

**Thurrock Health and Wellbeing Board**  
**Revised Terms of Reference**

| <b>THURROCK HEALTH AND WELL-BEING BOARD</b>  |  |
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| <p><b>Appointed by:</b><br/>The Council under section 102 of the Local Government Act 1972</p>   | <p><b>Number of Elected Members:</b><br/>Four (<b>One is statutorily required</b>)</p>   |
| <p><b>Chair and Vice-Chair appointed by:</b><br/>The Chair will be determined by the Council.</p>  | <p><b>Political Proportionality:</b><br/><b>There is no statutory requirement for elected Members to be appointed in accordance with Political Proportionality</b></p> |
| <p><b>Quorum:</b><br/>One quarter of the whole number of Board Members, provided that in no case shall the quorum of a Committee be less than three</p> <p><b>Publishing of papers:</b><br/><b>It is a statutory requirement for Board papers to be published at least 5 working days prior to meetings.</b></p>   | <p><b>Co-opted Members to be appointed by Council:</b><br/>None</p>  |
| <p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>• <del>Cllr D Huelin</del> G Coxshall (Chair)*</li> <li>• Cllr B Johnson</li> <li>• <del>Cllr S Ralph</del> Cllr E Rigby</li> <li>• <del>Cllr S Liddiard</del> Cllr S Shinnick</li> <li>• <del>Cllr S Muldowney</del></li> <li>• Corporate Director of Adults, Housing and Health * (Ian Wake)</li> <li>• Corporate Director of Children’s Services * (Sheila Murphy)</li> <li>• Director of Public Health* (Jo Broadbent)</li> <li>• Executive Lead Mid and South Essex Health and Care Partnership &amp; Joint Accountable Officer for its 5 CCGs (<del>Anthony McKeever</del>) Vacant</li> <li>• NHS Thurrock Alliance Director, MSE ICP (Aleksandra Mecan)**</li> <li>• NHS Thurrock Alliance Deputy Director (<del>Rahul Chaudari</del>-Margaret Allen)</li> <li>• Chief Operating Officer HealthWatch Thurrock * (Kim James)</li> <li>• Director level representation of Thurrock, North East London Foundation Trust (NELFT) (Gill Burns)</li> <li>• Chair of the Adult Safeguarding Partnership or their senior representative (Jim Nicholson)</li> <li>• Thurrock Local Safeguarding Children’s Partnership or their senior representative (Sheila Murphy)</li> <li>• Partnership Director, Thurrock Council, EPUT and NELFT (Rita Thakaria)</li> <li>• <b>Mid and South Essex NHS Foundation Trust (Michelle Stapleton – Acting Managing Director – Care Group 4; Fiona Ryan – Action Managing Director Care Group 1 and Hannah Coffey, Acting Chief Executive).</b></li> <li>• Executive Director of Community Services and Partnerships, Essex Partnership University Trust (EPUT) (Alex Green)</li> <li>• Chief Executive Thurrock CVS (<del>Vacant</del>-Mark Tebbs)</li> <li>• Essex Police (Chief Superintendent Jenny Barnett /Chief Constable BJ Barrington)</li> </ul> |  |

- Assistant Director for Counter Fraud and Community Safety (Michael Dineen)
- ~~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)~~
- Clinical Representative (Dr Anjan Bose)
- ~~HM Prison and Probation Service (member to be determined)~~
- Chair Thurrock Community Safety Partnership Board (Julie Rogers)

\* Denotes mandatory organisational representation

\*\* As representative of CCG under statutory requirements

## **Our Vision**

The Board's Vision of Levelling the Playing Field aims to tackle the many causes of poor health that are not level across Thurrock. These include individuals' health risk behaviours such as smoking and the quality of clinical care that people receive, but the greatest influences on overall community health are wider determinants of health.

These include high-quality education, access to employment and other opportunities, warm and safe homes, access to green spaces and leisure, strong and resilient communities and effective public protection. Thurrock experiences an unlevel playing field in each of these areas and the Health and Wellbeing Strategy aims to level up those inequities.

## **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, Better Care Together – Case for Further Change
  - 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 (delegated to Public Health); 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 and operation of the Board

**The following operational aspects of the Board were agreed by members in July 2022 as part of the annual TOR review. The operation of Board reflects recommendations made in the independent review of Board in 2022.**

- 3.1 The Board will meet bi-monthly on a Friday. Meeting may be arranged by exception. Meetings will be hybrid, all members of the Board who are council officers and representatives must attend in person. Members attending virtually can provide feedback but cannot formally vote on matters arising. **However, subject to the Chair's agreement where a special meeting is arranged all members can attend virtually and can formally vote on matters considered.**
- 3.2 An action and decision log supports the Board and provide an audit of decisions and approvals that have been taken. This provides for members to approve the minutes and keep track of actions that have been agreed.

- 3.3 As part of helping to ensure that agenda items do not overrun a simple flag system is used whereby presenters are provided with a two-minute warning when their allocated time is concluding. Presenters are advised of the time that they have been allocated in advance of the meeting and prompted at the meeting when their time is concluding. This approach facilitates members of Board providing comments and asking any questions that they may have.
- 3.4 As part of ensuring that Board drives forward the refreshed Health and Wellbeing Strategy and effectively monitors progress each of the six themes of the HWB Strategy are considered each Municipal year.
- 3.5 For year 1 of the refreshed HWB Strategy, Board members were provided with focussed items setting out the detail of each of the themes and plans for delivering the outcomes over the life of the Strategy. This year, - Year two, Board members will receive reports on progress being made on each theme and commitments for Year 2, 2023/24.
- 3.6 ~~Elected members being able to nominate agreed substitutions to attend meetings when needed. Constitutionally, there is no restriction on having substitutes for those places. Nominations for subs would follow the usual process at Full Council.~~

#### **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. One elected member is statutorily required for the membership, but more than one elected member can be nominated.
- 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. The Board is currently supported by the following sub-committees:

- **Thurrock Integrated Care Alliance (TICA).** The TICA 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 Better Care Together – A Case for Further Change, providing links at system, place and locality levels.
- **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.
- **The Brighter Futures Partnership.** Strategic partnership responsible for developing and overseeing Brighter Futures Strategy

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. Reports to Board are provided by exception.