

**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 a Portfolio Holder as determined 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* (Cllr Robert Gledhill) - Conservative</li> <li>• Portfolio Holder for Education and Health (Chair) (Cllr James Halden) – Conservative</li> <li>• Portfolio Holder for Children’s and Adult Social Care (Cllr Sue Little) - Conservative</li> <li>• Cllr Luke Spillman (Thurrock Independents)</li> <li>• Cllr Tony Fish - Labour</li> <li>• Corporate Director of Adults, Housing and Health * (Roger Harris)</li> <li>• Corporate Director of Children’s Services * (Roger Harris – Interim Director for Children’s Services)</li> <li>• Director of Public Health* (Ian Wake)</li> <li>• Accountable Officer: Thurrock NHS Clinical Commissioning Group* (Mandy Ansell)</li> <li>• Chief Operating Officer HealthWatch Thurrock * (Kim James)</li> <li>• Clinical Representative: Thurrock NHS Clinical Commissioning Group (Dr Anjan Bose)</li> <li>• Chair: Thurrock NHS Clinical Commissioning Group or a clinical representative from the Board (Dr Deshpande)</li> <li>• Executive Nurse: Thurrock NHS Clinical Commissioning Group (Jane Foster-Taylor)</li> <li>• Lay Member Patient Participation: Thurrock NHS Clinical Commissioning Group (Trevor Hitchcock)</li> <li>• Corporate Director – Place (Andy Millard, Interim Director for Place)</li> <li>• Director level Executive, NHS England Midlands and East of England Region (Ann Radmore)</li> <li>• Chair Thurrock Community Safety Partnership Board / Director – Environment and Highways (Julie Rogers)</li> <li>• Chair of the Adult Safeguarding Board or their senior representative (Jim Nicholson, Independent Chair or Jane Foster-Taylor, Thurrock CCG)</li> <li>• Chair Thurrock Local Safeguarding Children’s Partnership or their senior representative (Alan Cotgrove)</li> <li>• Integrated Care Director Thurrock, North East London Foundation Trust (NELFT) (Tania Sitch)</li> <li>• Executive member, Basildon and Thurrock Hospitals University Foundation Trust (Andrew Pike / Preeti Sud)</li> <li>• Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Nigel Leonard)</li> </ul>	

- Chief Executive Thurrock CVS (Kristina Jackson)
- **Member to be confirmed.** HM Prison and Probation Service

\* denotes mandatory organisational representation

### **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.
- 1.4 To oversee the development and implementation of Thurrock's Health and Wellbeing Strategy

## **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 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 quarterly.

### **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 The Board has delegated operation decisions to the Health and Wellbeing Board Executive Committee, a subgroup of the Board. A standing item will be included at Health and Wellbeing Board meetings which provides for the Executive Committee to inform the Board of decisions that have been taken.

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.
- **Thurrock Drug and Alcohol Action Team (DAAT)**. Commissioning drug and alcohol treatment and support services for young people, adults, families and carers throughout Thurrock.
- 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 continue to 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.