

<b>19 July, 2017</b>		<b>ITEM: 10</b>
<b>Thurrock Health and Wellbeing Board</b>		
<b>Consequential amendments to the Health and Wellbeing Board's Terms of Reference and membership</b>		
<b>Wards and communities affected:</b> None	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board		
<b>Accountable Head of Service:</b> n/a		
<b>Accountable Director:</b> Roger Harris, Corporate Director for Adults, Housing and Health		
<b>This report is</b> Public		

### **Executive Summary**

The Health and Wellbeing Board is a committee of the Council. As such, its terms of reference are agreed by Council and are contained within the Council's Constitution.

Statutory provisions for Health and Wellbeing Boards are contained within the Health and Social Care Act 2012. This includes provisions about changes to Board membership which require Council approval, following approval from the Health and Wellbeing Board. The Monitoring Officer has the authority and power to make consequential amendments to the constitution including this Board's Terms of Reference, which are then approved by the Governance Groups, comprising the three leaders, Chief Executive and the Monitoring Officer.

Once Health and Wellbeing Board members have considered recommendations in this report a further paper will be provided to the Council's Governing Group and Monitoring Officer requesting that the amendments to the Terms of Reference, as agreed by the Board are approved.

This paper asks the Health and Wellbeing Board to agree to the following amendments to its Terms of Reference. Key changes proposed are:

- The inclusion of the Health and Wellbeing Board's Vision, Principles and Goals, which reflect the published Health and Wellbeing Strategy 2016 - 2021 within the Terms of Reference.
- Changes to job titles to ensure the Board continues to accurately reflect the roles of existing members.
- Amending the Chair of Safeguarding Adults Partnership Board to Chair of the Safeguarding Adults Board or their senior representative

- Amending the Chair of the Safeguarding Children’s Board to Chair of the Safeguarding Children’s Board or their senior representative
- To amend Board representation for Basildon and Thurrock University Trust from the Chief Executive to an Executive of Basildon and Thurrock Hospitals University Foundation Trust, reflecting current representation and availability.
- Chair of Thurrock NHS Clinical Commissioning Group amended to Chair of Thurrock NHS Commissioning Group or a clinical representative from the Board
- NHS England representative amended from Director of Commissioning Operations NHS England, Essex and East Anglia Region to Director level Executive of NHS England Midlands and East of England Region
- That the commitment for the Board to host at least one stakeholder forum each year is removed

## **1. Recommendation(s)**

- 1.1 For the Health and Wellbeing Board to agree to the changes to the Terms of Reference as outlined within the report.

## **2. Introduction and Background**

- 2.1 The Health and Wellbeing Board is a statutory partnership board governed by s194 of the Health and Social Care Act 2012 (the Act). The Act specifies who must be a member of the Board and specifies how additional Board members are to be appointed. The Act states that at any time after a Health and Wellbeing Board is established, the Local Authority must, before appointing another member of the Board or amending the Terms of Reference, consult the Health and Wellbeing Board.
- 2.2 A commitment provided in the Board’s Terms of Reference is that it will be reviewed and refreshed on an annual basis. The purpose of this report is to ask the Health and Wellbeing Board to endorse the recommended changes prior to them being considered by the Council’s Governance Group and Monitoring Officer.

## **3. Issues, Options and Analysis of Options**

- 3.1 The inclusion of the Health and Wellbeing Board’s Vision, Principles and Goals within the Terms of Reference will provide more transparency about the functions of the Board for members of the public and local partners. The principles published in Thurrock’s Health and Wellbeing Strategy have been amended to include:
- The Board will ensure that commitments are delivered and all partners are accountable.
  - The Board will not settle for poor levels of service, continually striving to improve the planning and delivery of local services, ensuring that they meet the needs of the people of Thurrock.
  - To make sure that clear links continue to be established between health and education services, improving accessibility.

3.2 Amending the functions and job titles for Board membership will ensure that the Terms of Reference continues to accurately reflect the roles of existing members of the Health and Wellbeing Board. Positions amended are as follows:

- Chief Operating Officer for Thurrock NHS Clinical Commissioning Group amended to Accountable Officer.
- Director of Commissioning Operations NHS England, Essex and East Anglia Region amended to Director level representative for NHS England Midlands and East of England Region
- Chair of Thurrock Adult Safeguarding Board amended to Senior Representative of Thurrock Adult Safeguarding Board
- Chief Executive of Basildon and Thurrock University Hospitals (BTUH) Foundation Trust amended to Executive member of Basildon and Thurrock Hospitals University Foundation Trust.
- Executive Director of Community Services and Partnerships, South Essex Partnership Foundation Trust (SEPT) amended to Executive representative of Essex Partnership University Trust (EPUT)

3.3 The request to amend the requirement for the Chair of the Safeguarding Adults Board to be amended to Chair of the Safeguarding Adults Board or their senior representative reflects advice received from the Chair of the Safeguarding Adult's Board. The Chair of the Safeguarding Board is recruited for a set number of days per year which makes their ability to attend meetings outside the Safeguarding Board or directly related to Safeguarding Board business difficult. The Safeguarding Board will still retain a presence on the Board and be able to reflect any key issues. The same amendment has been provided for the Safeguarding Children's Board to ensure representation options remain consistent.

3.4 Board members are asked to consider removing the commitment provided under the Engagement Section of the Terms of Reference to hold one stakeholder event each year. This is because members of the community and partners are regularly engaged and provided with an opportunity to inform the implementation of the Health and Wellbeing Strategy.

#### **4. Reasons for Recommendation**

4.1 As set out in section 3, the recommendations aim to ensure that the Terms of Reference for the Health and Wellbeing Board accurately reflect members' roles and functions and ensures appropriate representation.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 The report is being provided to Health and Wellbeing Board as part of consulting members about proposed changes.

5.2 A further report will be provided to the Council's Governance Group and Monitoring Officer which reflects the Board's feedback and seeks final approval on the refreshed Terms of Reference.

## **6. Impact on corporate policies, priorities, performance and community impact**

6.1 The Health and Wellbeing Board leads on the community and corporate priority 'improve health and wellbeing'. It is important that its membership is appropriate to influencing and setting that agenda and allows health and wellbeing in Thurrock to be improved and inequalities in health and wellbeing to be reduced.

## **7. Implications**

### **7.1 Financial**

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

There are no financial implications.

### **7.2 Legal**

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

The membership of the Board is in keeping with the requirements of the Health and Social Care Act 2012. The process for amending the Board's membership also complies with the Health and Social Care Act 2012.

### **7.3 Diversity and Equality**

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

The Board's membership ensures representation is able to identify and respond to diversity and equality implications for Thurrock to ensure that all Thurrock citizens can achieve good health and wellbeing outcomes.

### **7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

None

## **8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):**

- Not applicable

## **9. Appendices to the report**

- Health and Wellbeing Board Terms of Reference

### **Report Author:**

Darren Kristiansen, Business Manager, Thurrock Health and Wellbeing Board

**Thurrock Health and Wellbeing Board**  
**Revised Terms of Reference**

<b>THURROCK HEALTH AND WELL-BEING BOARD</b>	
<b>Appointed by:</b>  The Council under section 102 of the Local Government Act 1972	<b>Number of Elected Members:</b>  Five
<b>Chair and Vice-Chair appointed by:</b>  The Chair will be the Portfolio Holder for Education and Health and shall be appointed by the Council	<b>Political Proportionality:</b>  There is no requirement for elected Members to be appointed in accordance with Political Proportionality
<b>Quorum:</b>  One quarter of the whole number of Board Members, provided that in no case shall the quorum of a Committee be less than three	<b>Co-opted Members to be appointed by Council:</b>  None
<b>Membership:</b> <ul style="list-style-type: none"> <li>• Leader of the Council*</li> <li>• Portfolio Holder for Education and Health (Chair)</li> <li>• Portfolio Holder for Children’s and Adult Social Care</li> <li>• Opposition Group Representative from each political group</li> <li>• Clinical Representative: Thurrock NHS Clinical Commissioning Group</li> <li>• Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board</li> <li>• Accountable Officer: Thurrock NHS Clinical Commissioning Group*</li> <li>• Executive Nurse: Thurrock NHS Clinical Commissioning Group</li> <li>• Lay Member Patient Participation: Thurrock NHS Clinical Commissioning Group</li> <li>• Corporate Director of Children’s Services *</li> <li>• Corporate Director of Adults, Housing and Health *</li> <li>• Corporate Director of Environment and Place</li> <li>• Director level Executive, NHS England Midlands and East of England Region*</li> <li>• Director of Public Health*</li> <li>• Chief Operating Officer HealthWatch Thurrock *</li> <li>• Chair Thurrock Community Safety Partnership Board</li> <li>• Chair of the Adult Safeguarding Board or their senior representative</li> <li>• Chair Thurrock Local Safeguarding Children’s Board or their senior representative</li> <li>• Integrated Care Director Thurrock, North East London Foundation Trust (NELFT)</li> <li>• Executive member, Basildon and Thurrock Hospitals University Foundation Trust</li> <li>• Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT)</li> <li>• Chief Executive Thurrock CVS</li> </ul> <p>* denotes mandatory organisational representation</p>	

## **Our Vision**

- Adding Years to Life and Life to Years:

## **Our Principles**

- Reducing inequality in health and wellbeing
- Prevention is better than cure
- Empowering people and communities
- Connected services
- Our commitments will be delivered
- Continually improving service delivery
- Continuing to establish clear links between health and education services, improving accessibility for all

## **Our Goals**

- Opportunity for All
- Healthier Environments
- Better Emotional Health and Wellbeing
- Quality Care Centred Around the Person
- Healthier for Longer

### **1. Purpose**

- 1.1 To improve health and wellbeing and reduce inequalities in health and wellbeing;
- 1.2 To develop and facilitate the delivery of transitional arrangements to meet statutory requirements within the emerging health agenda; and
- 1.3 To determine the health improvement priorities in Thurrock.

### **2. Functions**

- 2.1 Identify and join up areas of commissioning across the NHS, social care, public health, and other services directly related to health and well-being and reducing health inequalities;
- 2.2 Encourage and develop integrated working – for the purpose of advancing the health and well-being of and reducing health inequalities amongst Thurrock people;
- 2.3 Oversee the on-going development and refresh of the Joint Strategic Needs Assessment (JSNA);
- 2.4 Oversee the on-going development, refresh, and implementation of Thurrock's Joint Health and Well-Being Strategy (JHWS) – ensuring that it provides an overarching framework for commissioning plans related to Health and Well-Being and Health Inequalities;
- 2.5 Sign-off key commissioning plans, strategy, and policy related to Health and Well-Being;
- 2.6 Oversee the development of the pharmaceutical needs assessment; and
- 2.7 Performance manage the achievement of and progress against key outcomes

identified within the JHWS and against key commissioning plans.

### **3. Meeting Frequency**

3.1 The Board will meet a minimum of six times a year as far as practicable

### **4. Governance and Approach**

4.1 The Board will function at a strategic level, with priorities being delivered and key issues taken forward through existing partnership arrangements – which may at times include the establishment of task and finish groups

4.2 Only a small number of permanent sub-groups will exist to support the work of the Board: Health and Wellbeing Executive Committee; Integrated Commissioning Executive and Health and Wellbeing Housing and Planning Advisory Group

4.3 Decisions taken and work progressed will be subject to scrutiny by the Health and Well-Being Overview and Scrutiny Committee – and other Overview and Scrutiny Committees as appropriate (note: HealthWatch has a scrutiny function)

4.4 The development of the Health and Wellbeing Board and its agenda is a dynamic process. As a result, the Board's Terms of Reference will be reviewed at least annually and altered to reflect changes as appropriate.

4.5 Elected members will be nominated by the Leader of the Council

4.6 The Local Authority may nominate additional Board members in consultation with the Health and Wellbeing Board

4.7 The Board may appoint additional members as it thinks appropriate

### **5. Wider Engagement**

5.1 The Board will ensure that the decisions it makes and the priorities it sets take account of the needs of all of Thurrock's communities and groups – particularly those most in need

5.2 The Board will ensure that stakeholders including providers are engaged, with a Health and Well-Being Stakeholder Network established to assist with this purpose

### **Functions determined by Statute**

The Health and Wellbeing Board will operate in accordance with the provisions of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Health and Wellbeing Board may appoint one or more sub-committees of the Board to advise it with respect of any matter relating to the discharge of functions by the Board.

Functions of the Health and Wellbeing Board may also be discharged by a sub-committee of the Board or by an officer of the authority.