

## **GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

### **A) Role and statutory duties of the Health and Wellbeing Board**

Health and Wellbeing Boards were formally established on 1<sup>st</sup> April 2012 as part of the Health and Social Care Act (2012) ("the Act") and became statutory bodies from 1<sup>st</sup> April 2013.

In accordance with the requirements of the Health & Social Care Act 2012 the Council has established the Health and Wellbeing Board (the 'Board') as a committee of the Council. Gloucestershire Health and Wellbeing Board provides a forum where senior leaders and representatives from across the health and care system at both the statutory and community level, can come together to improve the health and wellbeing of the local population and reduce health inequalities. The Board's vision is for Gloucestershire to be a place where everyone can live well, be healthy and thrive.

**Its duties as defined in legislation are as follows.**

The Health and Wellbeing Board:

- 1) Must for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.
- 2) Must provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.
- 3) May encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board.
- 4) May encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.
- 5) Must prepare and publish a joint strategic needs assessment for the county, pursuant to section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).<sup>1</sup>

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<sup>1</sup> [Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies](#)

- 6) Must publish a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, pursuant to section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).<sup>2</sup>
- 7) Discharge its separate statutory duty<sup>3</sup> to develop a pharmaceutical needs assessment (PNA) for their area.
- 8) Under the Better Care Fund policy framework<sup>4</sup>, Health and Wellbeing Boards must also sign off the Better Care Fund plan for the local area and provide governance for the pooled fund that must be set up in every area.

### **Additional functions of the Health and Wellbeing Board**

Department of Health and Care guidance on Health and Wellbeing Board (published 2022)<sup>5</sup> states that:

- 1) Integrated Care Boards (ICBs) must involve the Health and Wellbeing Board in preparing or revising their Joint Forward Plans; and the ICB must consult with the Board on whether the Joint Forward Plan takes proper account of the Joint Local Health and Wellbeing Strategy.
- 2) ICBs must consult the Health and Wellbeing Board in preparing their annual review and the annual review should review any steps the ICB has taken to implement the Joint Local Health and Wellbeing Strategy.
- 3) NHS England must consult the Health and Wellbeing Board for their views on the ICB's contribution to the delivery of the Joint Local Health and Wellbeing Strategy as part of NHS England's performance assessment of the ICB.
- 4) ICBs and their partner NHS trusts, and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with the Health and Wellbeing Board.
- 5) Health and Wellbeing Board are expected to be involved in the preparation of the local Integrated Care Strategy.

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<sup>2</sup> [Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies](#)

<sup>3</sup> Section 128A of the [NHS Act 2006](#), as amended by Section 206 of the Health and Care Act 2012. See also Regulations 3 - 9 and Schedule 1 to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (S.I. 2013/349).  [↗](#)

<sup>4</sup> [Better Care Fund policy framework 2023 to 2025 - GOV.UK](#)

<sup>5</sup> [Health and wellbeing boards – guidance - GOV.UK](#)

## **B) Relationship with the Integrated Care Partnership**

Department of Health and Care guidance (2022)<sup>6</sup> on the relationship between Health and Wellbeing Boards and local Integrated Care Partnerships (known locally as the Gloucestershire Health and Wellbeing Partnership) outlines the expectation that the two committees will work collaboratively and align activities where appropriate while continuing to fulfil their own statutory functions.

As minimum, partners are expected to adopt the following set of principles in developing relationships:

- 1) Building from the bottom up
- 2) Following the principles of subsidiarity
- 3) Having clear governance, with clarity at all times on which statutory duties are being discharged
- 4) Ensuring that leadership is collaborative
- 5) Avoiding duplication of existing governance mechanisms
- 6) Being led by a focus on population health and health inequalities.

In line with the expectations set out in national guidance, the Gloucestershire Health and Wellbeing Board will align with the Gloucestershire Health and Wellbeing Partnership where appropriate, while having regard to its separate statutory functions.

The Health and Wellbeing Board membership and the Health and Wellbeing Partnership membership are predominantly the same. The only addition on the Health and Wellbeing Board is specific elected member representation as included below.

The Health and Wellbeing Board will meet in public a minimum of three times a year with meetings aligned with the Health and Wellbeing Partnership. The Chair can stand up the Board for an exceptional meeting if there is business requiring the committee's attention.

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<sup>6</sup> [Health and wellbeing boards – guidance - GOV.UK](https://www.gov.uk/government/publications/health-and-wellbeing-boards)

## C) Membership of the Health and Wellbeing Board

**Note:** Members required by statute are denoted by an Asterix.

### Membership of the Health and Wellbeing Board comprises:

- Chair (will be the same as the Chair for the Health and Wellbeing Partnership); to be appointed by the County Council Leader of the County Council from among the members of the Board
- Vice Chair to be appointed by the Chair from among the members of the Board. The Chair will invite Expressions of Interest from members of the committee for the position of Vice Chair, and if necessary, seek the views of committee members on the nominations.
- Chief Executive Officer, NHS Gloucestershire ICB<sup>7</sup>
- Chair of the Integrated Care Board\*
- One member drawn from the ICB Executive Team
- ICB Chief Medical Officer or Chief Nursing Officer
- Gloucestershire County Council Executive Director of Adult Social Care\*
- Gloucestershire County Council Director of Public Health\*
- Gloucestershire County Council Executive Director of Children's Services\*
- Gloucestershire County Council Executive Director of Economy, Environment and Infrastructure.
- Six officer members drawn from the District Councils (one from each)
- NHS England
- One member drawn from Healthwatch Gloucestershire\*
- One member drawn from Gloucestershire Hospitals NHS Foundation Trust
- One member drawn from Gloucestershire Health and Care NHS Foundation Trust
- One member drawn from a Primary Care Network (PCN)
- One member drawn from the Local Medical Committee (LMC)
- Six members drawn from the Integrated Locality Partnerships (ILPs) (one from each)
- One member drawn from Clinical Programme Groups (CPGs)
- One member drawn from Enabling Active Communities and Individuals (EAC-I) representatives.
- One member drawn from the Voluntary, Community and Social Enterprise (VCSE) Strategic Partnership.

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<sup>7</sup> By statute, the Health and Wellbeing Board must include at least one representative of the Integrated Care Board. The legislation does not specify which role/post-holder this should be.

- One member drawn from the VCS Alliance
- One member drawn from the Independent Social Care Sector.
- Chief Constable of Gloucestershire
- Chief Fire Officer for Gloucestershire

**Elected member representatives:**

- Four County Councillors, as appointed by the Leader of the County Council\*<sup>8</sup>
- Six District Council elected representatives (one from each district)
- Police and Crime Commissioner or a nominated deputy from their Office (OPCC)
- Lead Governor for Gloucestershire Hospitals NHS Foundation Trust
- Lead Governor for Gloucestershire Health and Care NHS Foundation Trust

**Note 1:** Political proportionality will not be applied

**Note 2:** Where possible, the Board will seek to reach agreement by consensus. If a vote is required, the following individuals and organisations will have a vote. There will be no absentee voting. In the event of no overall majority decision, the Chair will have the casting vote.

The Chair will seek views from all members (voting and non-voting) prior to calling a vote to ensure that all members can make representations.

**Statutory members - one vote per member or organisation**

- Gloucestershire County Council Executive Director of Adult Social Care
- Gloucestershire County Council Director of Public Health
- Gloucestershire County Council Executive Director of Children's Services
- Gloucestershire County Councillors as appointed by the Leader of the County Council (one vote per Councillor)
- Gloucestershire ICB Chair (or their nominated representative)
- Gloucestershire ICB Chief Executive (or their nominated representative)
- Healthwatch Gloucestershire

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<sup>8</sup> By statute, the Health and Wellbeing Board must include at least one Councillor of the Local Authority.

### **Individual organisations - one vote per organisation**

- Gloucestershire Health and Care NHS Trust
- Gloucestershire Hospitals Trust NHS Trust
- Cheltenham Borough Council
- Cotswold District Council
- Forest of Dean District Council
- Gloucester City Council
- Stroud District Council
- Tewkesbury Borough Council
- NHS England
- Office of Police and Crime Commissioner
- Gloucestershire Constabulary.

### **Sector or multi-agency partnership representatives - one vote per sector or partnership grouping**

- VCSE sector (Voluntary, Community and Social Enterprise Strategic Partnership and VCS Alliance)
- Primary care sector (Primary Care Network representative and LMC representative)
- Adult social care providers (independent adult social care provider sector representative)
- Clinical Programme Groups (CPGs) (one vote on behalf of the CPGs)
- Enabling Active Communities and Individuals (EAC-I) (one vote on behalf of EAC-I)
- Integrated Locality Partnerships (one vote on behalf of the six ILPs).

**Note 3:** For the purpose of enabling it to carry out its functions the Health and Wellbeing Board may request the Council, the Local Healthwatch, NHS Gloucestershire or other member of the Board to supply it with information specified in the request.

**Note 4: Terms of Office** – where individuals are part of the membership due to their executive or non-executive role, they will stay on the committee for the duration of their time in that post. Other partner organisations or bodies represented on the Health and Wellbeing Board membership will be asked to confirm their nominated representative every two years. Where circumstances change, partner organisations or bodies can submit a request to the Chair to propose a change in their nominated representative. Nominations for membership will be approved by the Chair.

**Note 5: Substitutions:** If an organisation is unable to send its representative, a named substitute may be nominated for that meeting only. Notice of this shall be given by the absent member to the committee administrator in advance of the meeting. Ideally a week's notice shall be given to allow Board members to be advised of the substitution. Procedural Standing Order 28 shall not apply

**Note 6: Quorum:** The quorum for meetings of the Health and Wellbeing Board is that one quarter of the membership (10 people) be present at the meeting, including at least two statutory members.

**Note 7: Review:** The Terms of Reference will be reviewed on an annual basis, or whenever significant changes are required. Prior to the updated terms of reference approved in November 2025, terms of reference were last reviewed in March 2023 and approved by full Council in May 2023.

**Approved by Full Council – 12 November 2025**