



HEALTH AND WELLBEING BOARD

26 FEBRUARY 2026

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, LAW AND GOVERNANCE

HEALTH AND WELLBEING BOARD GOVERNANCE

Purpose of Report

1. The purpose of this report is to seek the Health and Wellbeing Board's approval for revised Terms of Reference for the Board.

Recommendation

2. It is recommended that the revised Terms of Reference for the Health and Wellbeing Board be approved, including the addition of the following new Operational Delivery Groups:
 - CYP Place Based Group;
 - County Place Based Team.

Policy Framework and Previous Decisions

3. The Terms of Reference of the Health and Wellbeing Board were last updated on 31 October 2023.

Background

4. Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.
5. Following the Health and Care Act 2022, clinical commissioning groups (CCGs) were abolished with effect from 1 July 2022 and Integrated Care Boards took on their commissioning functions. The Health and Care Act 2022 did not change the statutory duties of Health and Wellbeing Boards as set out by the 2012 Act though it did replace references to clinical commissioning groups in the 2012 Act with reference to Integrated Care Boards.
6. Chapter 2 Section 194 (2) (f) of the Health and Social Care Act 2012 now states:

“The Health and Wellbeing Board is to consist of—

- (a) subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3),
- (b) the director of adult social services for the local authority,
- (c) the director of children's services for the local authority,
- (d) the director of public health for the local authority,
- (e) a representative of the Local Healthwatch organisation for the area of the local authority,
- (f) a representative of each relevant [integrated care board], and
- (g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.

7. The Leicester, Leicestershire and Rutland ICB replaced the Leicester City, East Leicestershire and Rutland and West Leicestershire clinical commissioning groups. The ICB manages the budget for the provision of NHS services in LLR.

Current Health and Wellbeing Board membership

8. The current membership of the Leicestershire Health and Wellbeing Board is as follows:
 - Leicestershire County Council Lead Member for Health
 - Leicestershire County Council Lead Member for Adult Social Care
 - Leicestershire County Council Lead Member for Children & Young People
 - Leicestershire County Council Chief Executive
 - Leicestershire County Council Director of Public Health
 - Leicestershire County Council Director of Adults & Communities
 - Leicestershire County Council Director of Children & Family Services
 - Two Clinical representatives of the Clinical Commissioning Groups or health equivalent in the new Integrated Care System including Primary Care Networks.
 - Three non-clinical representatives of the CCGs and or health equivalent in the new Integrated Care System
 - Two representatives of the Local Healthwatch
 - Two elected representatives of the District Councils
 - The Lead District Officer for Health and Housing
 - One representative from Regional NHSEI
 - One representative of the Leicestershire Police
 - One representative of the Office of the Police and Crime Commissioner
 - One representative of the Leicestershire Partnership NHS Trust
 - One representative of the University Hospitals of Leicester NHS Trust

- One representative from the Office of Health Improvement and Disparities
 - One representative from Voluntary Action Leicester Shire
9. The Terms of Reference state the quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the CCGs and/or health equivalent in the new Integrated Care System.

Integrated Care Board changes

10. All ICBs in England are being asked to significantly reduce running costs and shift to a more strategic role with different responsibilities for them and other parts of the health and care system.
11. This involves some ICBs working more closely with other ICBs in a 'cluster.' 'Clustering' means that, although individual ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure.
12. NHS England and government ministers approved a new 'cluster' for Leicester, Leicestershire and Rutland ICB and Northamptonshire ICB. This is one of 26 clusters across England. It is anticipated that there will be a workforce reduction of 30% in the new cluster structure.
13. A first round of Voluntary Redundancy applications has taken place with a total of 92 applications having been approved. A second round of Voluntary Redundancies will take place in the coming weeks.
14. Given the reduced workforce at the Leicester, Leicestershire and Rutland ICB, and the need for ICB staff to cover a wider area, the ICB is unable to send as many representatives to Health and Wellbeing Board meetings as it did previously. The ICB has therefore asked to reduce their number of members on the Board.
15. The ICB is unable to allocate any clinical staff to be permanent members of the Health and Wellbeing Board. However, they are able to send clinical staff to Board meetings for specific agenda items where relevant.
16. The ICB will send at least one non-clinical representative to every meeting of the Board.

Proposed amendments to Terms of Reference

17. It is proposed that the formal membership of the Health and Wellbeing Board no longer includes any clinical representatives of the Integrated Care Board. However, clinical representatives will be invited to meetings for specific agenda items.

18. It is suggested that the number of Integrated Care Board non-clinical representatives on the Health and Wellbeing Board be reduced to two.
19. It is proposed that the quorum for the Health and Wellbeing Board should be a quarter of the membership including at least one elected member from the County Council and one representative of the Integrated Care Board or health equivalent in the Integrated Care System.

Vice Chairman

20. Currently the Terms of Reference make no reference to how a Vice Chairman is appointed. It is proposed that this be added into the Terms of Reference stating that the Vice Chairman should be elected at the first meeting each year following the Annual Council meeting. All Board members are entitled to vote on the Vice Chairman.

Healthwatch

21. The Government has announced that Healthwatch functions related to healthcare will in the future be combined with the functions of Integrated Care Boards, and the Healthwatch functions to social care will transfer to local authorities. However, no timescales for these changes have been published and primary legislation will be required to enact them. In the meantime, Healthwatch Leicester and Leicestershire continue to operate business as usual.
22. Healthwatch Leicestershire usually send one representative to Health and Wellbeing Board meetings. It is proposed to reduce the number of Healthwatch representatives on the Health and Wellbeing Board from two to one. This will make it easier for Board meetings to be quorate.

Other members

23. The current Terms of Reference state that the Health and Wellbeing Board membership includes one representative from Regional NHSEI and one representative from the Office of Health Improvement and Disparities. The Board has not had attendance from either of these organisations for some time and therefore it is proposed to remove them from the membership list.
24. The Director Public Health at Leicestershire County Council is now known as the Director of Public Health, Law and Governance to reflect additional responsibilities that have been taken on by that role. The title will need amending in the Health and Wellbeing Board Terms of Reference.

Operational Delivery Groups

25. The Health and Wellbeing Board has four Operational Delivery Groups with the following names:

- Integration Executive;
- Staying Healthy Partnership;
- Children and Families Partnership;
- Mental Health.

26. These groups have their own Terms of Reference but currently they are not listed in the Health and Wellbeing Board Terms of Reference. It is proposed that the names of the Operational Delivery Groups be added to the Health and Wellbeing Board Terms of Reference in order to help increase awareness amongst partners.

CYP Place Based Group

27. Earlier on the agenda for this meeting a report is to be considered proposing that a new Operational Delivery Group named the “CYP Place Based Group” be set up, and the Children and Families Partnership becomes independent of the Health and Wellbeing Board. If that proposal is approved by the Board then the Health and Wellbeing Board Terms of Reference will need to be amended accordingly.

County Place Based Team

28. It is proposed that an additional operational delivery group of the Health and Wellbeing Board is created. This new group (provisionally named the “County Place Based Team”) would take on responsibility for oversight of Health and Wellbeing Board activity and integration of neighbourhood models of care work.

29. It is suggested that the newly formed County Place Based Team will:

- Be chaired jointly by representatives from Leicestershire County Council, and the ICB.
- Consist of a broad range of partners from teams that include (but are not limited to) Public Health, Children & Family Services, Adults & Communities, the Integrated Care Board, Voluntary sector, University Hospitals of Leicester, Leicestershire Partnership trust, Primary care providers and representatives from each HWB operational working group.

30. Over the past year, The County Place Based Team has operated informally yet effectively supporting the HWB agenda setting process, helping to shape the approach to the JLHWS strategy review, unpicking strategic and operational challenges, reducing duplication of effort and improving communication, engagement and information sharing across system, place and neighbourhood organisations.

Benefits of the Proposed Change

31. The proposed governance arrangements will add value to the work of the HW Board by providing a clearer more joined up approach to system, place and

neighbourhood priorities by aligning the work of both the Neighbourhood agenda and the Health and Wellbeing Board and its subgroups.

32. The group will:

- Create an open forum and dedicated space to celebrate and share good practice and impact, resolve issues and unblock challenges;
- Support HWB agenda setting, future strategy reviews and coordination of the annual report;
- Strengthen the oversight of the JSNA programme of work;
- Identify and address cross-cutting issues affecting population health, the wider system and community wellbeing;
- Coordinate the implementation of neighbourhood working across Leicestershire ensuring consistency while recognising local variation ;
- Support the development of proposed neighbourhood models of care and implementation plans;
- Develop a neighbourhood addendum to Leicestershire's Joint Local Health and Wellbeing Strategy.

32. Terms of Reference for the County Place Based Team will be drafted if the Health and Wellbeing Board gives approval for the Team to be set up.

Background papers

Report considered by Health and Wellbeing Board 31 October 2023

<https://democracy.leics.gov.uk/documents/s179214/HWB%2024th%20February%20HWB%20Governance%20paper%20v1.pdf>

Circulation under the Local Issues Alert Procedure

None

Appendices

Appendix A – Revised HWB Terms of Reference

Officers to contact

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