

<b>22 July 2015</b>		<b>ITEM: 12</b>
<b>Council</b>		
<b>Thurrock Health and Wellbeing Board – Change to membership</b>		
<b>Wards and communities affected:</b> None	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Councillor Barbara Rice, Portfolio Holder for Adult Social Care and Health		
<b>Accountable Head of Service:</b> n/a		
<b>Accountable Director:</b> Roger Harris, Director of Adults, Health and Commissioning		
<b>This report is Public</b>		

### **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.

This paper asks Council to agree to the following organisations and posts becoming members of the Health and Wellbeing Board:

- NHS Providers North East London Foundation Trust (NELFT), South Essex Partnership Trust (SEPT), and Basildon and Thurrock University Hospitals Foundation Trust (BTUH) - one executive officer representative per organisation;
- Thurrock Council for Voluntary Services (CVS) – one representative; and
- Thurrock Clinical Commissioning Group's Executive Nurse.

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

- 1.1 That Council agree to NHS Providers NELFT, SEPT, and BTUH becoming members of Thurrock Health and Wellbeing Board;**
- 1.2 That Council agree to Thurrock CVS becoming a member of Thurrock Health and Wellbeing Board;**

- 1.3 That Council agree to Thurrock CCG's Executive Nurse becoming a member of Thurrock Health and Wellbeing Board; and**
- 1.4 That subject to agreement to recommendations 1.1 – 1.3, Council agrees the amended Terms of Reference for the Health and Wellbeing Board.**

## **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.
- 2.2 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, consult the Health and Wellbeing Board.
- 2.3 At its meeting of the 15<sup>th</sup> June 2015, the Health and Wellbeing Board agreed changes to its membership - subject to those changes being endorsed by Council.
- 2.4 The purpose of this report is to ask Council to endorse the changes to membership agreed by the Health and Wellbeing Board at its 15<sup>th</sup> June meeting. The remainder of the report provides the rationale for appointing those additional members to the Board.

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

- 3.1 The Health and Wellbeing Board has leadership responsibility for influencing and developing the agenda across the health and care system so that it improves the health and wellbeing of and reduces inequalities in health and wellbeing within Thurrock's population. As part of this, Boards have responsibilities for encouraging integrated working and partnership arrangements for health and social care services – such as integrated provision and pooled budgets via the development of Better Care Fund Plans. As the agenda continues to evolve and as Boards continue to develop their system leadership role, it is difficult to see how comprehensive discussions and decisions about the future of the system governing health and wellbeing can take place without all partners – including key NHS providers – being included.
- 3.2 A significant number of Boards (estimated one third in October 2014 but now likely to be higher as a result of the agreement of Better Care Fund Plans) have already taken the step to include key NHS providers as full members. A recent letter from the current Secretary of State for Health urged Boards who did not have providers as members to reconsider this position stating 'that where providers have been included as full members on Boards there have been clear advantages' and going on to say that Boards should 'at least

consider current arrangements, and assure themselves that the right structures and relationships are in place’.

- 3.3 Health and Wellbeing Boards will continue to shape the system so that it not only responds effectively when people become ill and/or need a service, but so a greater number of people can be supported within their communities and by their communities – to prevent, reduce, and delay a decline in health and wellbeing or the need for a traditional service response. Due to the growing emphasis on the role communities play as a part of the ‘system’, the paper recommends that Council endorse the decision to provide Thurrock CVS with a seat on the Health and Wellbeing Board.
- 3.4 Additionally, Thurrock CCG’s Acting Interim Accountable Officer recommended to the Board that a membership place should be given to the CCG’s Executive Nurse, thus strengthening clinical representation. This was agreed by the Board.

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

- 4.1 As set out in section 3, the recommendations aim to ensure that membership of the Board appropriately reflects the health and care system and therefore enables that system to be developed and shaped to improve the health and wellbeing of Thurrock’s population, and reduce inequalities in health and wellbeing of Thurrock’s population.

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

- 5.1 The recommendations have been discussed and agreed by the Health and Wellbeing Board at the Board’s meeting of the 15 June 2015.

#### **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: **Mike Jones**  
**Management Accountant**

There are no financial implications.

## 7.2 Legal

Implications verified by: **Dawn Pelle**  
**Adult Care Lawyer**

There are no legal implications

## 7.3 Diversity and Equality

Implications verified by: **Rebecca Price**  
**Community Development Officer**

There are no diversity and equality implications.

## 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):

- Report to Health and Wellbeing Board 15 June 2015

## 9. Appendices to the report

- Appendix 1 – Health and Wellbeing Board Terms of Reference

## Report Author:

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