

13th November 2014	ITEM: 10
Thurrock Health and Wellbeing Board	
PROPOSED AMENDMENTS TO THURROCK'S HEALTH AND WELLBEING BOARD MEMBERSHIP	
Report of: Roger Harris, Director of Adults, Health and Commissioning	
Accountable Director: N/A	
This report is Public	
Purpose of Report: To propose changes to the Board's membership to strengthen the links between the Board and Thurrock's Adult and Children's Safeguarding Boards.	

EXECUTIVE SUMMARY

Recent Ofsted Inspections of Children's services across the country have highlighted the importance of the close working relationship between the Health and Wellbeing Boards and Children's Safeguarding Boards. Inspections have raised concerns in areas where Health and Wellbeing Boards have not had the Chair of the Children's Local Safeguarding Board as one of its members. In addition Adults Safeguarding Boards will become statutory Boards as part of the Care Act 2014 from April 2015. As such this report is recommending that the Health and Wellbeing Board's membership is expanded to include:

- Portfolio Holder for Children's Social Care
- Chair of Local Safeguarding Children Board
- Chair of Safeguarding Adults Partnership Board

1. RECOMMENDATIONS:

1.1 That the Board endorse the recommendation that the Chairs of the Adults and Children's Safeguarding Boards and the Children's Social Care Portfolio Holder become full Board members of the Health and Wellbeing Board - subject to agreement by Council on the 28th January 2015. (Paragraph 2.4).

2. CHANGES TO BOARD MEMBERSHIP

- 2.1** The Health and Social Care Act 2012 states that at any time after a Health and Wellbeing Board is established, the Council must, before appointing another member of the Board, consult the Health and Wellbeing Board.
- 2.2** If the member of the Board to be appointed is a councillor, the nomination must be made by the executive leader of the Council.

- 2.3 Additional Board members can be appointed in agreement with Full Council. As of April 2013, Health and Wellbeing Boards (HWBB) became Statutory Partnership Boards. The Health and Social Care Act 2012 stated that 'a Health and Wellbeing Board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under Section 102 of the Local Government Act 1972'.
- 2.4 Recent Ofsted inspections across the country have raised concerns about the lack of involvement of Chairs of Children's Safeguarding Boards on the Health and Wellbeing Board. It is a core expectation of Ofsted that the Chair of the LSCB is a member of the HWBB in order to strengthen the coordination, focus and impact of the LSC Board's work with the Health and Wellbeing Board.
- 2.5 The Care Act 2014 makes Adult Safeguarding Boards statutory Boards to give them equal status to Children's Safeguarding Boards. This new requirement will come in to effect as of 1st April 2015.
- 2.6 This reports asks the Board to endorse the following the following positions as full members of the Board:
- Portfolio Holder for Children's Social Care
 - Chair of Local Safeguarding Children Board (LSCB)
 - Chair of Safeguarding Adults Partnership Board
- 2.7 The Council will be asked to agree these changes on 28th January after which the Board's Terms of Reference will be amended.

3. REASONS FOR RECOMMENDATION:

- 3.1 To ensure robust relationship between the Safeguarding Boards and Health and the Wellbeing Board.
- 3.2 This report recommends that the Board endorse the proposed changes to its Membership. Should the Board choose not to endorse the recommendations set out within this paper (paragraph 1.1) there are possible risks relating to the HWBB safeguarding children governance responsibilities. This risk is evidenced in recent Ofsted inspections of Local Safeguarding Boards across the country where Boards are being graded as requires improvement due to this process not being in place within a Local Authority area. It is a core expectation of Ofsted that the Chair of the LSCB is a member of the HWBB in order to strengthen the coordination, focus and impact of the LSC Board's work with the Health and Wellbeing Board (reference section 136 and 144 Ofsted inspection of Barking and Dagenham LSCB report 7 July 2014 graded - requires improvement).

4 CONSULTATION (including Overview and Scrutiny, if applicable)

- 4.1 N/A

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

5.1 As a Committee of the Council, the Health and Wellbeing Board's Terms of Reference has been incorporated within the Council's Constitution. This is to be agreed at Full Council on the 28th January 2015.

5.2. IMPLICATIONS

5.3. Financial

Implications verified by: **Mike Jones**
Telephone and email: **01375 652772**
No implications identified. **mxjones@thurrock.gov.uk**

No implications identified.

5.4 Legal

Implications verified by: **Dawn Pelle**
Telephone and email: **dawn.pelle@bdtlegal.org.uk**

There are no legal implications especially as the statutory basis of the Safeguarding Board (from the 1st April 2015 due to the Care Act 2014) has been recognised and the claim is being invited to be a member of the Health and Wellbeing Board.

5.5 Diversity and Equality

Implications verified by: **Theresa Evans**
Telephone and email: **Teresa.Evans@lbbd.gov.uk**

No implications identified.

5.6 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

N/A

APPENDICES TO THIS REPORT:

- **Appendix 1:** Health and Wellbeing Board Terms of Reference

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Appendix 1:**Thurrock Health and Wellbeing Board
Draft Terms of Reference****Key Strategic Aims of Thurrock Health and Wellbeing Board**

Resourceful and resilient people in resourceful and resilient communities where:

- Every child has the best possible start in life;
- People make better lifestyle choices and take more responsibility for their health and wellbeing;
- People stay healthier longer, adding years to life and life to years; and
- The health and wellbeing of communities in Thurrock are more equal.

Purpose

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

Functions

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

Membership

- Leader of the Council
- Portfolio Holder for Adult Social Care and Health
- Opposition Group Representative x 2
- Clinical Representative: Thurrock NHS Clinical Commissioning Group
- Chair of Thurrock NHS Clinical Commissioning Group
- Chief Operating Officer of Thurrock NHS Clinical Commissioning Group
- Portfolio Holder for Children's Social Care
- Chair of Local Safeguarding Children Board
- Chair of Safeguarding Adults Partnership Board

- Lay Member for Patient Participation: Thurrock NHS Clinical Commissioning Group
- Director of Adults, Health and Commissioning
- Director of Housing
- Director of Children's Services
- Director NHS England Essex Area Team
- Director of Commissioning NHS England Essex Area Team
- Director of Public Health
- Chief Operating Officer Healthwatch Thurrock
- Chair Thurrock Community Safety Partnership Board

In accordance with the Health and Social Care Act 2012:

- Elected members will be nominated by the Leader of the Council
- The Local Authority may nominate additional Board members in consultation with the Health and Wellbeing Board
- The Board may appoint additional members as it thinks appropriate

Chair arrangements

- Portfolio Holder for Adult Social Care and Health

Meeting Frequency

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

Governance and Approach

- 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
- Only a small number of permanent sub-groups will exist to support the work of the Board: Health and Wellbeing Executive Committee; and Joint Commissioning Board
- Decisions taken and work progressed will be subject to scrutiny by the Health and Wellbeing Overview and Scrutiny Committee – and other Overview and Scrutiny Committees as appropriate (nb Healthwatch has a scrutiny function)

Wider Engagement

- 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
- The Board will ensure that stakeholders including providers are engaged, with a Health and Wellbeing Stakeholder Network established to assist with this purpose
- The Health and Wellbeing Board will host at least one Stakeholder Forum per year

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