

# Essex Health and Wellbeing Board

## Terms of Reference

### **Purpose:**

The purpose of the Essex Health and Wellbeing Board (EHWB) is to play a pivotal role in all parts of Essex to enable residents to lead healthy lives in ways which extend life expectancy and minimise differences in life expectancy between places. It will do this through delivering, supporting and influencing within the complex local system addressing the wider determinants of health.

### **Context:**

Essex comprises about one and a half million citizens with a further 350,000 in the adjoining unitary councils of Southend and Thurrock. The population is ageing with the problems of frailty, including dementia, that that brings. There are increasing numbers of people with learning and other complex disabilities maturing into and across adulthood. Accordingly, there are increasing numbers of voluntary carers who share a similar demographic profile.

While life expectancy across the county is at or slightly above the national average, there are significant differences between areas and there is a clear inverse correlation between life expectancy and deprivation. Inequalities exist at geographical level as well between different vulnerable groups. These inequalities are driven by socioeconomic factors including income, education, employment, community safety, loneliness and housing.

The characteristics associated with unhealthy lifestyles are again in line with national averages but with significant intra-county variations and excluded groups. These include levels of obesity, physical inactivity and substance misuse. Diabetes remains a growing common ailment.

Mental illness and frailty is at least in line with national averages but there are particular concerns about levels of suicide where some districts feature among the worst effected in the country.

### **Activities of the Board:**

The Health and Wellbeing Board is a statutory committee of Essex County Council. However, ownership of delivery and issues sits with all partners.

Given the purpose and context, the HWB will:

- Commission a joint strategic needs analysis (JSNA) from time to time as required.
- Ensure comprehensive and whole-system dialogue so that the emerging Joint health and wellbeing strategy (JHWS) has common ownership and commitment.
- Optimise and oversee delivery of the JHWS.

- Ensure whole system understanding of and commitment to the health and wellbeing agenda in key areas of influence such as economic development and employment, housing and education.
- Strive for perfect communications and collaboration between all parts of the system notably ICSs, local alliances and district level Health and Wellbeing Boards.
- Operate on the principle of subsidiarity recognising that strategies initiated by the EHWB should be limited to those which require a true pan-Essex focus.
- Promote the import of best practice from outside the county, and the sharing / adoption of best practice within the county.
- Provide a high-quality channel for dialogue with and feedback from residents and users, in line with the democratic accountability which local government brings to the system.

### **Way of Working:**

The EHWB will focus on those areas across the county where health and wellbeing have greatest impacts, or where activities have greatest impact on health and wellbeing. For instance, healthy workforces will enable competitive advantage in retaining and bringing high-quality employment to the county while areas of high unemployment will be disadvantageous to health. The Board will wish to ensure that there is optimal system impact on all key wider determinants of health be they socioeconomic, lifestyle, clinical or environment related

The EHWB will operate flexibly, seeking to create the right means and groups to deliver particular elements of the strategy. Formal face-to-face meetings will be supplemented by informal sessions whether face-to-face or virtual. Subcommittees such as the Essex Strategic Co-ordination Group (ESCG) will exist alongside working groups and task-and-finish groups.

Wherever possible the HWB will wish work to be undertaken through existing partnerships and groups. New groups will only be established where there is not an existing group that could embrace that function. This might be because no such group exists or it would be impossible for that group to afford sufficient priority to the required action.

The ESCG will retain a key coordination and delivery function. The group also supports the Essex Partnership Board (EPB) which will help ensure aligned agendas. This will be further enhanced through a shared dedicated secretariat. The ESCG role will include to develop agendas and coordinate delivery, with membership that reflects the full HWB.

The HWB will work adopt a subsidiarity as a key principle. This will involve strong links with local Alliances and district/borough and city level Health and Wellbeing Boards. The importance of the District County Health and Wellbeing forum will be considered in this.

The Board recognises the key importance of user voice. Local resident input will be key to success with Healthwatch, VCS members and elected members –

including town and parish - on the Board having a key role in facilitating the Board's access to residents.

The complexity of the Essex system is apparent to all. It is hard to fully capture the full nuances of how the Board will work alongside the new NHS focussed system architecture and some degree of permeability, tolerance and acknowledgement of overlaps will be required of members. Further work in particular will be needed to more specifically clarify operational working with the three ICPs.

### **Proposed Membership:**

Based on the above the membership proposed is:

- Essex County Councillors x 2 as determined by the Leader of the Council from time to time (one of who will ordinarily be Chairman of the Board and currently the Cabinet members for Adult Social Care and Children's Services)
- Essex County Council senior officers:
  - Chief Executive (or nominee)
  - Executive Director of Adult Social Care [DASS]
  - Executive Director of Children's Services [DCS]
  - Director, Wellbeing, Public Health and Communities [DPH]
- The Chair and Chief Executive from each ICB
- An officer and elected member from each of the Alliances – to be appointed by the Board on the recommendation of each Alliance and
- One representative of each the following types of provider organisations: acute hospitals, mental health, community providers– to be co-opted by the board after consulting organisations or their representatives
- Each ICB to appoint a GP representative
- Two representatives of district councils appointed by the Board after consulting district councils or their representatives
- One representative appointed by the Essex Association of Local Councils
- One representative to be nominated by Healthwatch Essex
- Essex Police, Fire and Crime Commissioner
- Essex Police Chief Constable
- Voluntary Sector x 2 – to be appointed by the Board after consulting organisations or their representatives
- Business sector representative eg from South East Local Enterprise Partnership or Chamber of Commerce – appointed by the Board
- One representative nominated by NHS England
- A person co-opted by the Board as the Chair of Essex Partnership Strategic Coordination Group

There will also be an extended associate membership of those with specific expertise on specific issues of interest to the Board, who are not formally members of the board and who do not have voting rights but who may attend as they wish. This will include:

- Representative from the universities
- A data analytics practitioner
- Safeguarding Chair

The Chairs of both the Southend HWB and the Thurrock HWB will also have a standing invitation to attend meetings as a non-voting observer.