



COMMUNITY



London Borough of Brent

Brent Health Matters:

A cross-organisational partnership between Brent Council, local NHS trusts, a team of health educators, VCS organisations and the community itself, including over 40 volunteer Community Champions, was formed to reduce health inequalities.

Brent is the second most ethnically diverse borough in the country and the highest-ranked one when it comes to non-UK born residents (56%). The Covid-19 pandemic shone a spotlight on health inequalities there, with Black and Asian communities disproportionately affected. The borough suffered the highest age-adjusted cumulative death rate in the whole of the UK, with two neighbourhoods in particular hardest hit, resulting in a single street seeing forty-two of its residents die from Covid. People who live in Stonebridge die, on average, 11 years earlier than people living in Kenton. In Harlesden, the number of preventable deaths between 2016 and 2020 was 37.7% higher than expected. Location, income, housing quality, education level, ethnic background, and cultural differences all contribute to the disparity.

In September 2020 Brent Council took radical action to systematically tackle the differences in health between diverse groups of people. Working closely with health partners and the



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community, the council started to offer more tailored services to groups who are – for whatever reason – less likely to engage with traditional health services. The Brent Health Matters (BHM) approach was initially piloted in Church End and Alperton, two wards especially affected by health inequalities, before being expanded borough-wide with extra funding and partnerships.

Brent's model is a multi-organisational partnership, led by a dedicated council team, local NHS trusts, health educators, voluntary and community sector organisations, and community leaders. They have recruited over 40 volunteer Community Champions who are committed to help co-produce and shape the services BHM provides. Champions keep BHM accountable to local people and their needs, and frontline health teams draw on their grassroots knowledge to make sure that they understand issues affecting Brent's diverse communities.



Interactive food demo Brahma Kumaris

The BHM team speaks 26 languages, practice numerous faiths and come from a range of backgrounds that reflect Brent's diverse population. In that way, they are equipped to support capacity-building within communities they serve and to engage directly with them and trusted organisations to co-design services. BHM frontline workers – including clinical professionals, mental health professionals and health educators – are trained to emphasise 'working with' rather than 'doing to' communities.



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Over the past four years, BHM has been working hard to close the health inequality gap and bridge the gap between the community and mainstream services, addressing unrecognised health and care needs. The team is based in community spaces, places of worship, cultural venues, and on busy streets to provide health and wellbeing checks, screening, and advice, as well as mental health support. In 2023/24 BHM grants programme awarded £433,000 to support 46 grassroots projects, recognising that local people usually have the best solutions for the problems affecting their own community.

BHM works to empower local people to advocate for better healthcare for themselves and champion community healthcare. The team organises health and wellbeing events directly in spaces where people live, work, or naturally gather, including factories, religious, cultural, community and public spaces. In 2023/24, 10,000 health checks were performed and the team caught undiagnosed high blood pressure in 260 people and 180 people with non-diabetic hyperglycaemia – escalating to GPs for treatment. 2,560 people were supported with their mental health and emotional wellbeing.



Health check

BHM uses evidence of what is and isn't working from the programme to help adapt and improve mainstream services, promoting a prevention model that utilises resources more efficiently. While Brent hasn't yet quantified the full return on investment from this preventative approach, some future savings can be forecasted. For example:

- In relation to those caught with high blood pressure, national estimates suggest that for every 1,000 people screened for hypertension, the health and social care system will save around £250 in the first year and £18,000 by the fifth year¹.

¹ This estimate is based on OHID calculations for all England and may not apply directly to Brent:

<https://www.gov.uk/government/publications/increasing-blood-pressure-checks-in-community-pharmacy->

- Concerning diabetes, for every 1,000 cases that are prevented, such as through early detection and intervention for pre-diabetes, the NHS will save around £135,000 over three years.

Over time, BHM is working towards measuring a reduction in pressure on local emergency services, more people visiting their GP, and conditions including high blood pressure and diabetes being caught at an earlier stage through health interventions. Future priorities include integrating the BHM model into wider health and care services and addressing social determinants of health.

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[cardiovascular-disease-impact/increasing-blood-pressure-checks-in-community-pharmacy-cardiovascular-disease-impact](https://www.brent.gov.uk/cvdi/increasing-blood-pressure-checks-in-community-pharmacy-cardiovascular-disease-impact)



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