

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 determined 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
Membership: <ul style="list-style-type: none"> • Cllr D Huelin (Chair) • Cllr B Johnson • Cllr S Ralph • Cllr S Liddiard • Cllr S Muldowney • Corporate Director of Adults, Housing and Health * (Ian Wake) • Corporate Director of Children's Services * (Sheila Murphy) • Director of Public Health* (Jo Broadbent) • Executive Lead Mid and South Essex Health and Care Partnership & Joint Accountable Officer for its 5 CCGs (Anthony McKeever)* • NHS Thurrock Alliance Director (Interim), MSE ICP (Stephen Porter) • NHS Thurrock Alliance Interim Deputy Director (Rahul Chaudari) • 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 Anil Kallil) • Deputy Executive Nurse: Thurrock NHS Clinical Commissioning Group (Stephen Mayo) • Chair Thurrock Community Safety Partnership Board / Director Public Realm (Julie Rogers) • Chair of the Adult Safeguarding Partnership or their senior representative (Jim Nicholson) • Thurrock Local Safeguarding Children's Partnership or their senior representative (Sheila Murphy) • Director level representation of Thurrock, North East London Foundation Trust (NELFT) (Gill Burns) • Partnership Director, Thurrock Council, EPUT and NELFT (Rita Thakaria) • Executive member, Basildon and Thurrock Hospitals University Foundation Trust (/Michelle Stapleton / Hannah Coffey, Deputy Chief Executive Corporate Office Mid and South Essex NHS Foundation Trust 	

- Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Alex Green)
- Chief Executive Thurrock CVS (Kristina Jackson)
- Essex Police (Chief Superintendent Jenny Barnett)
- HM Prison and Probation Service (member to be determined)

* 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 including linking with wider governance structures at system (Health and Care Partnership), place (Thurrock) and locality (Primary Care Network) levels; and
- 1.3 To determine the health improvement priorities in Thurrock and oversee the development and implementation of Thurrock's Health and Wellbeing Strategy, a statutory requirement. Within Thurrock this comprises:
 - Health and Wellbeing Strategy
 - Thurrock Place Based Adult Strategy
 - Brighter Futures, Children and Young People 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 bi-monthly.

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 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. HealthWatch, a statutory member of the Board also provides a scrutiny function
- 4.3 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.
- 4.4 Elected members will be nominated by the Leader of the Council.
- 4.5 The Local Authority may nominate additional Board members in consultation with the Health and Wellbeing Board
- 4.6 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

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.

As such the HWB continues to be reflected in NHS Governance arrangements whereby the ICS NHS body will want to agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards.

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.