MINUTES OF THE HEALTH AND WELLBEING BOARD
Held as a hybrid meeting on Thursday 16 April 2026 at 6.00 pm

Members in attendance: Councillor Nerva (Chair), Dr Rammya Mathew (Vice Chair), Councillor Knight (Brent Council), Councillor Grahl (Brent Council), Councillor Kansagra (Brent Council), Jackie Allain (Director of Operations, CLCH), Simon Crawford (Deputy CEO, LNWH), Patricia Zebiri (HealthWatch Brent), Ruth du Plessis (Interim Director of Public Health and Leisure, Brent Council – non-voting), Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council), Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council – non-voting), Claudia Brown (Director of Adult Social Care, Brent Council – non-voting)

In attendance: Wendy Marchese (Strategic Partnerships Manager, Brent Council), Hannah O'Brien (Senior Governance Officer, Brent Council), Tom Shakespeare (Director – Brent Integrated Care Partnership), Charlene Santos (Community Engagement Lead, Brent Council), Rita Nath-Dongre (Elders Voice), Fay Austin (Elders Voice), Tony Burch (Age-Friendly Champion), Sarah Nyandoro (Head of Place, Mental Health & Wellbeing (All Age), Brent ICP), Shadi Ambrosini (Public Health Strategist, Brent Council) (online), Aisling Rogers (Health Improvement Delivery Specialist, Brent Council), Alex Colas (Co-Chair of the Food Partnership Steering Group)

1. Apologies for absence and clarification of alternate members

Apologies for absence were received from the following:

- Kim Wright (Chief Executive, Brent Council)
- Robyn Doran (Director of Transformation, CNWL, and Brent ICP Director)
- Councillor Donnelly-Jackson

2. Declarations of Interest

Personal interests were declared as follows:

- Councillor Nerva – Councillor Member of the West and North London Integrated Care Board (WNL ICB)

3. Minutes of the previous meeting

RESOLVED: That the minutes of the previous meeting, held on 29 January 2026, be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Age Friendly Group Progress Update

The Board received a presentation from Rita Nath-Dongre (Elders Voice), Fay Austin (Elders Voice) and Tony Burch (Age-Friendly Champion) which provided an update on the

development of Age-Friendly Brent, a borough-wide, resident-led initiative aimed at improving the quality of life of older people. In presenting the update, the following key points were raised:

- To date, Age-Friendly Brent had undertaken engagement with older residents and allies through conversations and focus groups, and joined the UK Network of Age-Friendly Communities. A Part-time Age-Friendly Project Co-ordinator had been recruited in July 2025 to help drive the agenda forward, and supported the launch of an Age-Friendly Survey which was circulated in September 2025. Age-Friendly Brent had then successfully officially launched in November 2025 and recruited Age-Friendly Ambassadors made up of local residents championing the voice of older people. An Age-Friendly Brent Newsletter had been developed to keep key stakeholders informed of the movement, and the Action Strategy and Action Plan for 2026-2028 had been drafted and included in the agenda papers alongside the report.
- Some of the remaining challenges Age-Friendly Brent hoped to address were; accessible and reliable transport; GP, Care and support service access; digital exclusion and; outdoor safety including uneven pavements and lack of public toilets and resting spots on high streets.
- The Strategy focused on creating more opportunities for older people to take part in cultural activities, physical activities, lifelong learning and community life in order to support both mental and physical wellbeing and enable older adults to stay active, connected and independent as they aged.
- The project was guided by principles of co-design with older people, equity and inclusion, accessibility, prevention and independence and partnership delivery. Priorities were around accessible transport, outdoor spaces and buildings, community support and health services, social participation and housing. Underpinning all activity would be digital inclusion and communication.
- Some of the actions due to be undertaken to achieve those priorities by March 2027 included; digital skills sessions delivered across the borough; pavement walkabout audits completed and reported; rest and toilet community pilot scheme launched; campaign launched for the removal of restrictions affecting travel concessions; audit of bus stopping and boarding practice piloted; Age-Friendly features in local publications and events; and an Age-Friendly councillor representative identified.
- The Board was asked to support the strategy implementation and ensure support across Council departments and partners for an Age-Friendly approach in Brent, identify an Ageing Well Champion within the Council to work with the Cabinet, Chief Executive, Leader and other councillors on Age-Friendly initiatives, and consider ways to embed this approach into business as usual for all relevant partners going forward.

The Chair thanked colleagues for their presentation and invited contributions from those present. The following points were made:

- The Chair expressed that he was pleased by the nature of the priorities identified by Age-Friendly Brent, which he described as viable, practical and representative of the voice of older residents in Brent. He recognised that many priorities were not unexpected, and there would now be a real expectation for implementation of the objectives. As such, he emphasised the importance of public bodies working together, listening to residents, and demonstrating that some of those reasonable expectations laid out could be delivered by public bodies. He cautioned there was a risk of losing trust in public organisations and the system if some of these asks were not taken

forward, as residents saw this as an opportunity for a true partnership between less heard groups of people and the wider system. He added that the newly elected administration would be putting together a new Borough Plan which would be a good opportunity to ensure the work of the Age-Friendly Network was prioritised within that.

- Councillor Knight commended the work and in particular highlighted the success of the first senior digital hub session held in Harlesden Library, which had been well attended. She added that a significant number of attendees had also joined the library that day and had looked to learn more about e-learning resources in the library.
- The Board asked whether any specific locations had been identified for the high street toilet project. Tony Burch explained that KOVE – Kilburn Older Voices Exchange – had been trailblazers in this area, encouraging 15 businesses in Kilburn high streets to sign up to allow local residents use of their toilets with posters in windows offering toilet use. Age-Friendly Brent had met with KOVE who had provided advice and guidance on the toilet scheme, and Brent was now using that model to introduce a similar scheme, beginning with Harlesden and then looking to expand that wider following the learning of that pilot. He advised that the project was concentrated on high streets because lack of toilet facilities was a reason people stayed away from high streets, and this was a way for the whole community to come together and consider what added value to the high street and build communities.
- Board members asked whether there had been any outreach to retired branch members of local trade unions who were often active in the campaigning space, such as the campaign against the ending of winter fuel allowances. Tony Burch agreed it would be useful to reach out to Brent Trade Union colleagues, and Fay Austin added that one of the Age-Friendly Ambassadors was a member of a trade union.
- Board members emphasised the importance of digital inclusion and asked whether those involved in the project and those who had been engaged had raised issues in that space. Tony Burch confirmed that those they had engaged predictably raised digital exclusion as an issue and that the strength of feeling was apparent across all stakeholders they had spoken to. Age-Friendly Brent had advised Council services to include a phone number as well as digital contact information wherever possible. The digitisation of the NHS was also a cause for concern for many older people, particularly as face to face contact and continuity of care was very important for older people. He added that there were several reasons older people may not have access to technology, including lack of broadband and equipment. The Hubs were a good resource for teaching people how to access digital services and helping with particularly critical issues. The strength of feeling around digital exclusion was why Age-Friendly Brent had included digital inclusion and access as a priority running through all the various workstreams.
- The Board challenged partners present and other public bodies as to how they would listen to what had been said by older people in Brent, particularly in relation to supporting digital access. Simon Crawford (Deputy Chief Executive, LNWH) offered to arrange a session for older people and other digitally excluded individuals on using the NHS app and how that could be used to book appointments, access records and review outcomes of consultations. Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) advised that she would be happy to meet with Age-Friendly Brent to nominate leads for each of the different priorities and themes and convene a workshop around this. She added that it would be important to consider how future arrangements aligned with the new administration and Borough Plan.

In concluding the discussion, the Chair thanked representatives from Age-Friendly Brent for their presentation and welcomed the early priorities produced. He hoped public services at the appropriate level learned from those priorities and considered how they were incorporated into future planning, ensuring older residents were considered in everything they were delivering.

6. Children and Young People Services Updates

6.1 Brent ICP Mental Health and Wellbeing Exec Group Progress Update

Sarah Nyandoro (Head of Place, Mental Health & Wellbeing (All Age), Brent ICP) introduced the report, which provided an update on specialist CAMHS arrangements, and plans for a neurodiversity profiling tool, a children and young people's crisis safe hub, and a newly designed and commissioned emotional wellbeing and mental health support offer for Brent's children and young people known as the Local Young People Resources and Advice Service (LYRA). In presenting the update, she highlighted the following key points:

- She asked the Board to note the increase in demand for mental health services in Brent and the work being done to reduce the neurodiversity assessment waiting list as well as the work to develop a neurodiversity profiling tool. She highlighted the new crisis safe hub being developed in Brent and the pilot for children and young people focused on early intervention and prevention.
- In relation to specialist CAMHS, she confirmed that services continued to see an increase in the number of children being referred for support and treatment. The CAMHS caseloads in Brent had increased by 22% in only the last 12 months, making up 1/3 of the overall CAMHS caseload of the 5 CNWL boroughs. Around 13 referrals a day were being received and, in the last 4 months, 1,096 new referrals to specialist CAMHS had been received, with a projected continued increase in caseload in the coming years.
- In addressing the CAMHS demand, there had been some non-recurrent funding allocated in 2025-26 to Brent CAMHS to support in clearing the backlog of children and young people waiting, but she highlighted the challenge in receiving funding at the end of March that was required to be used by the end of March. As a result, it was unlikely that the non-recurrent uplift would decrease demand to an equal level with other CNWL boroughs, as the demand within Brent for specialist CAMHS was unsustainable.
- She had previously signalled to the Board that there were also backlogs in the neurodiversity assessment waiting list. NWL ICB had provided non-recurrent funding to support clearing the assessment waiting list, in terms of numbers and length of wait time. This had helped reduce the assessment waiting list from 900 in December 2025 to 199 in March 2026, and reduced the waiting times from 34 months in December 2025 to 12 months in March 2026. She highlighted that 12 months was still a long time to wait for children and young people, and she had not been advised of any plans at an ICB level to provide additional resources to manage that level of demand for neurodiversity assessments.
- In Brent, a neurodiversity profiling tool was being designed which would be a needs-based tool that could be used whilst children and young people waited for a diagnosis. This did not remove the need for a diagnosis for children and young people but helped identify need at an early stage prior to assessment, allowing schools and health providers to make adjustments and put in place care and education packages of support ranging from Speech and Language Therapy to

specialist mental health support. The tool would typically assess speech and language, attention, sensory processing and emotional regulation. She hoped this would provide parents with help managing children and young people while they waited. In order to progress this, funding had been identified by CNWL and NWL ICB, but the ICP was still looking for additional funding to pilot the tool across Brent and Ealing.

- Work was also underway on a Brent Crisis Safe Hub, offering an alternative space for children and young people to go. Currently, the largest numbers of children attending A&E in mental health crises were from Brent, presenting with suicide ideation, self-harm and emotional distress. The ICP was looking to develop this safe hub to act as a crisis intervention service for children and young people in Brent to receive clinical and non-clinical support, which would be based in the community. The hub would be open to children, young people, and their parents, who could self-define what the crisis was for them with no need to meet a particular criteria to attend the space. The ICB had worked with parents, carers, children and young people to develop a service specification for the safe hub and were now looking to go out to tender, with a view to bring in a provider by late summer 2026. A similar hub had been developed in Ealing which officers had been learning from.
- Members were also given details of the new Local Young People Resources and Advice Service (LYRA), which had been developed in consultation with children and young people. The purpose of the service was to provide early intervention and prevention for children and young people, responding to the increased mental health needs of the young population in Brent. The new service was in line with the THRIVE model of care, focused on ensuring advice, advocacy and support was provided, a 'get help' offer was available, a 'get more help' offer was available, and that help was being provided for children and young people presenting with risk. LYRA would have a partnership approach with 4 providers working in collaboration with each other and a single front door, so all referrals went through the same single point of access within CNWL.

The Chair thanked Sarah Nyandoro for the introduction and invited contributions from those present, with the following points raised:

- Dr Rammya Mathew expressed that she hoped LYRA would be transformational for children and young people. The service had been presented across primary care forums and well received by GPs who saw the service as a good way to provide support to those who did not meet the criteria for specialist CAMHS.
- The Board was pleased that the neurodiversity waiting times had reduced dramatically over the past few months from 24 months to 12 months, which they felt was clear had been achieved by the non-recurrent uplift in funding received to reduce those waiting lists. They expressed the need to be able to deliver the transformational changes required to reduce waiting lists and deliver care without being reliant upon uplifts each time. Sarah Nyandoro confirmed that there would be no additional investments into the neurodiversity waiting list, but the ICB was working with a provider, Helios, to provide online assessments to clear the backlog where possible and maintain the shorter waiting times. Some children and young people required a face-to-face assessment which Helios would not be able to provide. Tom Shakespeare highlighted that the assessment waiting times were a national challenge and lobbying was taking place at a national level to ensure consideration of the challenges and different ways services could be delivering in

this space. Whilst that ongoing national work took place, he felt that the prevention space that was being developed would be essential to maintain a 'waiting well' approach and help navigate children away from the need for specialist CAMHS.

- Further considering the one-off funding provided to reduce waiting lists, the Board asked how long that funding would last and whether it was expected demand would rise quickly once that had been used. Tom Shakespeare responded that it was expected demand would start to increase again, but he hoped that the preventative interventions being developed, as outlined in the report and presentation, would start to have an impact on the level of that increase. He expressed hope that the new West and North London ICB would recognise the challenges and put additional investment in to prioritise CAMHS and neurodiversity. The one-off funding was allocated for the previous financial year, so CAMHS was working through the case list of those who had already been on the waiting list before the end of March 2025.
- Simon Crawford (Deputy CEO, LNWH) advised of the recent comments by Dr Nick Broughton (National Director for Mental Health, NHSE) at the National Health Conference regarding the rise in demand for children's mental health services and the need for greater investment. As such, Simon Crawford emphasised that the demand being seen across services for children's mental health support was not unique to Brent, although it was particularly acute in the borough. From an acute hospital perspective, he welcomed the crisis hub and LYRA as potential avoidance of attendance at A&E, which was not the appropriate environment for children and young people in crises. He asked how LYRA would link with A&E services. Sarah Nyandoro advised that LYRA would be part of the acute pathway for mental health, which would ensure those children were being redirected from A&E towards the appropriate services. Tom Shakespeare added that the neighbourhood model approach and work within the Family Wellbeing Centres would also be essential to ensure a coherent mental health offer was provided to reduce the number of paediatric admissions. This would require combined efforts across the Council, primary care, CAMHS, the voluntary sector and community services.
- The Board asked what other local areas were doing in this space and whether best practice was being shared across areas. Sarah Nyandoro highlighted that the work Brent was doing was broadly in line with what other outside boroughs were doing to develop alternative ways to support children and young people.
- In response to queries about how children and young people would access the front door, Sarah Nyandoro explained there would be a single point of access through CNWL, which GPs had direct access to. Work was underway to give parents the same direct access to the front door rather than going through GPs.
- In relation to the neurodiversity profiling tool, the Board asked what data would be collected through that to show its impact. Sarah Nyandoro explained that this was being tested as a pilot in Brent and Ealing for up to 18 months, with the impact evaluated after that to enable the new West and North London ICB to make a decision on future investment into the tool.
- Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council) signalled the recently published government white paper on SEND, with an expectation for local areas to produce a plan around preventative approaches to SEND and additional learning needs and return that to the DfE by June 2026. The new expectations came with funding attached and an 'experts at hand' offer to be developed by each local area to support schools more effectively. He would provide updates on this to the Board as the work progressed.

As no further issues were raised, the Board thanked officers for their presentation and commended the work done to reduce the neurodiversity waiting list and times over a 4-month period. The Board looked forward to receiving an update on sustainable resourcing for service models in the future.

6.2 Brent Children's Trust Progress Update

Nigel Chapman (Corporate Director Children, Young People and Community Development, Brent Council) thanked Wendy Marchese (Strategic Partnerships Manager, Brent Council) for drafting the Brent Children's Trust (BCT) update report and outlined the key headlines as follows:

- Neighbourhood working was a key priority for the BCT which was looking at how to bring together all neighbourhood initiatives across Brent Health Matters (BHM), Family Wellbeing Centres (FWCs) and Radical Place Leadership (RPL) into one 'working in neighbourhoods' approach.
- Early work in Harlesden on a neighbourhood approach had focused on reaching underserved families and reducing inequalities.
- The report made reference to Early Years and the approach partners were taking to support the new Early Years Strategy which had been published in March 2026, focused on a Best Start in Life approach.
- Mental health was a top concern discussed by BCT, and some useful workshops with partners had taken place in February 2026 to consider the system response to mental health, with a follow up scheduled in March 2026 which had set and agreed priority themes for the next two years.
- Agreed priorities for the next two years were; children's mental health and wellbeing; health inequalities and neighbourhood working; Best Start in Life and; inclusion support and pathways. Based on these priorities, an action plan would be developed, and he emphasised the energy and enthusiasm amongst BCT members to take forward those areas in a thematic, cross-cutting way.

As no further issues were raised, the Chair drew the discussion to a close, thanking officers for a detailed report.

7. Brent Food Strategy

Shadi Ambrosini (Public Health Strategist, Brent Council), Aisling Rogers (Health Improvement Delivery Specialist, Brent Council) and Alex Colas (Co-Chair of the Food Partnership Steering Group), presented the first draft of a new Food Strategy for Brent, which was commitment 1.1 of the Joint Health and Wellbeing Board Strategy. The report and presentation provided an update on the development of the Food Strategy and its related Food Action Plan and highlighted core themes, with a proposed plan for implementation. In presenting the strategy, they highlighted the following key points:

- The Food Strategy presented a long-term plan bringing together statutory organisations, voluntary and community sector partners, the private sector and residents to improve the way food was produced, accessed, consumed and disposed of, setting out key priorities and actions around health, sustainability and equity.
- The Strategy was based on shared values around food such as equity, dignity, partnership and community.
- In terms of why Brent needed a food strategy, it was highlighted that Brent faced significant challenges with rising food insecurity, diet-related ill-health and

environmental pressures. Poor diet contributed to obesity, diabetes and cardiovascular disease which placed strain on services and reduced residents' quality of life. Additionally, the cost-of-living crisis and unequal access to healthy food deepened health inequalities. As such, it was seen that a co-ordinated approach was essential to address these issues and create a food system that worked for all.

- Figures were provided to demonstrate those points; the prevalence of type 2 diabetes amongst Brent residents was at 8.1% for 2024-25 compared to the London average of 7.2%; the hypertension rate in Brent for 2026 was at 13.3% compared to the London average of 10.6% and; in 2024-25, 38.1% of year six pupils had been diagnosed as obese/overweight compared to a London average of 24.8%. This correlated to other measures of inequality, for example, 33% of people in Brent lived in poverty, with 1,855 visits to Brent Hubs for food related supported between 2025-2026, 21.8% of pupils receiving Free School Meals in 2025, 57% of eligible families receiving cash support through the Healthy Start scheme to support the purchase of fresh fruit and vegetables in 2025, and around 17% of Brent residents in receipt of Universal Credit.
- Brent's Food Strategy was built around six Food Missions seeking to address the most pressing food-related challenges and highlighted a deeply interconnected food system with shared values. Each of the six missions had three core objectives with three distinct solutions. Those missions were; to improve access to healthy and affordable food and tackle diet-related health inequalities; to help reduce insecurity and ensure everyone could access affordable and healthy food with dignity; to support the development of food literacy and skills in schools and communities; to promote good food jobs, skills, training and opportunities within the local food economy; to encourage growing food in the community and at home and support access to resources and; to empower residents and institutions to reduce food waste, cut carbon emissions and support more sustainable food choices.
- The strategy was developed through a long process working with residents. Starting in 2021, Brent launched the Right to Food Campaign. In 2023, a Food Visioning Workshop took place, engaging 55 people and 37 organisations, which led to the development of seven strategic themes which informed initial priority setting and established a Food Partnership Steering Group. In 2024 the Brent Food Partnership identified core priorities which later helped inform the development of key objectives and recommended areas for action. 2025 saw Brent Council appoint a Public Health Strategist to work on the strategy and undertake a further Food Strategy Workshop, engaging 67 people and 28 organisations, which used the initial seven strategic themes to develop the six Food Missions now identified in the Strategy. In 2026, Task and Finish Groups were undertaken in March to finalise a draft Food Action Plan, engaging 41 stakeholders. It was added that there had already been grassroots work taking place around food, so the process had been sensitive and looked to facilitate what was already being done. There were several national initiatives and officers had been mindful of the political environment being operated in.
- In terms of governance, it was proposed that the Food Strategy was strategically overseen by the Health and Wellbeing Board to ensure that the commitments remained anchored to Brent's broader ambitions around health equity, climate action, community cohesion and economic resilience. The Steering Group would offer strategic direction for delivery and co-ordinate work across Food Missions,

oversee performance, assess risks, and share learnings, with strong links into the Health and Wellbeing Board. Food Action Working Groups would lead operational delivery for each Food Mission, delivering mission-specific interventions and monitoring progress. The Food Partnership would act as the borough-wide convening body that worked to strengthen the local food system through collective actions.

- It was highlighted that Brent Public Health was committed to exploring resourcing options with relevant stakeholders to support the delivery of the proposed actions and an allocation from the Public Health Grant would be made, as appropriate, with other funding streams explored where available.
- For year one delivery of the Strategy, focus would be on high-impact actions that strengthened food security, improved diet-related illness, boosted food literacy and skills, expanded food-growing opportunities, enhanced good food jobs and accelerated Brent's transition to a more sustainable, climate-friendly food system.
- Cross-cutting themes for year one prioritised actions the Council and partners could directly deliver or influence. The themes aimed to embed poverty alleviation principles by recognising financial insecurity as a major barrier to healthy food access, strengthened cross-sector collaboration, build education and workforce capacity, advance climate and sustainability goals by promoting plant-rich diets and reduced food waste, and ensure cultural relevance and dignity through adopting inclusive, community-led approaches that reflected Brent's diverse cultures.
- The Brent Food Partnership was contributing to other food movements locally and nationally, including the Brent Sustainable Food Places Network and Sustain. Based on the Good Food Local London Report, which tracked Council action on food in London, Brent had received an overall score of 82% in the 2026 publication, an improvement from the score of 79% received in 2025.
- Next steps would be to finalise the Food Action Plan, including the KPIs, roles and resourcing considerations, to continue to seek meaningful engagement with residents, organisations and stakeholders, to identify strategic partners to support in realising the vision, to establish Food Action Working Groups (FAWGs) to support the governance of the strategy, to establish a borough-wide Food Partnership, to work with the Steering Group to allocate resources appropriately, and to work towards achieving Bronze Status in the Sustainable Food Places Award.

The Chair thanked colleagues for their introduction and invited input from those present, with the following issues raised:

- The Board were encouraged by the presentation and the amount of work that had gone into creating a robust Food Strategy that truly reflected the residents in the borough and their priorities around food. They felt it important for the Health and Wellbeing Board to add value where possible and stay involved in the process.
- The Board emphasised the importance of the work being meaningful with funding and resources attached to it, and asked what resourcing had already been set out to carry this forward. They also asked for this to be incorporated into the document so that everyone who read the strategy were aware of what was being committed towards this. Ruth Du Plessis (Director of Public Health, Brent Council) advised that funding was likely going to be put towards the development of a Food Network to learn from other areas and models. She added that there were some things that could be done that did not cost money but created dignity by doing things slightly

differently. Shadi Ambrosini agreed to be more explicit in the documents regarding funding.

- The importance of collecting good quality data in order to understand the impact of the strategy was highlighted. Shadi Ambrosini agreed that it was important the work was grounded in local insights, and work would be taken forward to conduct a food system analysis to collate local insights around food as well as understand the good practice happening in Brent. Over the next few months, that would be contextualised in documents that would sit alongside the Food Strategy.
- The Board hoped for buy-in from all partner organisations in a meaningful way to support the implementation of the strategy objectives and actions, including NHS provider partners.
- Councillor Knight asked for the co-location of services at the New Horizons Centre to be referenced in the document, highlighting the good relationship of the Centre with Sufra. She added more generally that additional tangible case studies would be useful to include in the strategy. Shadi Ambrosini agreed to incorporate that into the documents that related to the Food Strategy.
- The Board suggested further reference was made to working with parents and carers to encourage home cooking and provide education around that where necessary. Shadi Ambrosini took the comment on board, advising that conversations had started with Early Years colleagues to ensure food literacy, education and intervention that not only targeted children but brought their parents into the conversation as well.
- The Board highlighted that the Action Plan should be clearer about who was expected to implement those particular actions.

As no further issues were raised, the Chair drew the discussion to a close and asked members to note the Food Strategy and Food Action Plan whilst taking on board the comments made to further improve the documents related to the Food Strategy. He highlighted the desire to be explicit about investment and resource and where that would be put, identify firm metrics to demonstrate the impact of the Strategy, explicitly state who was expected to implement the actions outlined, and include tangible examples and case studies of what had already been achieved. He thanked colleagues for the work undertaken on the Food Strategy and expressed that the Health and Wellbeing Board placed value on this work. He hoped that by bringing these documents forward, the priorities would be incorporated moving forward with the new administration and Borough Plan.

8. Proposal to refresh the Brent Health and Wellbeing Board Terms of Reference

Wendy Marchese (Strategic Partnerships Manager, Brent Council) introduced the report, which set out an initial proposal to amend the Brent Health and Wellbeing Board Terms of Reference to allow relevant Council Directors to be included as voting members. In outlining the rationale behind this proposal, she advised that the proposal was to ensure that all members could participate in the Board in equal partnership and ensure governance arrangements reflected current legislation and evolving system expectations, bringing Brent more in line with practice across other local Health and Wellbeing Boards. In concluding her introduction, she advised that the report was intended as an initial step to ensure the Board's arrangements were up to date and ready for inclusion in the refreshed Constitution. A wider review of the Terms of Reference was expected as the system evolved and the Integrated Care Board became a 13 borough West and North London ICB. As such, the Board was requested to agree in principle to the initial change to voting

membership and agree for amendments to the Terms of Reference to reflect that change to be brought forward through the appropriate governance processes.

The Chair thanked Wendy Marchese for her introduction and invited comments and questions from those present, with the following points raised:

- Councillor Board members felt that the report did not detail the advantages on a practical level of expanding voting rights to senior officers of the Council, expressing that they felt it would reduce their own democratic voice on the Board, and confuse the operations of the Board when officers who presented reports were also voting members.
- In response to a query in relation to section 3.1.2 of the report detailing a number of local authorities whose membership arrangements included senior officers as voting members, Wendy Marchese advised that the list detailed examples of where this was done and not the entirety of local authorities who had those arrangements in place.
- Councillor Nerva provided further context behind the proposal, referencing the Health and Wellbeing Act 2012 which specified who the relevant members should be on a Health and Wellbeing Board, which he described as a unique body in the public sector bringing together partners on an equal basis from the local authority, various parts of the NHS, HealthWatch, and other organisations the Board wished to invite, such as the care sector representatives Brent's Board currently included. There had been an assumption within the 2012 legislation that local authority statutory officers, in this case the Director of Adult Social Care, Corporate Director of Children, Young People and Community Development, and Director of Public Health, were members of Health and Wellbeing Board in their own right. Rachel Crossley (Corporate Director Service Reform and Strategy, Brent Council) further added that the Health and Wellbeing Board was not a traditional Council Committee but a partnership Board focused on the wider health and wellbeing system rather than on executive decisions.
- The Board were not minded to agree to the recommendations of the report at this stage, and suggested that the report be noted and Terms of Reference passed to the Director of Law to review, in terms of their compliance with relevant legislation, as part of the constitutional review taking place.
- As a further suggestion to the membership, Councillor Donnelly-Jackson proposed a housing representative from Crisis was included. This would also be taken forward as part of the constitutional review.

As no further issues were raised, the Chair drew the discussion to a close, noting the following resolutions:

i) To refer the report and proposed amendments to the Terms of Reference to the Director of Law to review as part of the constitutional review, with a view to ensuring the Terms of Reference and membership were compliant with the current relevant legislation.
ii) To incorporate a housing representative from Crisis into the membership as part of the Terms of Reference Refresh that would be undertaken as part of the constitutional review.

9. Health and Wellbeing Board Forward Look

The Chair gave members the opportunity to highlight any items they would like to see the Health and Wellbeing Board consider in the future, adding that this would be the final meeting of the current Council administration.

In terms of future items, it was proposed that a SEND update would be brought to the Board once the Council had submitted its SEND plans to the DfE. The Neighbourhood Plan would also be brought forward with proposals on governance for that going forward.

10. **Any other urgent business**

None.

The meeting was declared closed at 8:00 pm

COUNCILLOR NEIL NERVA
Chair