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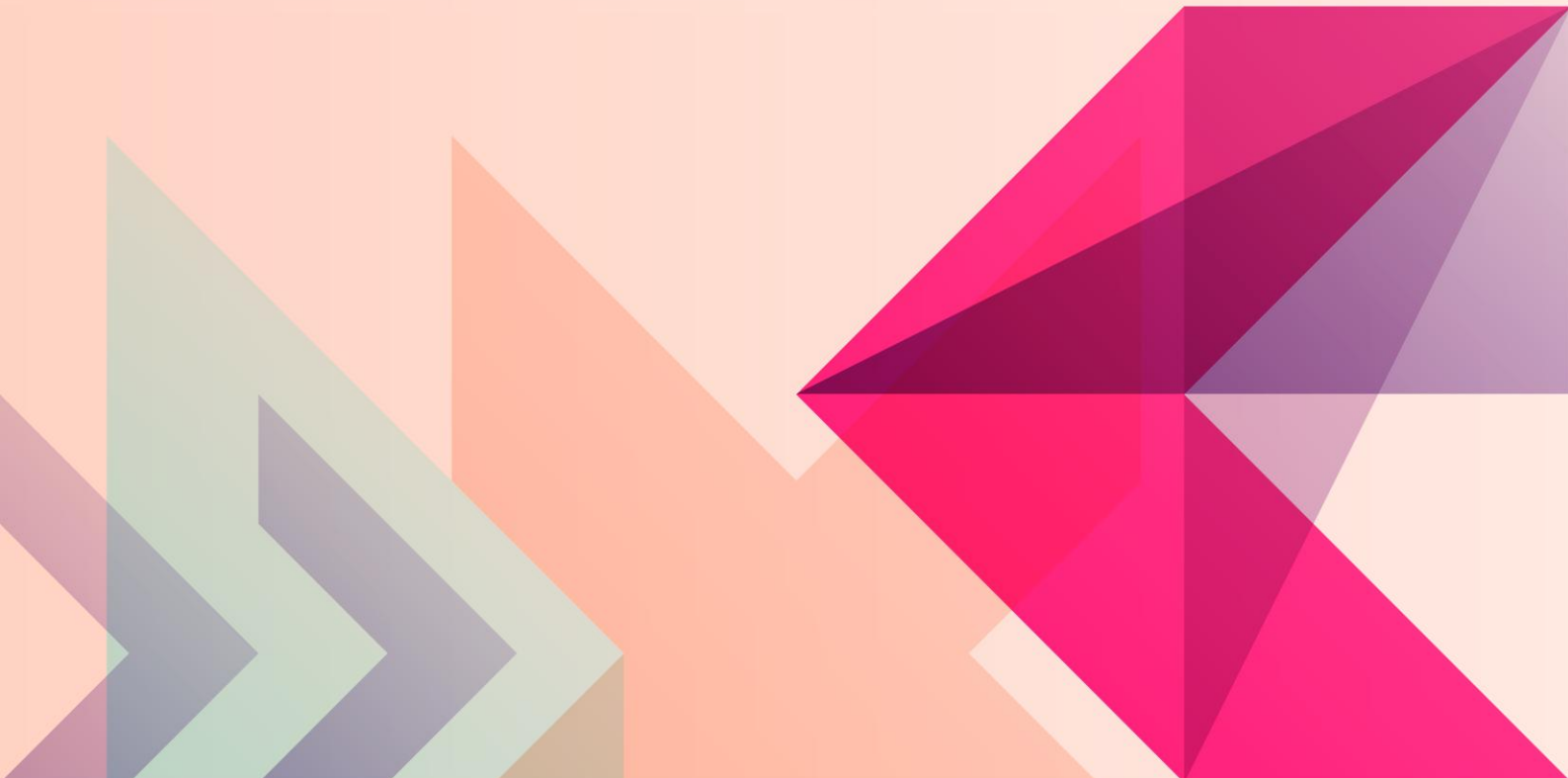
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# Public Health Improvement Programme (PHIP)

## Public Health Peer Review Report

## London Borough of Brent Council

22nd October 2026



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# 1. Executive Summary

The Peer Review Team is satisfied that Brent Council is fulfilling its public health responsibilities well, with a strong foundation of partnership working and staff commitment on which to build to reduce inequalities and improve the health and wellbeing of its communities.

Brent is a large, ethnically diverse outer London borough with substantial inequalities in health, housing, income and opportunity. Its public health challenges are closely connected to wider council responsibilities, particularly housing, adult social care, children's services, regeneration, environmental health and community engagement. There is a strong intent and explicit ambition from corporate and political leadership to reduce inequalities and improve the health and wellbeing of its communities.

A commitment to embedding a *'Health in All Policies'* approach was observed but also seen as an opportunity to strengthen further, ensuring that improving health and reducing inequalities are understood as shared responsibilities across all directorates. Greater collective ownership could help the Council make more consistent use of its influence on the wider determinants of health and ensure it is embedded throughout. Sharing insights on what works across the Council, supported by the Public Health Team, will make the benefits of this approach more visible and provide opportunities to celebrate successes.

The council has established relationships with NHS services, community organisations and commissioned providers. Examples include joint prevention work with Adult Social Care, Brent Health Matters and collaborative drug and alcohol commissioning, involving people with lived experience. These relationships help connect expertise and support around residents' needs. However, some community organisations described involvement coming too late to shape priorities, uncertainty about how to access decision-making forums and limited feedback on how their contributions had influenced decisions. There is an opportunity to build on established and respected relationships to strengthen what public health means for the council and all its services. Continued involvement of communities and the VCSE sector would support co-production, particularly in prevention, early intervention and reducing health inequalities at neighbourhood level, as indicated in Brent's Public Health Outcomes Framework.

Brent's Public Health Team brings valuable knowledge, expertise and capacity to generate insight, evidence and intelligence to support the council and its partners. The Joint Strategic Needs Assessment (JSNA) and a strong health data and intelligence function support core public health outputs, quantitative and qualitative analysis, and research. There is an opportunity to strengthen the coherence of the JSNA and its coverage of the wider determinants of health, helping Council services and partners

use evidence more consistently to agree priorities, shape commissioning and assess impact.

This more consistent approach to measuring the impact of programme, priorities and activity on health outcomes and inequalities would further strengthen the link between evidence, decisions, investment and results. This could inform investment and the allocation of public health resources, maintaining a clear focus on priority outcomes and supporting the council's public health ambitions.

## 2. Key recommendations

The following are key recommendations to Brent Council:

**Strengthen the corporate responsibility for public health.** Continue to embed a 'Health in All Policies' approach across all council directorates, with shared outcomes and clear corporate accountability for improving health, addressing the wider determinants and reducing inequalities.

**Maximise the strategic influence of the Director of Public Health.** Strengthen the strategic positioning and influence of the Director of Public Health, ensuring their expertise shapes corporate priorities and decisions from the outset.

**Strengthen partnership governance and shared outcomes.** Continue to build a system-wide approach to agree shared health priorities and outcomes with mutual accountability, making the most of collective expertise and intelligence to improve health and reduce inequalities.

**Involve communities and the VCSE sector from the outset** in shaping strategy and decisions, sharing leadership and enabling them to identify priorities and influence how services and resources respond. Ensure that co-production is embedded in practice.

**Embed intelligence and evaluation from the beginning.** Continue to build evidence and insight into planning, commissioning and investment decisions from the outset, combining data with community knowledge to understand neighbourhood needs, target resources and identify what to prioritise, change or stop.

**Improve forward commissioning and capacity planning.** Establish a systematic approach to evaluating the impact of services and interventions on health inequalities across the Council and its partners, with clear outcomes, measures and accountability. Use this evidence to identify current and future need, inform commissioning decisions, prioritise investment, and support longer-term capacity planning.

**Strengthen the Public Health Team's involvement in key partnership boards and committees**, ensuring key connections between governance arrangements to enable shared intelligence and learning to shape priorities and prevention.

**Increase understanding of what public health means for the council and all its services.** Use coordinated communications and learning to help officers, elected members, partners and communities understand how their work contributes to improving health and reducing inequalities, and how the Public Health Team's expertise can support them.

## 3. Public Health Peer Review approach

Public Health Peer Reviews are part of the Public Health Improvement Programme (PHIP), delivered by the Local Government Association (LGA) and funded by the Department for Health and Social Care (DHSC).

**The Peer Team**
Public Health Peer Reviews are delivered by experienced elected member and officer peers. The peers who delivered the Public Health Peer Review at Brent Council were:

| | |
|---|---|
| **Denise McGuckin** | Chief Executive Lead Peer, Staff College Board Chair |
| **Councillor Chris McEwan** | Deputy Leader Darlington Council |
| **Shannon Katiyo** | Director of Public Health Peer - London Boroughs of Richmond upon Thames and Wandsworth |
| **Helen Buttivant** | Assistant Director – Public Health. Royal Borough of Greenwich |
| **Joanne Webster** | NHS/VCSE Peer. Former CEO. Corporate Director Adults and Health, Communities |
| **Jon Goodwin** | Peer Review Manager |

### Scope and focus

The peer team considered the following six themes, which were developed with the public health sector and form the core components examined in all Public Health Peer Reviews. Together, they help answer the question: *"to what extent is the Council fulfilling its public health responsibilities?"*

1. Leadership and Governance
2. Vision and Priorities
3. Partnership Working
4. Data, Intelligence and Outcomes
5. Resources, Quality and Commissioning
6. Statutory Responsibilities

### The peer review process

It is important to stress that this was not a formal inspection. Public health peer reviews are sector-led, improvement-focused and tailored to meet individual councils' needs.

They are designed to complement and add value to a council's own improvement priorities. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The Peer Review Team used its experience and knowledge of public health, especially in a local authority setting, to reflect on the information presented to them by the people they met, the things they saw and the materials they read.

The Peer Review Team prepared by reviewing a range of documents and information to ensure they were familiar with the Council and the opportunities and challenges it is facing. The team then spent three days on-site with the Council.

In total, they:

- Spoke to more than 71 people, including a range of Council staff, councillors, external partners and stakeholders.
- Gathered information and views through more than 38 meetings, additional research and reading more than 30 documents.
- Collectively spent more than 168 hours determining findings, the equivalent of one person working 24 hours a day for seven days.
- Collectively, the Peer Review Team has over 185 years of health and social care experience.

This report provides a summary of the Peer Review Team's findings. It builds on the feedback presentation provided by the Peer Review Team at the end of their on-site visit from 13 to 15 October 2026**.** In presenting feedback to the Council, the peers have done so as fellow local government officers, elected members and partners, not inspectors. By its nature, the public health peer review is a snapshot in time and there is appreciation that some of the feedback may be about matters the Council is already addressing or progressing.

## Acknowledgements

The Peer Review Team would like to thank Chukwusomebi Anwunah, Sandy Youngson, Doris Higgs and colleagues for their planning, help and patience. The public health peer review would not have been possible without the input of officers, elected members and partners, whose preparation and participation are recognised and appreciated. The Peer Review Team would also like to thank Bhavish Shah and his hospitality colleagues for the wonderful refreshments throughout the three days on site.

# 4. Feedback

This section sets out the feedback from the Peer Review Team to the Council against the six themes that are the core components of all public health peer reviews. The feedback is presented as strengths and areas for improvement. The feedback includes triangulated judgements and observations from the team, the evidence and examples that helped it to form its conclusions, the implications and impact for the Council, and what the Council and its partners may wish to do next.

## 4.1 Leadership and Governance

**Strengths**

- There is a strong senior intent and explicit ambition to improve wider health and wellbeing, and reduce inequalities
- Examples of strong partnerships supporting the sharing of health priorities at both a strategic and operational level.
- Evidence of public health expertise influencing wider council work on wellbeing and public health more generally
- Recognition of the strength of, and continued need for, voluntary and community sector co-production and involvement.
- Openness to challenge, desire to learn and willingness to share good practice
- Both new leadership and neighbourhood working offer opportunities to build on progress

It was clear from what was read, heard and observed that Brent Council is fulfilling its public health responsibilities and has a strong intent to improve health and wellbeing in the borough. Public health awareness and insight have increased over the previous twelve months, and considerable effort has been made to raise awareness across the council and embed a Health in All Policies approach. The technical expertise, awareness and insights of the Public Health Team were impressive and demonstrated good reach into key council services.

The peer team heard that the interim Director of Public Health has begun to support a positive cultural shift within the team, encouraging a more outward-looking, collaborative approach and a greater focus on influencing decisions across the

council. Building on this momentum would help embed these ways of working and strengthen the team's contribution to shared public health priorities.

There is visible commitment to public health as an integral part of the council's priorities. This was reflected in the commitments described by the Council Leader, the Integrated Care Partnership (ICP) Medical Director and the portfolio holder for public health, including vaccination messaging, Gambling Harm work and the connections between the public realm and health.

There is a positive and supportive culture within the council that helps enable a health in all policies approach. Although public health is integral to work in some areas, wider ownership is inconsistent, with some directorates less clear about their contribution beyond individual projects.

Political leadership is supporting public health priorities, including the Council Leader's involvement in vaccination messaging and elected members' support for work on Gambling Harms. Collaboration with Adult Social Care on prevention and with regeneration colleagues on Bridge Park redevelopment also demonstrated how public health considerations can influence wider council activity. These examples provide a foundation for more consistent ownership across directorates.

The new Director of Public Health is due to take up post in January 2027. Together with an additional public health consultant, this is expected to increase capacity for strategic and external work with partners. The new design principles also provide an important opportunity to define how public health advice, prevention and inequalities can influence the wider organisation in support of the council's ambition for a health in all policies approach. Connecting this with the Local Government Outcomes Framework would provide an opportunity for Brent to connect its public health ambitions with the wider contribution of council services and partners.

**Areas for improvement**

- Use the development of the new Joint Health and Wellbeing Strategy to agree and further embed a clearer shared vision for health and wellbeing with agreed priorities across the wider system.

- Strengthen the focus on collective ownership, accountability and scrutiny in relation to public health outcomes

- Continue to champion the health in all policies approach across all council services and functions and connect existing projects.

- Continue to use data and information more effectively and evaluate impact to show the difference being made.

- Continue to build commitment across elected members through increased awareness of the breadth of the public health agenda and their responsibilities.

There are opportunities to strengthen corporate responsibility for improving health and reducing inequalities. Some senior colleagues described public health as a 'bolt-on' in parts of the council, while others were less clear about how the specialist Public Health Team could support their services. Although there were positive examples of collaboration, responsibility for health outcomes was still sometimes associated primarily with the team. Clearer expectations for each directorate would help make a public health approach part of routine planning and decision-making.

Established boards and partnerships provide routes for oversight. However, the connections between the Health and Wellbeing Board, Place Partnership, safeguarding and community safety arrangements were less clear. The peer team heard less consistently how these forums agree shared priorities, bring intelligence together and hold partners accountable for their contributions to improved health and reduced inequalities. Adult safeguarding discussions also highlighted opportunities for closer working with the specialist Public Health Team, particularly in using population health intelligence to inform safeguarding priorities and Safeguarding Adults Reviews. Political support for vaccination and gambling harm work demonstrated elected members' commitment. However, understanding of public health's wider contribution varied across the council. Building awareness among officers and elected members would help connect responsibilities for housing, employment, education and community safety with the council's health ambitions.

The positive changes described under the interim Director of Public Health provide a foundation for greater strategic influence. Clear expectations for early involvement, regular engagement with senior council and partner leaders, and development of the

team's influencing and system leadership skills would help public health expertise shape priorities and solutions across organisational boundaries.

## 4.2 Vision and Priorities

**Strengths**

- The new Council Plan will provide a refreshed direction, supported by the new design principles that will strengthen the key messages of public health in Brent.
- Health and wellbeing are clearly recognised within the council's ambitions
- Senior leadership, both officers and elected members are visible and walk the talk in relation to improving health and wellbeing of the local population
- Recognition of the importance of aligning corporate leadership and priorities with community knowledge and neighbourhood needs
- The emerging Council Plan recognises the complexity of improving health and reducing inequalities, and the need for council services, partners and communities to work together to achieve this ambition.

The council's ambition to improve health and reduce inequalities is reflected across its emerging plans and strategies. Individual programmes had clear objectives, but the connection between the Council Plan, Joint Health and Wellbeing Strategy, Active Wellbeing Strategy and neighbourhood delivery was less consistently understood. A clearer set of shared priorities would help council services and partners understand their contribution and focus collective effort.

There is a clear ambition to improve health, prevent avoidable problems and reduce inequalities, reflected in the emerging Council Plan, Joint Health and Wellbeing Strategy, Brent Children's Trust, Active Wellbeing Strategy and neighbourhood plans. Supported by the new design principles and operating model for the Council, these offer a timely opportunity to connect priorities.

The public health agenda was evident in conversations with elected members, the Corporate Management Team, staff and partners. Examples of this commitment included free swimming opportunities through leisure services, planning policy changes influenced by the Gambling Harm programme and public health support for colleagues following a tragic incident at the civic centre.

Brent Health Matters, a partnership involving Brent Council, local NHS trusts, health educators and the voluntary and community sector, demonstrates a commitment to reaching communities experiencing health inequalities through trusted relationships

and support closer to residents. The Public Health and Adult Social Care Teams have worked together to develop a corporate prevention strategy, drawing on shared intelligence. Community Assessment Days bring services closer to residents to identify local needs, while Brent Active Together connects council and community partners around physical activity and wellbeing.

**Areas for improvement**

- Clarify the shared vision for public health for the borough and agree a manageable set of priorities for the council and partners.

- Align the emerging Council Plan with the Joint Health and Wellbeing Strategy and the priorities of the Brent Place Partnership, making clear how the council and NHS partners will work together to deliver shared health outcomes and reduce inequalities.

- Translate priorities into clear actions, responsibilities and measurable outcomes.

- Continue to embed public health more consistently across transformation and wider council work.

- Deploy public health expertise earlier to shape departmental and corporate priorities.

- Strengthen prevention through the council's work, including housing, employment and education, making each directorate's contribution to health and inequalities clear.

Individual programmes had clear objectives relating to public health outcomes, and the peer team heard positive examples of public health contributing to wider council work, including prevention with Adult Social Care, Community Safety, Brent Children's Trust and community support through Brent Health Matters. However, the connection between these activities, the council's strategic priorities and the outcomes being pursued collectively was less consistently understood.

The Council and partners would benefit from a clear and shared understanding of the outcomes they are jointly pursuing, why these are the priorities and how local needs have shaped them. This would help staff focus capacity and make choices between competing demands.

Understanding of public health is varied among council officers, elected members and external partners. Some described effective collaboration, while others were less clear about their own contribution to improving health, the specialist role of the Public Health Team and how to access its expertise.

## 4.3 Partnership working

**Strengths**

- There are excellent examples of co-production with people with lived experience across a number of partners, communities and services
- There are examples where strong external relationships and collective ownership of public health issues have resulted in shared action, leveraging improvements in health and a reduction in health inequalities in some communities.
- Partnership working has enabled public health capacity to reach beyond the team itself with public health officers seconded into other services.
- Partners and community organisations are taking ownership and contributing expertise and local knowledge to enable more people to play an active role in improving health and wellbeing and reducing health inequalities.

The Leader and Chief Executive demonstrate a shared commitment to improving health and reducing inequalities. Political support for vaccination and Gambling Harm work, alongside the corporate ambition reflected in the emerging Council Plan, provides a strong foundation for bringing partners together around shared priorities. This senior sponsorship can help strengthen collective ownership and maintain a focus on outcomes for Brent's communities.

The Council demonstrates senior leadership in partnership working by having the Chief Executive co-chair the Brent Integrated Care Partnership Board. This creates a formal link between council and NHS leadership, bringing partners together around shared health priorities and oversight of delivery.

Partners described a positive shift in how the Public Health Team works under the interim Director of Public Health, with greater openness, collaboration and a stronger focus on quality improvement. This provides an encouraging foundation for embedding a more outward-looking culture, strengthening strategic influence and supporting shared ownership of public health across the council and its partners.

The Council has strong relationships with external partners and a shared commitment to improving health and wellbeing. Brent has many effective examples of collaboration across organisational boundaries. The following examples were highlighted and seen by the Peer Team:

Brent Health Matters, now established for over five years, is a community-led programme that brings together stakeholders in the council, local NHS services, community sector groups and residents to make health and social care more accessible, thus improving self-care and management.

Community Assessment Days bring Adult Social Care and Public Health colleagues together in community settings, creating opportunities for residents to access advice and support and for services to identify needs earlier.

The Children's Asthma Programme was also seen as an example of effective partnership working involving the Public Health Team, School Nursing Team and VCSE sector. Their combined expertise was reported to have resulted in a 31% reduction in asthma-related A&E attendances.

VIA, the provider of New Beginnings, a free, confidential drug and alcohol service described monthly partnership meetings, accessible commissioners and the ability to discuss difficulties openly. Commissioners were seen as advocates who could bring other services into conversations and clarify the provider's remit. This supports a responsive approach to complex needs requiring contributions from several organisations.

B3, a peer-led recovery charity, brings lived experience into drug and alcohol commissioning discussions through its established involvement in partnership meetings. Separately, the provider described commissioners helping connect the service with safeguarding, housing and health protection colleagues.

**Areas for improvement**

- Take a more intentional approach to building internal partnerships across all directorates within the council, building from the partnerships created through distinct projects and programmes.

- Increase understanding and knowledge of public health priorities and approaches, enabling different parts of the system to recognise how their work can influence health and wellbeing and identify opportunities to contribute to shared health priorities, improve outcomes and reduce inequalities.

- Build on existing engagement with a more systematic approach to involving communities and the VCSE sector earlier in shaping priorities and decisions. Distribute leadership and decision-making so communities can identify their own public health priorities, influence how services and resources respond, and receive support to take effective action.

While there were many examples of partnership working, particularly with external partners, making a substantial difference locally, the peer team identified an opportunity for a more intentional approach to internal collaboration. As referenced in the Vision and Priorities theme, clearer connections between strategies and delivery would help directorates understand how their work contributes to shared health and wellbeing priorities and reduced inequalities across Brent.

Some VCSE partners would welcome greater opportunity to contribute as equal stakeholders in discussions. There is an opportunity to strengthen their role in shaping the council's public health priorities and to move from engagement towards co-production, enabling greater ownership and community influence.

## 4.4 Data, Intelligence and Outcomes

**Strengths**

- Brent has a skilled public health evidence and insight team and valuable research and analytical capability. This is supported by links with universities and collaboration between council analysts, enabling parts of the system to see where needs are greatest and proactive action can make the most difference.

- Evidence being used to understand need and target action. Work on gambling harms, oral health and health visiting demonstrates how insight can inform priorities and direct support towards communities with greater need.

- Brent is embracing new ways of gathering and using insight in some areas. Combining data analysis with insight into people's experiences brings a richer understanding of local communities, helping the council to develop more informed and targeted responses.

The Public Health Evidence and Insight Team, comprising qualitative and quantitative data scientists and business intelligence specialists, brings robust analytical and research capability, with examples of evidence influencing services and policy. A specific public health dashboard supports KPI and performance monitoring.

Strong links with universities and research organisations, such as University College London and the University of Leeds, complement collaboration between public health analysts and the wider corporate data function. This gives Brent a foundation for understanding complex needs and testing different approaches.

The newly appointed public health consultant has a specialism in monitoring and evaluation and operational research, providing additional capacity to support its use across the wider system for the benefit of Brent.

There were excellent examples of data and intelligence informing practical choices and focusing public health activity, including the following:

- The focus of Gambling Harm work was enabled by evidence and insight which helped influence national policy.
- The focused and targeted work on the inequalities in oral health driven by local intelligence has seen a reduction in tooth decay from 43% down to 32%, with a positive impact in deprived communities.
- Intelligence from night shelter workers about a potentially harmful alcohol product was shared with public health and Trading Standards, prompting an investigation and a recommendation for national action. This illustrates how frontline knowledge can identify emerging risks and inform action to reduce harm.
- The Health Visiting Service is using data on health inequalities to inform the allocation and prioritisation process across the neighbourhoods.

These examples demonstrate evidence informing priorities and resource allocation. However, the peer team heard less clearly how findings are routinely followed through to assess outcomes, inform subsequent commissioning decisions and demonstrate progress against the Local Outcomes Framework.

**Areas for improvement**

- Embed a systematic approach across the council and its partners to evaluating impact on health inequalities, with shared outcomes, clear measures and accountability from the outset.

- Consistently use these findings to inform investment, strengthen delivery and demonstrate the difference being made for residents.

- Create opportunities to provide public health evidence and insight earlier in decision-making processes across the council and partners to leverage greater influence in planning, commissioning and investment decisions

- Systematically integrate community insight and lived experience with quantitative data to strengthen interpretation of local needs, shape priorities, target resources and develop effective responses to health inequalities.

There is an opportunity to use intelligence and data more systematically across the council to inform decisions on the wider determinants of health, such as housing and planning. A data lake was described as a mechanism for bringing council-wide datasets together to combine information on health and its wider determinants. This would enable a more nuanced and holistic understanding of residents' needs. It was less clear how local intelligence on outcomes and impact feeds back into council decision-making to inform priorities, delivery and the use of resources and capacity.

The peer team heard that the Evidence and Insight Team would benefit from a clearer feedback loop to support continuous learning and improvement. This would also help prioritise analytical work where it can add most value and inform progress towards outcomes.

## 4.5 Resources, Quality and Commissioning

**Strengths**

- Collaborative public health commissioning is supporting strong relationships, particularly in drug and alcohol services. VIA, the provider of New Beginnings Brent, works in partnership with commissioners, using local and national data to inform activity.

- Investment and innovation were observed through roles working across services, including a housing officer embedded in drug and alcohol services and Child and Family Link Workers funded through Brent Health Matters to support vulnerable and disadvantaged families.

The development of the Active Wellbeing Strategy demonstrates a Health in All Policies *approach* to promoting physical activity and improving access through proposed leisure facilities, including the new Bridge Park Leisure Centre.

VIA's New Beginnings drug and alcohol service was described as a *'true partnership',* where local intelligence and data inform activity through regular discussions about performance, quality and emerging needs. This provides a positive example of commissioning that combines contract oversight with shared problem solving and service improvement.

There are examples of investment and innovation, these included Child and Family Link Workers supporting vulnerable and disadvantaged families with practical and social support, healthcare navigation, public health guidance and mental health signposting. These posts are funded through Brent Health Matters and are making a difference to families who need additional support to understand health information, navigate a complex health and care system and access the right services. Evidence of this was seen across a number of partners describing and showing the impact of Brent Health Matters.

The Council is creating opportunities to improve access to physical activity, support healthier lifestyles and address the wider determinants of health, including housing, employment and community wellbeing. The proposed redevelopment of Bridge Park Leisure Centre demonstrates how evidence of population need helped shape capital investment. Identified gaps in swimming provision, high levels of inactivity, barriers to affordable access and concerns about childhood obesity in Stonebridge informed the proposals. Analysis presented to decision-makers projected that the proportion of low-income residents within walking distance of a swimming pool would increase from 12% to 80%.

Brent's joint sexual health commissioning with Ealing and Harrow is another positive example of collaboration beyond the borough. The arrangement brings councils together around a shared service, providing opportunities to pool expertise and coordinate provision across geographical boundaries.

There is effective working between the Public Health Team and Planning Policy, for example through gambling harm work. This provides a positive example of local government influencing national policy and bringing population health evidence into regulatory discussions and decision-making.

The Public Health Team has hosted seven public health apprentices, three of whom have completed their apprenticeships and secured permanent public health roles. Apprenticeships are usually available only to borough residents, supporting both workforce development and employment and training opportunities for the local population.

**Areas for improvement**

- Build on existing commissioning relationships to strengthen joint planning and service improvement, with commissioners and providers working towards shared outcomes for children and families.

- There is a significant opportunity to further strengthen forward planning for commissioning and procurement of public health services, reducing reliance on urgent intervention.

- Explore the distribution of staffing capacity and workload across the Public Health Team to ensure resources reflect the volume and complexity of responsibilities required to deliver the council's priorities and public health responsibilities.

- Continue to develop a more collaborative approach to commissioning, moving beyond traditional arrangements to enable stronger partnerships and co-production with providers to deliver agreed outcomes.

- Strengthen the strategic position and influence of the DPH and their team, ensuring their expertise shapes corporate and partnership decisions and maximises opportunities to improve health, reduce inequalities and deliver agreed outcomes.

- Strengthen and accelerate implementation of the investment plan for the public health grant reserve, with a clear, shared understanding of how funding aligns with public health priorities. Ensure resources strengthen community assets and capacity, support prevention and reduce inequalities.

The peer team heard differing views about the commissioning relationship for the 0–19 service, including difficulties agreeing performance expectations and contractual arrangements. There is an opportunity to strengthen collaboration between commissioners and the provider, building shared ownership of outcomes for children and families and a clearer approach to resolving outstanding issues.

Commissioning and procurement arrangements would benefit from more strategic forward planning. This would help spread procurement activity across the year, rather than concentrating it at the same time, as reported in 2025, and affecting business-as-usual functions. Some community organisations described procurement and funding uncertainty as barriers affecting provider capacity and sustainability. Proportionate requirements and earlier decisions could support a sustainable community sector while maintaining appropriate accountability.

Without a forward plan it is difficult to connect contract dates, needs assessment, market engagement and procurement support to reduce avoidable pressure and service uncertainty. A contract register is now in place, which will improve governance and assurance of the procurement process.

Further development of collaborative commissioning approaches would enable stronger partnerships and co-production with providers, building alliances and shared ownership. Smaller VCSE providers described how partnerships could support shared intelligence and opportunities for small-scale activity with significant local impact.

Greater flexibility in deploying staff across shared functions could support a clearer distribution of workload within the Public Health Team. This could also broaden skills and strengthen capacity to manage complex responsibilities, including commissioning.

Building on the positive changes under the interim Director of Public Health, the council could further strengthen the DPH's strategic reach and the team's capacity to lead and influence across the council and wider system. Regular, planned engagement with senior council and partner leaders, alongside development of skills in strategic influencing, facilitation and leading change through others, would help shape decisions from the outset and embed public health as a shared corporate responsibility.

There is an opportunity to strengthen the strategic use of the Public Health Grant and reserves through a clearly defined, costed investment plan setting out goals, existing commitments, available funding, planned investment and delivery milestones. This should demonstrate how resources support public health priorities and outcomes, including opportunities to strengthen community assets and prevention, with clear measures to show whether investment is improving health and reducing inequalities.

## 4.6 Statutory Responsibilities

**Strengths**

- The Peer Review team were assured, from the evidence provided, that the council's statutory responsibilities for public health are being met.
- A process is in place to assure the fitness for purpose of the local authority's health protection function.
- All mandated public health services were evidenced and in place
- Processes for providing healthcare public health advice to partners are evident.

It was clear from what was seen, heard and read during the preparation period and the interviews that Brent Council is fulfilling its statutory public health responsibilities.

The peer team saw evidence of mandated services being in place and established arrangements for health protection assurance. This included completion of the Health Protection Assurance Toolkit, an established health protection governance arrangement and processes for monitoring performance and risk.

The breadth of Brent's statutory public health arrangements, including sexual health, oral health, health visiting and school nursing, immunisation, healthy weight, substance misuse and health protection is in place, with established monitoring arrangements.

There were examples of statutory responsibilities being connected to wider system working rather than delivered in isolation that have been referred to above. The Public Health Team works with licensing; health visiting provision uses inequalities data to inform the allocation of health visitors across neighbourhoods; and health protection has an assurance framework in place.

**Areas for improvement**

- There is limited evidence of a single consolidated framework of the assurance taking place across commissioned public health services, bringing together quality, performance and outcomes.

- Strengthen the health protection assurance framework with clear actions, named leads and agreed timescales, supported by regular review of progress and escalation where delivery is at risk.

Service-level monitoring is in place, including contract quality reports, dashboards and regular performance meetings. However, it was less clear how this information was brought together to provide the Director of Public Health and senior council leaders with a consolidated view of delivery, quality, outcomes and risk across public health responsibilities.

The Health Protection Assurance Framework had been completed, providing a foundation for oversight. However, some actions lacked clear wording or named leads, making accountability and the arrangements for tracking completion less clear.

The peer team heard about vaccination recall arrangements and targeted activity to improve uptake. However, it was less clear how this work draws on an understanding of the barriers experienced by communities with lower uptake, or how its effectiveness is assessed.

## 4.7 Opportunities for shared learning

- Street Doctors: There are seven bleed kits across the borough, along with training provided to use.
- Innovative in Making Every Contact Count training and creative sessions that raised awareness of public health messages. These approaches made learning accessible and relevant to colleagues whose main roles sit outside public health. Everyday conversations in housing, community services and other settings provide opportunities to support wellbeing and prevention.
- Collaboration beyond contract management includes embedded staff and regular forums to discuss barriers to accessing support and work towards agreed outcomes.
- The asthma campaign involves schools, parents and liaison support, alongside funding links; hospital attendance was reported to have reduced by 31%.
- B3, a peer-led drug and alcohol recovery service, celebrates recovery, builds confidence and helps people establish a routine through peer support.

## 5. Next steps

- The final version of the report is agreed with the Council and published by the council within 4 weeks of the on-site visit.
- Report published on LGA PHIP webpage.
- Support for improvement planning provided by the LGA's Public Health Improvement Programme
- Potential support for improvement plan priorities to be explored.
- Evaluation.
- Shared learning.

The LGA's Public Health Improvement Programme recognises that Brent Council will want to reflect on the findings and suggestions to determine how to take them forward. Following the public health peer review, the Council will develop an improvement plan with support from the Public Health Improvement Programme (PHIP), with oversight of implementation by the DHSC Regional Director of Public Health. Improvement planning can begin following the on-site visit, with the expectation that the plan will be finalised within three months.

In the meantime, the PHIP is keen to continue the relationship they have formed with the Council throughout the public health peer review process and enable shared learning opportunities.

The PHIP would like to acknowledge the positive and open way in which everyone contributed to the peer review and the council's role as the third authority to receive and help pilot the newly mandated national public health peer reviews. The PHIP appreciates the planning arrangements and the time given by everyone who participated. We wish you well in your future endeavours.