

20 July, 2018		ITEM: 10
Thurrock Health and Wellbeing Board		
Consequential amendments to the Health and Wellbeing Board's Terms of Reference and membership		
Wards and communities affected: None	Key Decision: Non-key	
Report of: Councillor James Halden, Portfolio Holder for Education and Health and Chair of Thurrock Health and Wellbeing Board		
Accountable Head of Service: n/a		
Accountable Director: Roger Harris, Corporate Director for Adults, Housing and Health		
This report is 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 pursuant to Article 15 Paragraph 3.4 of the Constitution to make consequential amendments to the Constitution including the current clarifications to the Board's Terms of Reference and changes in legislation to ensure that the Constitution is up-to-date...

Once Health and Wellbeing Board members have considered recommendations in this report the Monitoring Officer will be requested pursuant to Article 15 to incorporate these consequential amendments into the Constitution.

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

- Minor amendments to the Board's membership to ensure that the TOR reflects the current membership
- Inclusion within the TOR of the Board's sub-groups, bolstering governance and reporting arrangements
- Inclusion of new legislative requirements placed upon the Board

1. Recommendation(s)

- 1.1 That the Health and Wellbeing Board agrees to:
- The changes to the Terms of Reference as outlined within the report.
 - Delegating authority for representations to be made on behalf of the Board to NHS England on Pharmaceutical Consolidation Applications

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 agree the recommended amendments prior to them being considered by the Council's Monitoring Officer for inclusion in the Council's Constitution as consequential changes pursuant to Article 15 Paragraph 3.4.

3. Issues, Options and Analysis of Options

- 3.1 The inclusion of the Health and Wellbeing Board's sub groups will ensure governance arrangements are accurately presented in the TOR and that the aims, objective and reporting arrangements for each sub group is clearly defined.
- 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:
- Cllr Barbara Rice and Cllr Tony Fish are members of the Board. Cllr Leslie Gamester and Cllr Steve Liddiard are no longer members of the Board
 - Andrew Pike is now Chief Executive of BTUH and will be invited to future Board meetings as the Director level executive on behalf of BTUH.
 - Adrian Marr will be invited to future Board meetings as a Director level executive representing NHS England, Midlands and East of England Region, replacing Andrew Pike.
 - Gillian Ross will be invited to future Board meetings as lay member, patient participation, Thurrock NHS CCG.
- 3.3 Including new legislation that places a requirement on the Board to submit representations to NHS England on pharmaceutical consolidation applications

that are received ensures that the TOR continues to accurately reflect functions determined by statute. It is proposed that authority to submit representations on behalf of the Board to NHS England is delegated to Public Health. This is because Public Health already lead on Pharmaceutical Needs Assessments and will ensure that statutory deadlines for responding to NHS England can be met.

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.

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: David Lawson, Assistant Director of Law & Governance & Monitoring Officer

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 and Article 15 of the Council Constitution.

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

THURROCK HEALTH AND WELL-BEING BOARD	
Appointed by: The Council under section 102 of the Local Government Act 1972	Number of Elected Members: Five
Chair and Vice-Chair appointed by: The Chair will be the Portfolio Holder for Education and Health and shall be appointed by the Council	Political Proportionality: There is no requirement for elected Members to be appointed in accordance with Political Proportionality
Quorum: One quarter of the whole number of Board Members, provided that in no case shall the quorum of a Committee be less than three	Co-opted Members to be appointed by Council: None
<p>Membership:</p> <ul style="list-style-type: none"> • Leader of the Council* (Cllr Robert Gledhill) • Portfolio Holder for Education and Health (Chair) (Cllr James Halden) • Portfolio Holder for Children’s and Adult Social Care (Cllr Sue Little) • Cllr Barbara Rice • Cllr Tony Fish • Corporate Director of Adults, Housing and Health * (Roger Harris) • Corporate Director of Children’s Services * (Rory Patterson) • Director of Public Health* (Ian Wake) • Accountable Officer: Thurrock NHS Clinical Commissioning Group* (Mandy Ansell) • Chief Operating Officer HealthWatch Thurrock * (Kim James) • Clinical Representative: Thurrock NHS Clinical Commissioning Group (Dr Anjan Bose) • Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board (Dr Deshpande) • Executive Nurse: Thurrock NHS Clinical Commissioning Group (Jane Foster-Taylor) • Lay Member Patient Participation: Thurrock NHS Clinical Commissioning Group (Gillian Ross) • Corporate Director – Place (Steve Cox) • Director level Executive, NHS England Midlands and East of England Region (Adrian Marr) • Chair Thurrock Community Safety Partnership Board / Director – Environment and Highways (Julie Rogers) • Chair of the Adult Safeguarding Board or their senior representative (Graham Carey, Independent Chair or Jane Foster-Taylor, Thurrock CCG) • Chair Thurrock Local Safeguarding Children’s Board or their senior representative (David Archibald) • Integrated Care Director Thurrock, North East London Foundation Trust (NELFT) (Tania Sitch) • Executive member, Basildon and Thurrock Hospitals University Foundation Trust (Andrew Pike) • Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Malcolm McCann) • Chief Executive Thurrock CVS (Kristina Jackson) <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 Health and Well-Being Strategy (HWS) – 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 manages 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**, a strategic group that supports the Health and Wellbeing Board
- **Integrated Commissioning Executive (ICE)**. ICE is a decision making body responsible overseeing the delivery of the Better Care Fund Plan, and the wider health and wellbeing transformation agenda in Thurrock. The ICE meets monthly and minutes are a standing item at Health and Wellbeing Board meetings.
- **Housing and Planning Advisory Group (HPAG)**. HPAG supports the Board with influencing plans for the built environment and the potential impact of those plans on health and wellbeing of the population of Thurrock. It does this by looking at significant development plans (major) at the earliest possible stage to enable full consideration to be provided to the potential impact of new developments on people's health and wellbeing. HPAG reports to the HWB on an annual basis.
- **Thurrock Integrated Care Alliance** comprises different organisations from the health and care system who work together to improve the health of their local population by integrating services and tackling the causes of ill health.
- The **Health and Wellbeing Engagement Advisory Group**. Aims to ensure that the health and care system is responsive to meeting the needs of Thurrock's population and that that residents have the opportunity to engage with, influence and shape that system.

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.

Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) require the Health and Wellbeing Board to make representations to NHS England on the effect of the proposed removal of premises from the pharmaceutical list, usually provided through an application to consolidate pharmacies. The Health and Wellbeing Board have delegated authority to respond on its behalf to Public Health.