

## **Thurrock 'Shadow' Health and Well-Being Board Draft Terms of Reference**

### **Purpose**

- To act as the Shadow Thurrock Health and Well-Being Board between April 2011 and April 2013
- To develop and facilitate the delivery of transitional arrangements to meet statutory requirements within the emerging health agenda
- To determine health improvement priorities in Thurrock

### **Functions**

- Develop arrangements and ensure an inaugural meeting for Thurrock's Health and Well-Being Board by April 2013
- 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
- Develop and oversee transitional arrangements for the health agenda
- Encourage and develop integrated working – for the purpose of advancing the health and well-being of and reducing health inequalities amongst Thurrock people
- Oversee the development and refresh of the Joint Strategic Needs Assessment (JSNA)
- Oversee the development of a 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
- Sign-off and challenge of key commissioning plans, strategy, and policy related to Health and Well-Being and Health Inequalities
- Oversee the development of the pharmaceutical needs assessment
- Performance manage the achievement of and progress against key outcomes identified within the JHWS
- Input in to and keep an oversight of the South Essex PCT Cluster and GP Consortia development

### **Membership**

Membership of the shadow board is likely to vary whilst developing towards final arrangements. The final arrangements will mirror statutory requirements as will be confirmed by the Health and Social Care Act 2011.

## **Membership**

- 3 elected members including: Leader of the Council (Chair), Portfolio Holder with lead responsibility for Health, one opposition elected member
- GP representatives – one GP representative of Thurrock Managed Care, one GP representative of Multi-Consortia Consortium, deputy Medical Director NHS South West Essex
- Director of Adult Social Services
- Director of Children’s Services
- Chief Executive South Essex PCT Cluster until 2013
- Non Executive Director NHS South West Essex until 2013
- Director of Public Health
- Representative of Local HealthWatch (Thurrock LINK representative until Local HealthWatch is in place)
- Other representatives as appropriate – e.g. Thurrock Council’s Head of Strategic Commissioning and Resources; Head of Care and Targeted Outcomes; and Head of Public Protection
- Other elected members as and when appropriate to the agenda as agreed by the Leader of the Council

## **Chair arrangements**

- Leader of the Council

## **Meeting Frequency**

- The Board will initially meet a minimum of six times a year.

## **Governance and Approach**

- The Board will work in a ‘work-shop’ type approach
- The Board will function at a strategic level, with priorities being delivered and key issues taken forward through the establishment of ‘task and finish’ groups
- Only a small number of permanent sub-groups will exist
- It is expected that there would be a permanent Joint Commissioning Group and Health Improvement Group
- Decisions taken and work progressed will be subject to scrutiny by the Health and Well-Being Overview and Scrutiny Committee – and also the Children’s Overview and Scrutiny Committee as appropriate

## **Wider Engagement**

- The Board will want to 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
- A Health and Well-Being Stakeholder Forum will be organised on a twice yearly basis to assist with this purpose
- The Board will want to ensure providers are engaged with – and may do this through the Health and Well-Being Stakeholder Forum or through a separate engagement event

