; Black/Black British: 12.2%; White groups: 32.1%	Asian/Asian British: 58.2%; Black/Black British: 11.1%; White groups: 20.0%	Asian/Asian British: 55.2%; Black/Black British: 14.9%; White groups: 19.7%	All three areas are diverse, but their ethnic profiles differ
Migration and language	Born outside UK: 63.3%; limited English: 7.0%	Born outside UK: 63.1%; limited English: 9.9%	Born outside UK: 65.5%; limited English: 12.7%	Language and accessible communication needs are greatest in South
Housing pressures	Overcrowded households: 19.6%; private rented/other: 46.9%	Overcrowded households: 22.5%; private rented/other: 36.1%	Overcrowded households: 23.4%; private rented/other: 35.5%	East has the greatest private-rental exposure; overcrowding is highest in South
Children and families	Child income deprivation: 20.2-51.8%; Reception obesity: 8.1%	Child income deprivation: 18.6-47%; Reception obesity: 7.1%	Child income deprivation: 19.1-23.7%; Reception obesity: 9.0%	Child deprivation is highest in East, while Reception obesity is highest in South
Health and vulnerability	Older people living alone: 26.6%; self-harm admission ratio: 21.7	Older people living alone: 19.8%; self-harm admission ratio: 14.1	Older people living alone: 20.4%; self-harm admission ratio: 14.9	East shows higher need relating to older people living alone and self-harm admissions

Integrated Care Partnership Executive recommendations to HWB

The Health Inequalities and Neighbourhoods Executive and subsequently the ICP Executive have reviewed the submissions from stakeholders and considered the pros and cons of the different options against the agreed criteria. They have also factored in the impacts of making changes. They agreed to make the following recommendations to the HWB

Recommendations to HWB	Summary rationale
(1) Agrees the adoption of four NHS neighbourhood health footprints for Brent by merging Kilburn and Willesden **[option A]**	• Provides the best balance between maintaining locally responsive delivery and creating sustainable neighbourhood structures and leadership that partners can effectively support • Merging Kilburn and Willesden provides a response to the longstanding disagreement over which area the Cricklewood & Mapesbury Ward sits in • Leaving the other three neighbourhoods unchanged - where there are no similar strong disagreements - avoids further change and results in a sustainable overall structure of four neighbourhood areas.
(2) 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 **[option B]**	• Continue to build on existing working arrangements and avoid further change should recommendation (1) not be supported. • Avoid ongoing uncertainty about the geographies that risks undermining neighbourhood health development and Brent's ability to draw on additional funding for its communities and patients.
(3) No other alternative changes are recommended **[options C,D]**	• Other options that would create more than the current five neighbourhood areas (option D) would significantly increase leadership, governance and operational requirements across the system. • This would create additional interfaces for borough-wide providers, stretch limited workforce and leadership capacity, and risk diluting services and resources across a greater number of neighbourhood structures. • On balance it is judged that mitigating the potential risks of larger neighbourhoods is more achievable than mitigating the potential risks of smaller neighbourhoods (see slide 22) • Moving the Cricklewood & Mapesbury Ward from Willesden to Kilburn (option C) would reduce Willesden's resident and GP registered populations

Fewer, larger neighbourhoods

A mix of smaller and larger neighbourhoods

More, smaller neighbourhoods

Advantages

- Stronger match with Council and Provider footprints
- Easier to pool resources and specialists
- Reduces management and governance overheads
- Stable population size for data and funding

Advantages

- Sense of place & community ownership
- Better understanding of local needs, assets and inequalities
- Supports prevention, outreach and relationship-based working

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Risks (that require mitigations)

- Can feel remote from communities
- Harder to build relationships between residents, VCFSE and frontline staff
- Risk that affluent areas dominate and pockets of deprivation get masked
- Less flexibility to tailor services to local needs

Risks (that require mitigations)

- Can make performance and demand data less reliable
- May not be large enough to sustain specialist roles or services
- More neighbourhoods means more governance + meetings
- Risk of fragmentation and inconsistency between areas