

	<p align="center">Brent Health and Wellbeing Board 16 April 2026</p>
	<p align="center">Report from the Corporate Director Service Reform and Strategy</p>
<p align="center">Proposal to refresh Health and Wellbeing Board Terms of Reference</p>	

Wards Affected:	All
Key or Non-Key Decision:	
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
List of Appendices:	Appendix 1 – Proposed changes to current TOR
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Wendy Marchese Strategic Partnerships Manager Wendy.Marchese@brent.gov.uk

1.0 Executive Summary

- 1.1. This report sets out an initial proposal to amend the Brent Health and Wellbeing Board's Terms of Reference to allow relevant Council Directors to be included as voting members. The proposed change would bring the Board's membership arrangements more closely in line with those used by other Health and Wellbeing Boards, where senior council officers are formal members alongside elected members and NHS partners.
- 1.2. The report seeks the Health and Wellbeing Board's agreement in principle to expand its voting membership to include relevant Council Directors, and to request that amendments to the Board's Terms of Reference be prepared to reflect this change.
- 1.3. This proposal represents an initial amendment to the Health and Wellbeing Board's Terms of Reference. The health and care system is currently undergoing further structural change, including the planned merger of the North West London and North Central London Integrated Care Boards and wider reforms to Integrated Care System arrangements.
- 1.4. In parallel, the Government's 10-Year Health Plan for England, launched in July 2025 ("Fit for the Future"), requires Health and Wellbeing Boards to lead a

transformation of services focused on neighbourhood-level care, prevention, and digitalisation.

- 1.5. As these developments progress, a broader review of the Health and Wellbeing Board's role, membership, and governance may be needed to ensure alignment with evolving system structures, place-based partnerships, and national guidance, maintaining consistency and good practice. This may also require further amendments to the Terms of Reference.

2.0 Recommendation(s)

- 2.1. The Health and Wellbeing Board is asked to:
 - Agree in principle to expand the Board's voting membership to include relevant Council Directors.
 - Request that officers prepare amendments to the Board's Terms of Reference setting out Council Director roles to be included as voting members.
 - Note that any changes to membership will be subject to approval through the council's constitutional governance processes.

3.0 Detail

Contribution to Borough Plan Priorities & Strategic Context

- 3.1. This proposal supports the priorities set out in the Brent Borough Plan 2023–2027. In particular, it aligns with the priority “A Healthier Brent”, which focuses on tackling health inequalities and ensuring services are responsive to local needs, as well as the priority “Thriving Communities”, which emphasises partnership working and engaging organisations across the borough to improve outcomes for residents.
- 3.2. The Health and Wellbeing Board plays a central role in the council's work with NHS partners, the voluntary sector and wider stakeholders to deliver these priorities. Expanding the Board's voting membership to include relevant senior council officers will strengthen the council's ability to align strategic decision-making with operational leadership across key services that influence health outcomes, including housing, communities and regeneration.

Background

- 3.3. Health and Wellbeing Boards (HWB) were established under the Health and Social Care Act 2012 to promote integrated working across health, social care and wider public services at a local level. Their purpose is to bring together political leaders, NHS partners and senior professionals to set the strategic direction for improving population health and reducing inequalities.
- 3.4. When Brent's Health and Wellbeing Board was established following the Health and Social Care Act 2012, the Council agreed a specific approach to voting membership. In a decision taken in November 2013, the Council resolved that voting rights would be reserved for elected members and partner representatives, with senior council directors participating in a non-voting capacity. This reflected a local governance choice at the time, ensuring officers provided professional advice and operational input to support the Board's work.

- 3.5. Since then, the legislative and policy context has evolved. Health and Wellbeing Boards remain statutory committees under the Health and Social Care Act, with a statutory role in overseeing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and in promoting partnership working across health, social care, public health and other council services.
- 3.6. At the same time, subsequent reforms to the health and care system, including the establishment of Integrated Care Systems and Integrated Care Boards, have emphasised the importance of place-based partnership working and closer integration between the NHS, local government and community partners.
- 3.7. This increased focus on joint system leadership highlights the need to ensure the Board's membership arrangements align with strengthened collaborative working across the local health and care system.
- 3.8. In this context, expanding voting membership to include relevant council directors aligns with strengthened partnership arrangements and supports more effective joint leadership of local health and wellbeing priorities.

Legislative Context

- 3.9. The Health and Social Care Act 2012 specifies a minimum statutory membership, including:
 - At least one elected member of the local authority
 - Director of Adult Social Services
 - Director of Children's Services
 - Director of Public Health
 - A representative of the local Healthwatch
 - A representative of the relevant ICB
- 3.10. However, local authorities may appoint additional members to support the Board's effective functioning.
- 3.11. Unlike typical council committees, HWBs operate as system partnership bodies, bringing together leaders from multiple organisations to develop shared strategies. Many HWBs include senior council officers beyond the statutory directors, providing operational expertise in areas such as housing, education, regeneration and community services. Their participation supports delivery of strategies addressing the wider determinants of health.
- 3.12. Allowing senior council directors to hold voting membership would:
 - Align strategy and delivery by ensuring those responsible for implementing council services influencing health outcomes are directly involved in decision-making.
 - Reflect the Board's partnership nature, balancing political leadership, professional expertise and system partners.
 - Strengthen governance whilst remaining consistent with national legislation and the collaborative model intended for HWBs.
- 3.13. Across London, HWBs commonly include senior council officers as full members alongside elected members and NHS partners. Examples include:
 - Hackney,
 - Newham

- Tower Hamlets
- Waltham Forest

4.0 Stakeholder and ward member consultation and engagement

- 4.1. Regulations require the Council to consult the Health and Wellbeing Board before making any decisions on voting rights. Discussions on the proposed initial amendment to the Health and Wellbeing Board's Terms of Reference have been held with key stakeholders, including Council Directors and Health and Wellbeing Board member.

5.0 Financial Considerations

- 5.1. The proposed change relates solely to the governance arrangements of the Health and Wellbeing Board and does not create any direct financial implications for the council. Any administrative adjustments associated with updating the Board's Terms of Reference will be managed within existing resources.

6.0 Legal Considerations

- 6.1. The Health and Social Care Act 2012 provides explicit legal authority for the Council to appoint additional members, including relevant Directors, as voting participants. Consequently, the proposed amendment to expand voting membership is fully consistent with the Act, and any considerations regarding voting rights or board composition relate to local governance arrangements rather than statutory limitations.
- 6.2. Any proposed amendments to the Board's Terms of Reference will be reviewed to ensure compliance with relevant legislation and the council's constitution.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

- 7.1. The proposed amendment relates to governance arrangements and does not in itself introduce changes to service provision or eligibility criteria. As such, no direct impacts have been identified in relation to the Equality, Diversity and Inclusion.
- 7.2. Strengthening senior officer involvement in the Health and Wellbeing Board is expected to support more effective oversight of health inequalities and the wider determinants of health, which disproportionately affect protected groups.
- 7.3. The proposal therefore supports the Board's ability to advance equality of opportunity, foster good relations and promote improved health outcomes for residents experiencing the greatest inequalities.

8.0 Climate Change and Environmental Considerations

- 8.1. The proposed change relates to the governance arrangements of the Health and Wellbeing Board and does not directly impact the Council's environmental objectives or climate emergency strategy. There are therefore no specific climate change or environmental implications arising from this proposal.

9.0 Human Resources/Property Considerations

9.1. The proposal relates to governance arrangements and does not involve any direct human resources or property implications. Any changes to membership of the Health and Wellbeing Board would be implemented within existing organisational structures and responsibilities.

10.0 Communication Considerations

10.1. Subject to agreement in principle by the Health and Wellbeing Board, any proposed amendments to the Board's Terms of Reference will be communicated through the Council's usual governance and decision-making processes. This may include updates to relevant documentation and communication with Board members and partner organisations to ensure clarity regarding the revised membership arrangements.

Report sign off:

Rachel Crossley

Corporate Director Service Reform and Strategy