

## CABINET ITEM COVERING SHEET PROFORMA

### **AGENDA ITEM**

### **REPORT TO CABINET**

**17 JULY 2014**

### **REPORT OF CORPORATE MANAGEMENT TEAM**

## **COUNCIL DECISION**

**Adult Services and Health - Lead Cabinet Member – Councillor Jim Beall**

### **HEALTH & WELLBEING BOARD – REVIEW OF BOARD / PARTNERSHIP STRUCTURES**

1. Summary

On its inception, the Health and Wellbeing Board agreed to review its structures (including the Health and Wellbeing Partnership) after approximately one year. The Board held an Away Day in February 2014, providing the opportunity to review the work of the Board and the structures around it; a draft action plan is being prepared as a result of this. A key recommendation of the review was to reassess the Health and Wellbeing Partnership function and membership; and the commissioning groups supporting the Board. This paper summarises a proposal reflecting these discussions and is presented in conjunction with more detailed papers regarding the Children and Young People's Health and Wellbeing Commissioning Group and Adults' Health and Wellbeing Commissioning Group.

2. Recommendations

1. that Cabinet reviews the proposed changes in this paper, emerging from the review of the Health and Wellbeing Board structures, one year in; and recommend their approval to Council.
2. that any minor amendments, that are needed between now and Council's consideration of the proposals be delegated to the Director of Public Health, in consultation with the Cabinet Member for Adult Services and Health .
3. that consideration be given to which additional Council member will be appointed to the Board.
4. To note the draft action plan from the Board's away day.

3. Reasons for the Recommendations/Decision(s)

To introduce proposals that will strengthen health and wellbeing structures and strategic overview arrangements, relating to children and young people.

4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

**Disclosable Pecuniary Interests**

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

**AGENDA ITEM**

**REPORT TO CABINET**

**17 JULY 2014**

**REPORT OF CORPORATE  
MANAGEMENT TEAM**

**HEALTH & WELLBEING BOARD – REVIEW OF BOARD / PARTNERSHIP  
STRUCTURES**

**SUMMARY**

On its inception, the Health and Wellbeing Board agreed to review its structures (including the Health and Wellbeing Partnership) after approximately one year. The Board held an Away Day in February 2014, providing the opportunity to review the work of the Board and the structures around it; a draft action plan is being prepared as a result of this. A key recommendation of the review was to reassess the Health and Wellbeing Partnership function and membership; and the commissioning groups supporting the Board. This paper summarises a proposal reflecting these discussions and is presented in conjunction with more detailed papers regarding the Children and Young People's Health and Wellbeing Commissioning Group and Adults' Health and Wellbeing Commissioning Group.

**RECOMMENDATIONS**

1. that Cabinet reviews the proposed changes in this paper, emerging from the review of the Health and Wellbeing Board structures, one year in; and recommend their approval to Council.
2. that any minor amendments, that are needed between now and Council's consideration of the proposals be delegated to the Director of Public Health, in consultation with the Cabinet Member for Adult Services and Health .
3. that consideration be given to which additional Council member will be appointed to the Board.
4. To note the draft action plan from the Board's away day.

**DETAIL**

**Review of the Board and Partnership**

1. On its establishment, the Health and Wellbeing Board ('the Board') agreed to review its structures (including the Health and Wellbeing Partnership) after approximately one year. The Board had an Away Day in February 2014 to provide the opportunity to review the work of the Board and the structures around it. There was representation from most Board member organisations. A key recommendation of the review was to reassess the Health and Wellbeing Partnership function and membership; and the commissioning groups supporting the Board.

2. This section sets out the proposed revised arrangements for the Board, the existing Health and Wellbeing Partnership; and the approach to reviewed structures for children and young people and for adults (in relation to the existing Children and Young People's Health and Wellbeing Commissioning Group and Adults' Health and Wellbeing Commissioning Group). It describes the governance and accountability arrangements of the proposed structure, how the structure will support delivery against Strategy and how it fits with the commissioning cycle. Further detail is set out in subsequent sections, regarding the proposed new groups for children and young people and for adults.
3. The Health and Wellbeing Partnership ('the Partnership') was set up as the 'work-horse' of the Board, providing the opportunity for more detailed discussion across a broader range of partner organisations than is possible within the Board.
4. The Children and Young People's Health and Wellbeing Commissioning Group (CYPHWCG) was set up in January 2013 and the Adults' Health and Wellbeing Commissioning Group (AHWCG) was set up in September 2013. In summary the groups, which are sub-committees of the Health and Wellbeing Board, aim to provide a forum for discussion and decision on joint commissioning issues relating to health and wellbeing; strategically support the health and wellbeing agenda for children and young people and for adults; champion the needs of children and young people and of adults; and to report to the Health and Wellbeing Board on their actions and outcomes.
5. The key themes emerging as development priorities from the Health and Wellbeing Board Away Day are as follows:
  - **Vision:** to consider the vision, how it addresses inequalities and how it identifies short, medium and long term aspirations
  - **Strategy:** to consider the visibility of the Joint Health and Wellbeing Strategy, how it drives and targets intervention, encourages use of intelligence and prioritisation and how it influences support to health and wellbeing across the Council
  - **Leadership:** to consider mechanisms in place for dispute resolution and accountability of the Board and its member organisations
  - **Needs assessment and management of priorities:** to consider how the JSNA is used to drive improvement and commissioning, how the Board demonstrates improvement and how the Board identifies priorities and communicates them across organisations and Board sub-groups
  - **Governance, risk-sharing and assurance of outcomes:** to consider whether the governance structures are fit-for purpose (including clear structures for children and for adults); the role of the Partnership; Board membership; and the Board role in driving the agenda of the Partnership and commissioning groups and in removing barriers
  - **Information and intelligence:** to consider better understanding of and use of intelligence and data; and clarify engagement activity across partners
6. A draft action plan has being developed to progress these themes (**Appendix 1**).

7. In-line with the key themes outlined in point 5, this paper sets out proposed changes to the Partnership, with consequent implications for the CYPHWCG and AHWCG. The review of Partnership arrangements particularly seeks to address the issues around governance structures; demonstration of outcomes and change; and commissioning according to need across partners, in-line with agreed set of priorities.
8. It is proposed that the Health and Wellbeing Partnership is split to form: a Children and Young People's Partnership and an Adults' Health and Wellbeing Partnership. A Children and Young People's Health and Wellbeing Joint Commissioning Group and an Adults' Health and Wellbeing Joint Commissioning Group will also support the Health and Wellbeing Board and relate to the new Partnerships. **Appendices 2 and 3** set out the proposed new structure and functions in relation to the commissioning cycle (**Appendix 4**).
9. These new arrangements are described as follows:
  - The Health and Wellbeing Board's role is to set the strategic direction and overarching strategic priorities across partner agencies (based on the JSNA and Joint Health and Wellbeing Strategy); and monitor delivery against these priorities. The Board is a committee of Stockton on Tees Borough Council; and Council has previously agreed that the Joint Health and Wellbeing Strategy and the JSNA will be presented to Cabinet and Council for approval on an annual basis
  - The Partnerships would focus on developing more detailed strategic plans for children and young people and for adults, for subsequent approval by the appropriate body. The plans will flow from the priorities agreed by the Health and Wellbeing Board, based on the Joint Health and Wellbeing Strategy (JHWS) and the JSNA. Cabinet as the Councils Executive will be consulted as per the constitution given their role in developing the overall policy framework for Council
  - The Children and Young People's Partnership would consider all relevant strategic issues for children and young people, not just issues around health and wellbeing
  - The LSCB and Adults Safeguarding structures will retain their existing responsibilities, with mutual responsibility (and reporting as appropriate, for the purposes of communication and joined-up working) between the LSCB and HWB and Partnerships
  - The Partnerships would be multi-agency forums, reporting to the Board, with senior representatives from member organisations. Their remit, as delegated by the Board, will be to: undertake detailed joint strategic planning, as determined by the Board which sets the overarching Strategy; inform strategic priorities and help assess need; and monitor performance against the key outcomes highlighted in the JHWS performance management framework (comprising the Public Health Outcomes Framework and relevant indicators from the NHS Outcomes Framework and Social Care Outcomes Framework) and any other relevant key strategic outcomes frameworks. The Partnerships would report back to the Board on performance. The Partnerships will provide the Joint Commissioning Groups with strategic priorities, against which to commission activity
  - The Joint Commissioning Groups (JCGs) are sub-committees of the Health and Wellbeing Board and will therefore report directly to the Board. This will avoid conflict of interest presented by the JCGs reporting to the Partnerships (which will have a range of providers as members). Their

remit, as delegated by the Board, would be to: lead on assessing need; help to inform discussions on strategic priorities; and jointly commission services against the Strategies as previously approved by the Board. The JCGs would only consider issues relevant to joint commissioning between partner organisations i.e. more than one organisation commissioning together against a strategic (rather than operational) priority. The JCGs would report back to the Board on progress; and provide update reports to the Partnerships – communication with the Partnerships will be crucial, though the JCGs are accountable to the Board

- Issues should only be considered relevant to joint commissioning through the JCG if: funding from more than one organisation is being used to commission the service; or if the issue has significant and broad-reaching impacts across partner organisations. The following list proposes a set of criteria which should be satisfied, for an issue to be considered relevant to joint commissioning through the JCG. All of these criteria should be met to determine a partnership issue:
    - Need
    - Evidence base
    - Consultation
    - Service model
  - Member organisations of the Board, Partnerships and JCGs should have their own internal commissioning processes, which would be used if an issue does not fit the criteria for consideration through the JCG
  - A lead organisation would need to be identified for each issue to be commissioned through the JCGs, to lead on the mechanics of the commissioning process for that service (with relevant procurement advice, contractual support, etc.)
  - The new arrangements would require the support of strong coordination across topic areas, strong management arrangements within topic areas, and performance monitoring through an agreed framework (in-line with the HWB performance management framework and any other relevant frameworks)
10. The Children and Young People's Partnership developments will assist the Health and Wellbeing Board to understand the needs of the local community and support the joint commissioning arrangements going forward. By reviewing and strengthening the current arrangements the Council and its partners are also complying with the requirements of Ofsted and the Department for Education.
11. Communication and joint working between the Children's and Young People Partnership and the Adults' Health and Wellbeing Partnerships will be crucial, particularly regarding transitions issues and topics relevant across both groups. Pathways of care will need to be commissioned across both also.
12. The proposed new arrangements would strengthen the function of the Partnership; encourage further alignment between partner organisations against an agreed list of strategic, needs- and evidence-based priorities; and support monitoring and accountability of activity across partner organisations at a strategic level.
13. Further work is underway to map (and align where appropriate) the other groups and forums sitting under the Board and existing CYPHWCG and AHWCG, in-line with the recommendations emerging from the Board away day.

14. The nature of the relationship and communication links with other key structures will also be crucial, including Stockton Local Strategic Partnership and the Stockton on Tees Borough Council Scrutiny system; and with existing groups such as the Safer Stockton Partnership.
15. The proposals will be presented to Cabinet on 17th July 2014 and to Council for approval on 23rd July.
16. Consultation will be undertaken with members of the existing groups to be subsumed as proposed in the arrangements below.
17. It is proposed the new arrangements are implemented from 1<sup>st</sup> September 2014 and the functioning of the new arrangements reviewed in September 2015.

### **Proposed Children and Young People's Partnership**

18. This section describes the proposed new arrangements for children and young people, flowing from the review of the Health and Wellbeing Board and Health and Wellbeing Partnership. The proposed Terms of Reference and Rules of Procedure for the Children and Young People's Partnership and the Children and Young People's Health and Wellbeing Joint Commissioning Group are attached (**Appendix 5**).
19. Membership of both the Partnership and Joint Commissioning Group will be consulted on with the respective members of the current groups in place, as it is likely that some members' roles would be best suited to the Partnership and some to the Joint Commissioning Group. This should be considered in relation to representation on the Adults' Health and Wellbeing Partnership and Adults' Health and Wellbeing Joint Commissioning Group.
20. It is proposed the new Partnership and Joint Commissioning Group meet for the first time in September to consider:
  - Strategic priorities based on work undertaken by the CYPHWCG and on the previous Children and Young People's Plan
  - The approach to revising or creating a new form of the Children and Young People's Plan, based on these priorities
21. The proposed new arrangements will strengthen the function of the Partnership and the Joint Commissioning Group in providing strategic direction, oversight and joint commissioning support across partner agencies, for the benefit of children and young people.
22. The Board away day identified the need to map groups which sit under or are related to the Board and its work. This work has been undertaken for the adults' structures and it is recommended the work is completed for children and young people, to identify potential synergies, any duplication and potential for improved ways of working.
23. It is proposed that the Partnership meets monthly, initially; and that the Joint Commissioning Group also meets monthly.

### **Proposed Adults' Health and Wellbeing Partnership**

24. This section describes the proposed new arrangements for adults, flowing from the review of the Health and Wellbeing Board and Health and Wellbeing Partnership. Membership of both the Adults' Health and Wellbeing Partnership and the Adults' Health and Wellbeing Joint Commissioning Group will be agreed with the respective members of the current groups in place, as it is likely that some members' roles would be best suited to the Partnership and some to the Joint Commissioning Group. In addition, some members of the current groups may be more suited to a role on the Children and Young People's Partnership and / or the Children and Young People's Health and Wellbeing Joint Commissioning Group.
25. The proposed Terms of Reference and Rules of Procedure for the Adults' Health and Wellbeing Partnership and the Adults' Health and Wellbeing Joint Commissioning Group are attached (**Appendix 6**).
26. The proposed new arrangements will strengthen the function of the Partnership and the Joint Commissioning Group in providing strategic direction, oversight and joint commissioning support across partner agencies, for the benefit of adults.
27. The Health and Wellbeing Board requested a mapping exercise takes place of those meetings that have, or may have, a route to the Board to understand the structures beneath the Board that are in place to assist it achieve its objectives. This mapping exercise was undertaken in May 2014 and presented to the existing AHWCG, which recommended that the Director of Public Health review the arrangements. The changes proposed for the groups supporting the adults' agenda are outlined below.

#### Public Health groups

28. It is proposed that the following groups and meetings chaired / lead by Public Health are abolished and their activities are incorporated into the new structure:
- Drug and Alcohol Commissioning Group: Performance reports and updates currently go to the Safer Stockton Partnership and the Health and Wellbeing Board (HWB) and Health and Wellbeing Partnership (HWP)
  - Domestic Abuse Strategy Group (of which the Domestic Abuse Commissioning Group is a sub-group): Performance reports and updates go to the Safer Stockton Partnership, the HWB and HWP and the LSCB
  - Tobacco Alliance: Updates go to the HWP
  - Healthy Weight Healthy Lives Steering Group: Not currently reporting to any other structure
29. The Warmer Homes, Healthy People Steering Group is led by Public Health and reports to the current Health and Wellbeing Partnership on an annual basis. The group is responsible for providing oversight to the Warmer Homes Healthy People Project and delivery on associated actions in the Stockton-On-Tees Seasonal Health and Wellbeing Strategy. It is proposed that this group should be considered for inclusion in the new Adults' Health and Wellbeing Partnership in 2015/16, following a period of transformation where the dedicated Steering Group is required to take forward some specific work, develop a hub and manage the projects which have applied for external funding over Winter 2014.

#### Tees-wide meetings



30. The following Tees-wide groups will continue to be chaired and lead by the TVPHSS, which is accountable to the TVPHSS Governance Board (comprising the five Tees Valley Directors of Public Health and the Clinical Director of the TVPHSS). The TVPHSS leads on commissioning and / or Public Health specialist input for these work areas on behalf of the Tees Valley Local Authorities, which are represented on the groups. The groups would be expected to provide reports and updates to both the Adults' Health and Wellbeing Partnership and the Adults' Health and Wellbeing Joint Commissioning Group:

- Sexual Health Commissioners Group: Chaired by the Tees Valley Public Health Shared Service
- Screening and Immunisations Group: Chaired by NHS England
- Early Intervention Group: Chaired by the Tees Valley Public Health Shared Service (TVPHSS) and focused on early intervention work around cancer, COPD and cardiovascular disease

#### Tees Valley Public Health Shared Service (TVPHSS)

31. The following meetings will continue to be chaired and lead by the TVPHSS, which is accountable to the TVPHSS Governance Board. The TVPHSS leads on commissioning and / or Public Health specialist input for these work areas on behalf of the Tees Valley Local Authorities, which are represented on the groups:

- Clinical Quality Assurance Forum: Chaired by the Director of Public Health for Middlesbrough
- Core Offer Memorandum of Understanding Steering Group: Chaired by the TVPHSS

#### Safer Stockton Partnership

32. It is noted that the following groups remain in place and their reports continue to be provided to the Safer Stockton Partnership:

- Reducing Re-offending and Harm Group: A sub-group of the Safer Stockton Partnership
- Partnership Management of Prostitution: Chaired by the Probation Service. Updates are provided to the Safer Stockton Partnership

33. The Tees Sexual Violence Steering Group (chaired by Cleveland Police) does not have any agreed status or local governance arrangements, though representatives from Public Health and Adult Social Care sit on the Group. It is proposed the governance arrangements are discussed by the Safer Stockton Partnership.

#### Adult Social Care

34. The meetings identified by Social Care as being of relevance to the HWB are:

- Local Executive Group Safeguarding Adults: An interim protocol is in place between the HWB and the Executive Group's predecessor, the Safeguarding Vulnerable Adults Committee; the governance arrangements for the four Executive Groups are in development in-line with the Tees Board arrangements
- Tees Adult Safeguarding Board: Strategic group linking across Local Authority areas

- Learning Disabilities Executive Board: To ensure the work of the Learning Disabilities Partnership links into governance arrangements. Not reporting to any other structures
  - Dementia Collaborative Steering Group: Not currently reporting to any other structure
  - Mental Health Partnership Board: Chaired by the Working Age Adults Team. Reporting arrangements to be finalised, initially suggested as the HWB. Proposed sub-groups are: Suicide Prevention, Commissioning, Service User, Carer, Health (includes public mental health and the CCG) and Provider. The Tees Suicide Prevention Group is chaired by the DPH for Middlesbrough; the intention is for this group to report to the newly established Mental Health Partnership Board
  - The Better Care Fund governance arrangements are now in place. These were agreed by the HWB in April 2014
  - Housing Strategy Vulnerable Group: Covers children and adults. Current governance arrangements to be confirmed
35. It is proposed that both the Learning Disabilities Executive Board and the Mental Health Partnership Board are subsumed into the new Partnership and Joint Commissioning Group arrangements for adults
36. Should the new Partnership and Joint Commissioning Group arrangements be successful, it is proposed that future consideration be given to incorporating dementia groups into the new arrangements

#### Governance and efficiencies

37. It is proposed that the Adults' Health and Wellbeing Partnership takes place bi-monthly and the Adults' Health and Wellbeing Joint Commissioning Group meets monthly.
38. The Chair, attendees and frequency of the current groups for which change is proposed are attached as **Appendix 7**.
39. The proposed new structure would result in efficiencies and will facilitate direct links between topic areas at a strategic level e.g. between smoking and mental health. The proposals should also result in an increased knowledge base for individuals attending a Partnership or Joint Commissioning Group that has a much wider remit than current individual structures.
40. Six groups meet 32 times per year. These meetings would not take place and would be incorporated into the Adults' Health and Wellbeing Partnership and Adults' Health and Wellbeing Joint Commissioning Group. Some attendees of the meetings proposed to be abolished may need to start attending the proposed Children and Young People's Partnership and / or Children and Young People's Health and Wellbeing Joint Commissioning Group.
41. Members are requested to debate the proposed changes and identify next steps.

## **Implications for Partnership Chairing and Health and Wellbeing Board Membership**

42. It is proposed that the Children and Young People's Partnership is chaired by the Corporate Director of Children, Education and Social Care; and the Adults' Health and Wellbeing Partnership is chaired by the Director of Public Health. Reciprocal Vice Chair arrangements are proposed. The proposed changes would result in the current Chair of the Health and Wellbeing Partnership, (the Chief Executive of North Tees and Hartlepool NHS Foundation Trust) no longer having a place on the Health and Wellbeing Board as they attend as the Chair of the current Health and Wellbeing Partnership. Therefore, to ensure continued local strategic partnership working, it is proposed that both North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust are invited to be members of the Health and Wellbeing Board. It is also proposed that Catalyst is invited to be a member of the Health and Wellbeing Board, as the infrastructure organisation for the VCSE in Stockton Borough. In addition it is proposed to increase the number of Council Members on the Board by one, to ensure an appropriate level of Elected representation. This would bring the total number of Council members on the Board to 6 and would require the appointment of a member from the Labour Group, in order to achieve political balance
43. It is proposed that the Children and Young People's Joint Commissioning Group and the Adults' Health and Wellbeing Joint Commissioning Group are chaired by the Director of Public Health.
44. Membership of the Partnerships and Joint Commissioning Groups may be amended following consultation between the Chair of the Health and Wellbeing Board, proposed Chair of the new Adults' Health and Wellbeing Partnership and proposed Chair of the new Children and Young People's Partnership.
45. The above proposals would require consequent changes to the Health and Wellbeing Board's Terms of Reference and Rules of Procedure and these are attached at **Appendix 8**. (to follow)

## **FINANCIAL IMPLICATIONS**

46. There are no financial implications associated with this paper.

## **LEGAL IMPLICATIONS**

47. The proposals comply with relevant legislation including the Health and Social Care Act 2012 and Local Government Act 1972..

## **RISK ASSESSMENT**

48. The proposals are categorised as low to medium risk. Existing management systems and daily routine activities are considered sufficient to control and reduce risk.

## CONSULTATION

49. Consultation has taken place with the Health and Wellbeing Board and its two Commissioning Groups.

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## Appendix 1: DRAFT Health and Wellbeing Board Development Plan 2014/ 15

### Health and Wellbeing Board Development Plan 2014/15

<b>Health and Wellbeing Systems Improvement Theme</b>		
<b>Vision</b>		
<b>Development priority</b>		
To reconsider the Health and Wellbeing Board Vision, is it aspirational, does it address the “anchored” 10% and reduce / narrow inequality		
<b>Outcomes and success criteria</b>		
<i>Describe clearly the intended impact of this development priority (i.e. what will be better or different as a result of the activity) and the success criteria that will be used to monitor progress and achievement</i>		
<b>Key actions to implement the development priority</b>	<b>By when</b>	<b>Who is responsible</b>
Review the Vision	October 2014	Health and Wellbeing Board members
Review key plans and under the HWB; and other key plans e.g. A Brighter Borough for All to ensure actions are included to address inequality	December 2014	Head of Policy, Improvement and Engagement
Audit implementation of actions from a random sample of community impact assessments and equality impact assessments	November 2014	Head of Policy, Improvement and Engagement
Review key policies and contracts to ensure addressing inequalities is included as appropriate, acknowledging targeted action versus action across the whole population	November 2014	All Heads of Service
Develop communications plan around HWB priorities	January 2015	Head of HR and Communication

<b>Health and Wellbeing Systems Improvement Theme</b>		
<b>Strategy</b>		
<b>Development priority</b>		
<p>Consider how visible is the Health &amp; Wellbeing Strategy?            What impact do the key messages have?            How does the strategy drive / target intervention?            How do we influence others to support the delivery of health and wellbeing e.g. planning and licensing?</p>		
<b>Outcomes and success criteria</b>		
<p><i>Describe clearly the intended impact of this development priority (i.e. what will be better or different as a result of the activity) and the success criteria that will be used to monitor progress and achievement</i></p>		
<b>Key actions to implement the development priority</b>	<b>By when</b>	<b>Who is responsible (Title of responsible post)</b>
Map groups sitting under / related to the Health and Wellbeing Board	June 2014	Adults – Strategic Commissioner (Public Health) Children & Young People – Consultant in Public Health
Consider how the HWB and LSP structures are strategically aligned	October 2014	Head of Policy, Improvement and Engagement
Audit key strategies and plans to ensure they are aligned to HWB objectives and the JHWS	October 2014	Head of Policy, Improvement and Engagement
Agree the use of an evidence-based prioritisation tool / set of criteria to assist HWB decision-making regarding strategic priorities	September 2014	Consultant in Public Health
Charge the new Children and Young People’s Partnership and the Adults’ Health and Wellbeing Partnership with identifying a list of strategic priorities based on the data and evidence and according to an agreed set of prioritisation criteria	October 2014	Chair of Health and Wellbeing Board
Use the list produced by the Partnerships to generate a strategic overarching list of priorities for the HWB, to be fed into all appropriate groups across agencies	November 2014	Health and Wellbeing Board members
Confirm contribution to priorities by all partner agencies on the HWB and Partnerships; and their associated actions	December 2014	Health and Wellbeing Board members / Children and Young People’s Partnership / Adults’ Health and Wellbeing Partnership

<b>Health and Wellbeing Systems Improvement Theme</b>		
<b>Leadership</b>		
<b>Development priority</b>		
<p>What mechanisms are in place for dispute resolution, have they been tested are they sufficient?            Who holds the Board to account in terms of achievement?</p>		
<b>Outcomes and success criteria</b>		
<p><i>Describe clearly the intended impact of this development priority (i.e. what will be better or different as a result of the activity) and the success criteria that will be used to monitor progress and achievement</i></p>		
<b>Key actions to implement the development priority</b>	<b>By when (Specify date)</b>	<b>Who is responsible (Title of responsible post)</b>
Develop a dispute resolution process for use by the HWB and test using example case studies	September 2014	Head of Democratic Services
Receive first round of performance monitoring reports against the JHWS delivery plan;	June 2014	Consultant in Public Health
Highlight performance areas for further interrogation; and follow-up items through the Board forward plan (Q2 14/15)	October 2014	Health and Wellbeing Board members
Establish mechanism for all partners to report their contribution to delivery against the HWB priorities and JHWS through the HWB and the new Partnerships	October 2014	Head of Democratic Services
Align planning cycles across partners to enable joint commissioning discussions in-line with HWB priorities and the JHWS; and for partners to develop plans for 2015/16 based on these discussions	November 2014	Head of Policy, Improvement and Engagement / Strategic Commissioner (Public Health) / Consultant in Public Health / Director of Finance (NHS England Area Team) / Chief Operating Officer (CCG)
Undertake a peer review of the HWB specifically in relation to challenge between partners on HWB issues and the contribution of partner agencies – in 6 months	July 2014	Head of Democratic Services

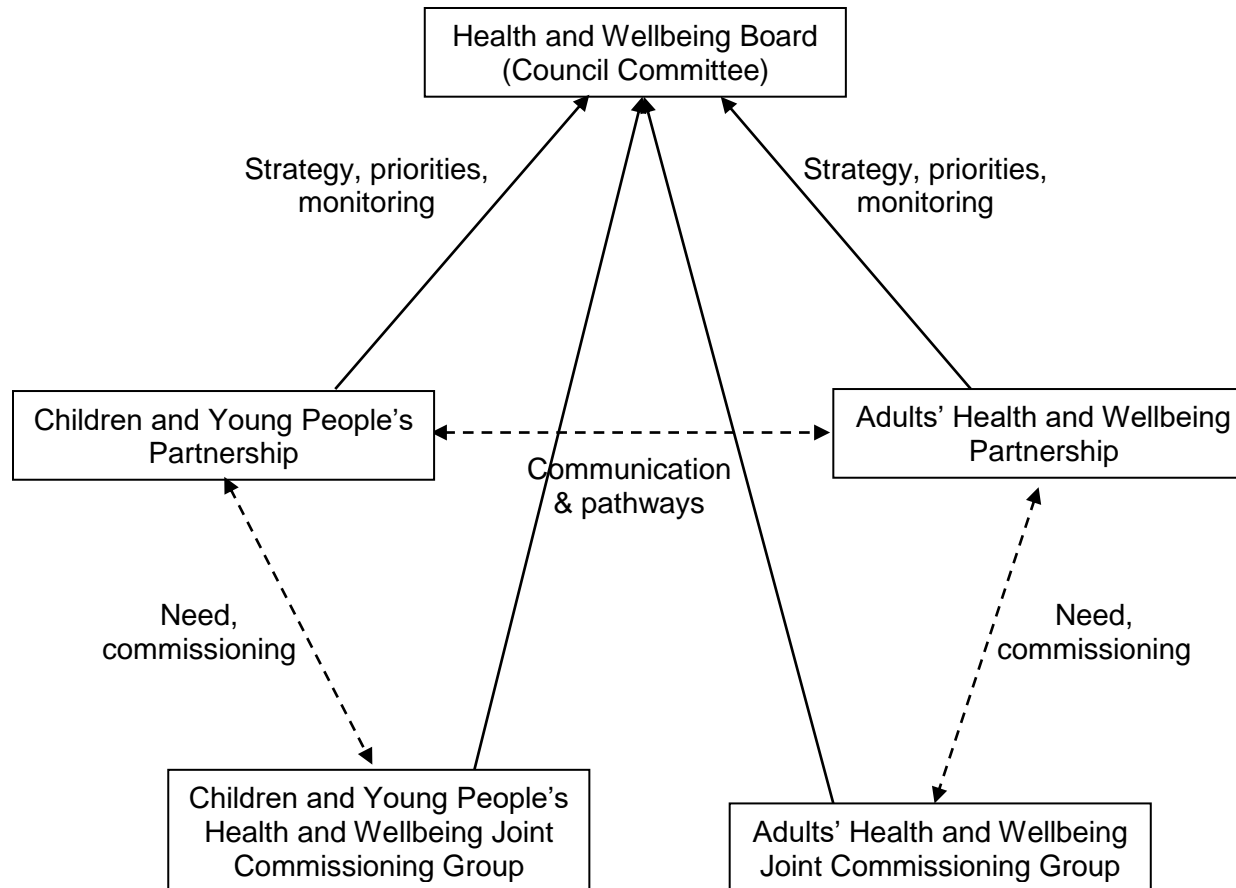
<b>Health and Wellbeing Systems Improvement Theme</b>		
<b>Needs assessment and management of priorities</b>		
<b>Development priority</b>		
<p>How does the Board seek to improve the JSNA - use of intelligence and data?  How does the JSNA drive commissioning?  Can the Board demonstrate improvements it has achieved?  Has the Board considered commissioning across pathways – fragmented commissioning e.g. obesity  Need to understand links between groups/ plans / priorities are there any gaps e.g. children</p>		
<b>Outcomes and success criteria</b>		
<i>Describe clearly the intended impact of this development priority (i.e. what will be better or different as a result of the activity) and the success criteria that will be used to monitor progress and achievement</i>		
<b>Key actions to implement the development priority</b>	<b>By when (Specify date)</b>	<b>Who is responsible (Title of responsible post)</b>
Audit the use of the JSNA after 18 months of the fully operational HWB, to ascertain its use in informing service development and commissioning	December 2014	Director of Public Health / Director of Finance (NHS England Area Team) / Chief Operating Officer (CCG) / Corporate Director of Children, Education and Social Care / Police and Crime Commissioner



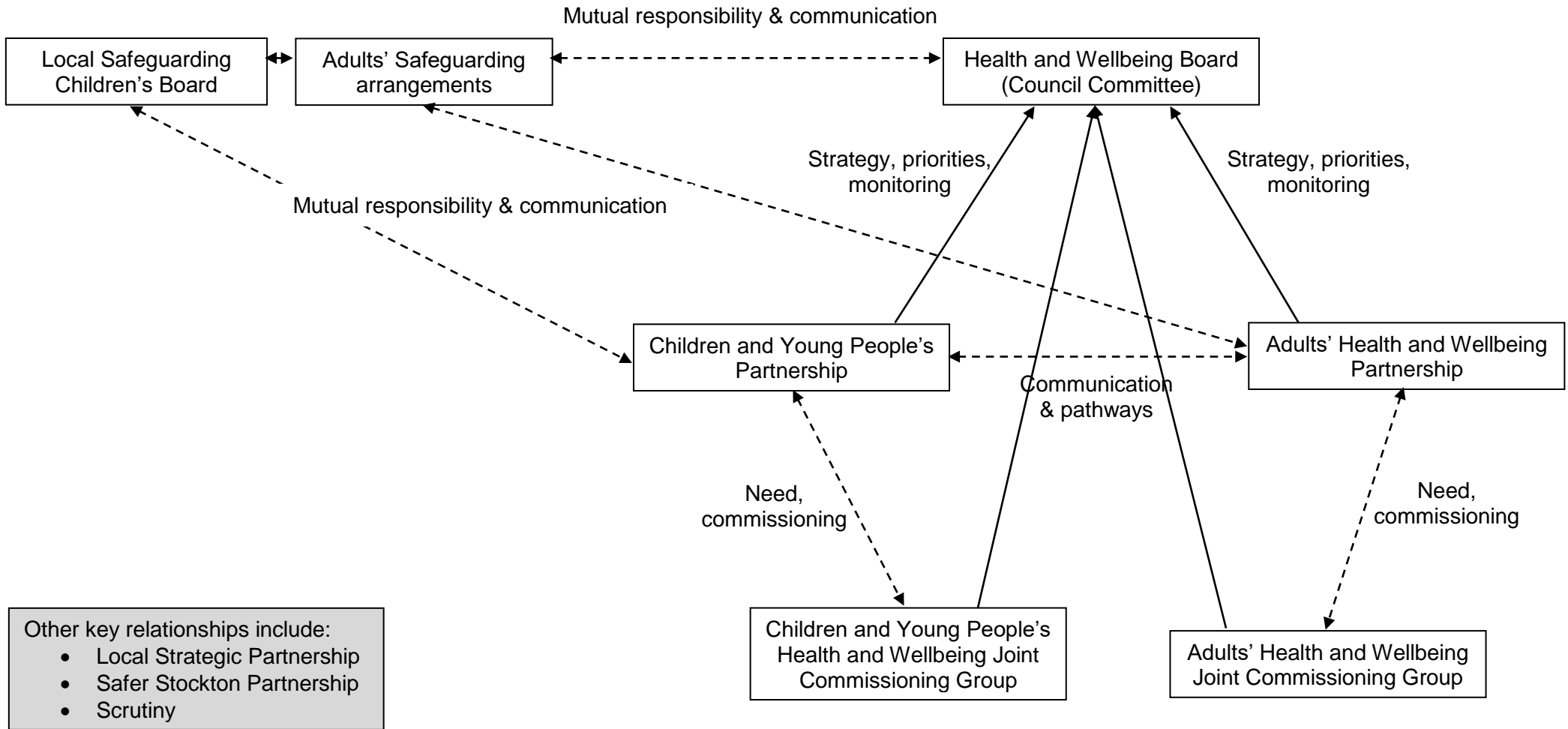
<b>Health and Wellbeing Systems Improvement Theme</b>		
<b>Governance, risk sharing and assurance of outcomes</b>		
<b>Development priority</b>		
<p>Is the overall governance structure fit for purpose?  Does the structure work are colleagues clear about purpose, role and links within and outside of the HWB structure?  Is the membership correct?  Does the Board adequately hold partners / providers / members to account? Is there evidence to support this?  How does the Board drive the agendas of the Partnership and commissioning groups?  How does the Board unlock barriers?</p>		
<b>Outcomes and success criteria</b>		
<p><i>Describe clearly the intended impact of this development priority (i.e. what will be better or different as a result of the activity) and the success criteria that will be used to monitor progress and achievement</i></p>		
<b>Key actions to implement the development priority</b>	<b>By when (Specify date)</b>	<b>Who is responsible (Title of responsible post)</b>
Review Health and Wellbeing Board supporting structure	June 2014	Director of Public Health / Corporate Director of Children, Education and Social Care
Clarify the role of partners on the Partnerships in contributing regularly and equally to Partnership discussions	Terms of Reference by September 2014	Head of Democratic Services
At each meeting, generate specific actions for each Partnership member organisation and demonstrate these actions are followed up at subsequent meetings – audit after 6 months	October 2014 – to be confirmed	Head of Democratic Services
Develop assurance process for holding Partnerships and Joint Commissioning Groups to account on delivery	October 2014	Head of Democratic Services
Identify barriers in place for achieving strategic priorities and plan for all HWB members to consider each of these in turn, to generate solutions and ideas	November 2014	Health and Wellbeing Board members
Monitor delivery of activities to remove barriers	November 2014	Head of Democratic Services

<b>Health and Wellbeing Systems Improvement Theme</b>		
<b>Information and intelligence</b>		
<b>Development priority</b>		
Engagement activity not clear across all partners, are there any gaps? PHE data out of date – local data required Better understanding of intelligence / data required to understand / be assured of impact / outcomes		
<b>Outcomes and success criteria</b>		
<i>Describe clearly the intended impact of this development priority (i.e. what will be better or different as a result of the activity) and the success criteria that will be used to monitor progress and achievement</i>		
<b>Key actions to implement the development priority</b>	<b>By when (Specify date)</b>	<b>Who is responsible (Title of responsible post)</b>
Link outcomes of Scrutiny Review re: demographic information, to work of the HWB	September 2014	Head of Democratic Services
Review the need to develop additional strategic outcome measures for HWB priorities	September 2014	Director of Public Health
Map main engagement activities and processes across HWB member organisations	July 2014	Head of HR and Communication
Share findings of key engagement activities in relation to HWB priorities	September 2014	Head of HR and Communication
Develop shared actions in-line with findings and together with data on need and evidence base for effective and cost-effective interventions	November 2014	Health and Wellbeing Board members

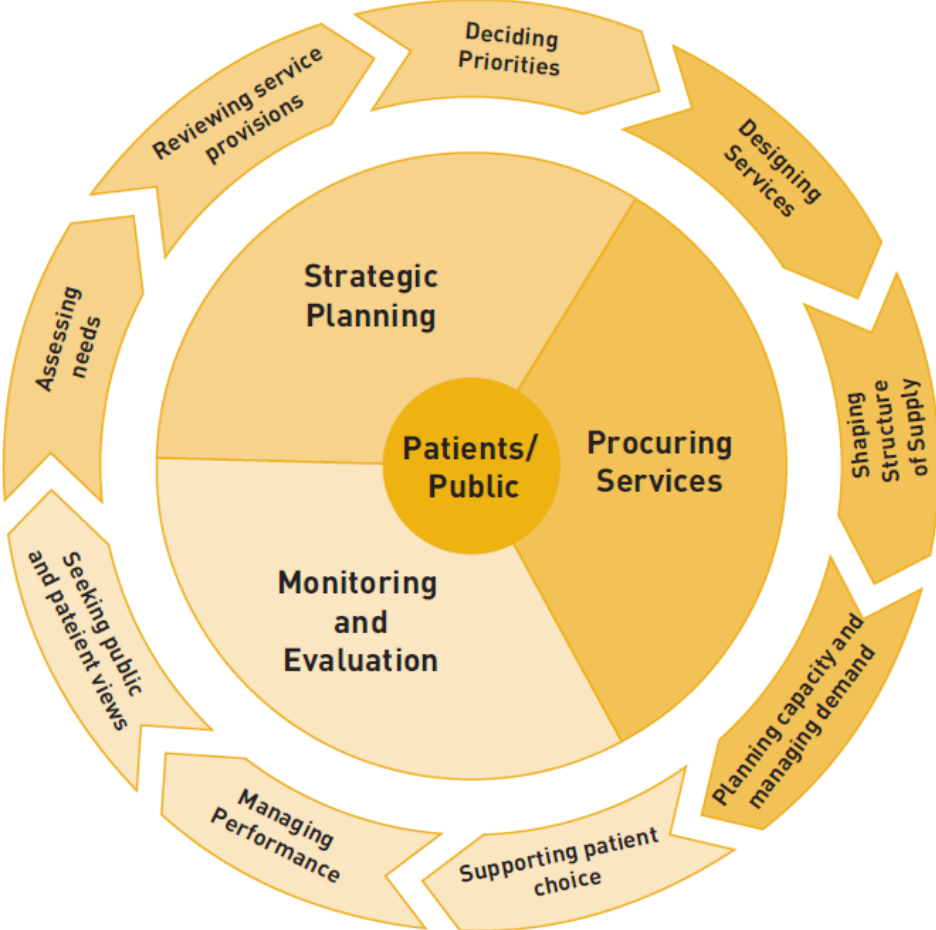
**Appendix 2: Proposed new Health and Wellbeing Board structure**



**Appendix 3: Proposed new Board structure and relationship to other key structures**



**Appendix 4: Commissioning cycle**



## Appendix 5

### Proposed Terms of Reference – new Children and Young People’s structures

#### Children and Young People’s Partnership – Terms of Reference

##### 1. Aim

The Children & Young People’s Partnership (‘the Partnership’) will provide strategic leadership and support to ensure healthy, happy and safe children and young people who are able to maximise their potential and are protected from harm. It will ensure this for all children and young people; and particularly for the most vulnerable children and young people.

The Partnership will support the vision of the Health and Wellbeing Board (HWB) and the Local Safeguarding Children’s Board (LSCB) to protect our children and young people; to improve and protect their health and wellbeing; and to reduce inequality.

##### 2. Objectives

- Champion the needs of children and young people and identify issues for consideration by the LSCB / HWB
- Work with the Joint Commissioning Group to assess the needs of children and young people in Stockton Borough; and oversee input to, use of and maintenance of the JSNA
- Produce and monitor the implementation of a Children and Young People’s Plan and outcomes-based action plan, identifying strategic priorities for children and young people based on a robust assessment of need and evidence-based practice and other key multi-agency strategies e.g. the Joint Health and Wellbeing Strategy 2012-18
- Recommend commissioning intentions based on the JSNA and Children and Young People’s Plan strategic priorities, against which the Joint Commissioning Group and CYPP member organisations will commission / decommission and develop services. The commissioning cycle model is set out in **Annex I**
- Ensure there is a clear connection between all of the high level strategies for children and young people and ensure the golden threads are articulated clearly
- Report back to HWB on performance against the Children and Young People’s Plan; and delivery against agreed joint frameworks, particularly the Joint Health and Wellbeing Strategy as measured through the delivery plan performance management framework
- Have oversight of MALAP, 14-19 Partnership, 0-25 Reform multi-agency groups and work closely with the YOS Board

- Provide regular briefings for all staff across the Borough who work with children and young people, to strengthen the 'line of sight' between strategic priorities and planning and service delivery
- Have oversight of how the work of the Partnership and its respective member organisations meet the requirements of Ofsted and other relevant inspection processes

### 3. Principles of Working

The Group will consider the following in its role and remit:

- The needs of children and young people in their family context
- The needs of children and young people who are not based in families e.g. children in hospital, children's homes, residential schools, custody etc.
- The focus on young carers as part of the agenda
- That active engagement with children and young people and their families is undertaken throughout the Group's approach
- The focus on ensuring services are evidence-based; shaped according to need; best quality and value for money; are focussed on demonstrable outcomes for children and young people; and are considered in the context of multi-agency service / care pathways
- Ensure a focus on prevention and early help, with the key outcomes of enabling more children and young people in Stockton to be healthy, happy and resilient, supported by services as appropriate
- Ensure partnership working across organisations, groups and teams

The Partnership will not be responsible for commissioning services, due to the potential conflict of interest present through providers being members. Joint commissioning will be undertaken by the Children and Young People's Joint Commissioning Group (reporting directly to the HWB). Individual organisations will be responsible for commissioning their own respective services where joint commissioning does not apply.

### 4. Governance

The Partnership will report directly to the Health and Wellbeing Board and will maintain strong communication links with the Local Safeguarding Children's Board. The Partnership will take its strategic direction from the HWB. Accountability arrangements are set out in **Annex II**.

The Partnership will set the strategic direction for children and young people. Individual member organisations will be responsible for ensuring their internal plans fit with this; and for delivering and monitoring the elements where they are the lead organisation.

The Partnership will connect with other structures as required and link to key existing groups such as the Stockton Local Safeguarding Children Board, with the principle of providing added value and not duplication. It will also communicate and connect with providers, other stakeholders and children and young people in developing the Plan.

A number of SBC sub-structures that are currently in existence will need to report to the Partnership. The precise reporting arrangements and linkages will be developed in the first year to inform future arrangements and work plans and will be reviewed regularly to ensure they are fit for purpose and that plans are aligned to the CYPP. However, this may include the Children's Centre Strategic Partnership group and other task and finish groups that consider specific issues / concerns.

## **5. Monitoring**

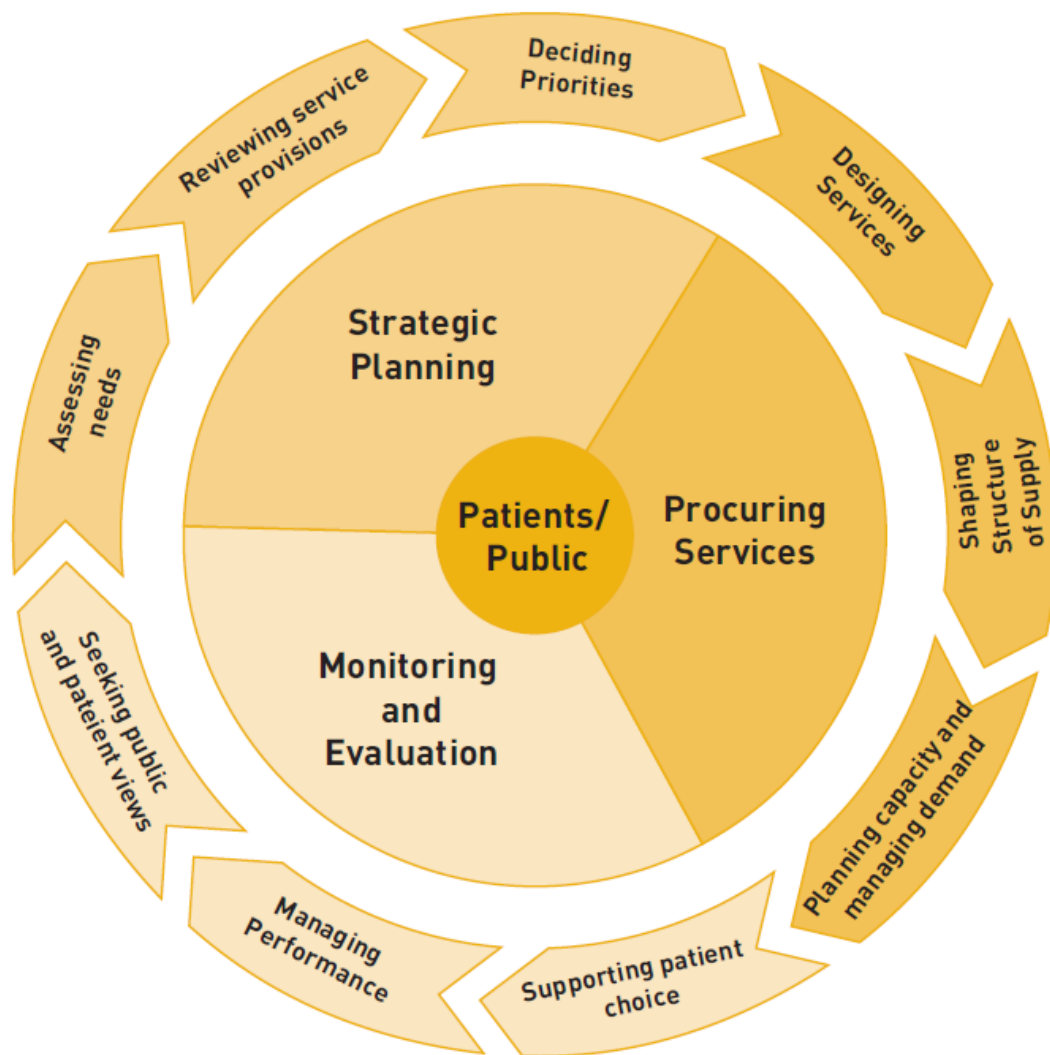
Progress of the Partnership will be monitored through delivery against the Children and Young People's Plan and associated delivery plan (with supporting dashboard performance framework). Outcomes will be monitored by sharing the headlines from the main performance monitoring frameworks pertinent to the group, on a quarterly basis in line with

## **6. Review**

The terms of reference of the group will be reviewed annually and updated as required.



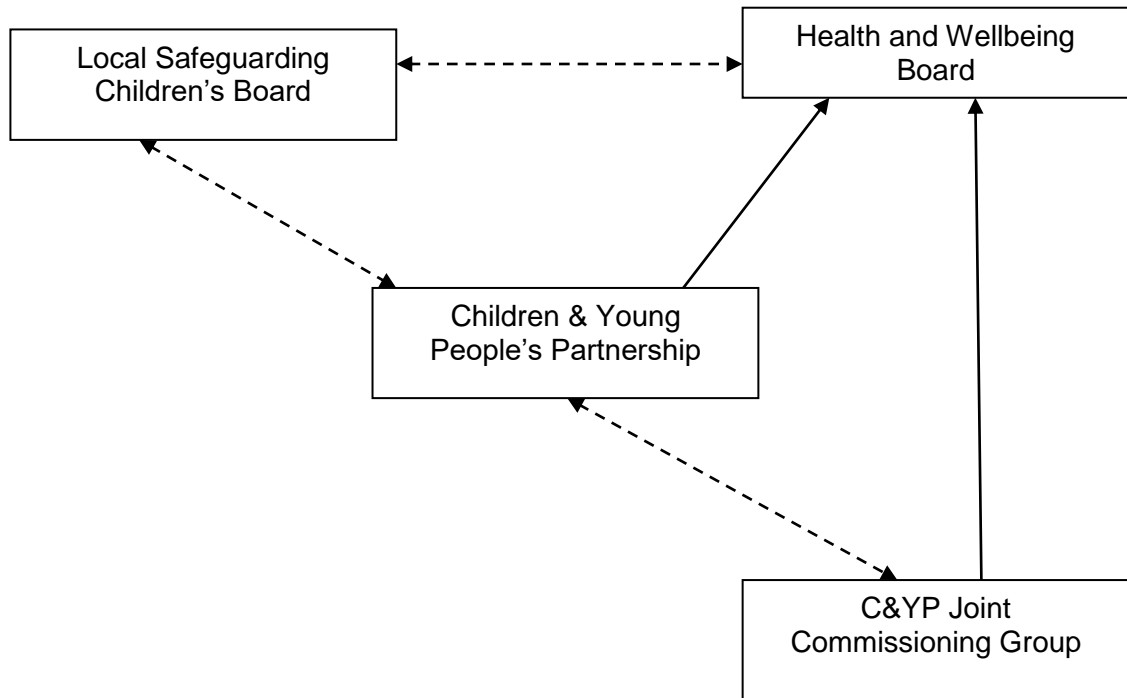
## Annex I: Commissioning cycle



## Annex II: Accountability arrangements for the Children and Young People's Partnership

### Key

- Accountability
- - - - -→ Communication



# **Stockton on Tees Children and Young People's Partnership**

## **Rules of Procedure**

### **Introduction**

1. These are the rules of procedure for Stockton on Tees Borough Council's ("the Council") Children and Young People's Partnership ("the Partnership").

### **Meetings**

2. The Partnership will meet monthly at such place and at such time as the Partnership may agree.
3. A schedule of meetings and forward plan will be agreed at the first meeting of each year and the Chairman, in consultation with the vice chairman, may call further meetings as necessary.
4. Meetings will take account of, and be identified within, the Council's Democracy Diary.

### **Notice and summons to meetings**

5. At least five clear working days before a meeting, or as soon as practicable, the Partnerships Secretariat will send a summons by post, or by e-mail to every Member of the Partnership or leave it at their usual place of residence. The summons will give the date, time and place of each meeting and specify the business to be transacted, and will be accompanied by such reports as are available.

### **Membership**

6. The partnership will comprise of:
  - Corporate Director of Children, Education and Social Care
  - Director of Public Health
  - Cabinet Lead Member for Children and Young People (SBC)
  - Consultant in Public Health (SBC Public Health)
  - Strategic Commissioner (SBC Public Health)
  - Public Health Improvement Partnership Manager (SBC Public Health)
  - Head of Performance (CESC)
  - Area Commander (Cleveland Police)
  - Clinical Commissioning Group Clinical / Managerial Representative (CCG)
  - NHS Area Team Representative (NHS England Area Team)
  - Head of Service, CAMHS (Tees, Esk and Wear Valleys NHS Foundation Trust)

- Community Services Manager, North Tees and Hartlepool NHS Foundation Trust / Head of Midwifery and Children's Services, North Tees and Hartlepool NHS Foundation Trust
- Chief Executive, Catalyst
- Healthwatch Manager
- School representatives (1 secondary, 1 primary)
- Job Centre Plus
- Stockton FE College / University
- Director of Offender Services (Probation Trust)
- GP representative
- Head of Housing and Community Protection

Other individuals will be asked to attend the group for specific items / discussions.

7. Substitutes may attend and will have the powers and duties of any ordinary Member of the Partnership but will not be able to exercise any special powers or duties exercisable by the person they are deputising for e.g. as Chairman.
8. Substitutes must be of sufficient seniority within the organization they represent to make decisions on behalf of that organization.
9. Substitutes may attend meetings in that capacity only:
  - i. to take the place of the ordinary Member for whom they are deputising;
  - ii. where the ordinary Member will be absent for the whole of the meeting; and
  - iii. after notifying the secretariat prior to or on the day of the meeting of the intended substitution.

### **Chair and Vice Chair**

10. The Chairman will be the Corporate Director of Children, Education and Social Care and the Vice Chairman will be the Director of Public Health.

### **Quorum**

11. The quorum of a meeting of the Partnership will be 7 members. During any meeting, if the Chairman counts the number of Members present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chairman. If he/she does not fix a date, the remaining business will be considered at the next meeting.

## **Voting**

12. Any matter will be decided by a simple majority of those Members voting (for or against the matter) and present in the room at the time the question was put. Voting will be by a show of hands, or, if no dissent, by the affirmation of the meeting. All members will have one vote.
13. If there are equal numbers of votes for and against, the Chairman will have a second or casting vote. There will be no restriction on how the Chairman chooses to exercise a casting vote.
14. Where any Member requests it, immediately after the vote is taken, their vote will be so recorded in the minutes to show whether they voted for or against or abstained from voting.
15. If there are more than two people nominated for any position to be filled and there is not a clear majority of votes in favour of one person, then the name of the person with the least number of votes will be taken off the list and a new vote taken. The process will continue until there is a majority of votes for one person.

## **Agenda Items**

16. The Partnership's secretariat will maintain the forward plan, referred to at procedure rule 4, on behalf of the Chairman.
17. The agenda of a meeting of the Partnership will be determined, having regard to the Forward Plan, in consultation with the Chairman or, in the Chairman's absence, with the vice chairman.
18. In addition to the provisions set out in procedure rule 6 agendas will be published on the Council's web site.

## **Minutes**

19. Draft minutes will be provided to Partnership Members within 7 days after the date of a meeting, or as soon as practicable. Draft minutes will also be published on the Council's web site..
20. The Chairman will move that the minutes of the previous meeting be approved as a correct record given the Partnership's affirmation. The only part of the minutes that can be discussed is their accuracy.

## **Public Participation**

21. Members of the public will be able to speak and ask questions at meetings of the Partnership, under the direction of the Chairman.
22. The public will only be excluded where items of an exempt or confidential nature are to be considered.

### **Members' Conduct**

23. The conduct of meetings of the Partnership be regulated by the Chairman in accordance with the principles and conventions which apply to the conduct of local authority meetings.

### **Members' Interests**

24. Members of Stockton on Tees Borough Council will be subject to the interest provisions of the Council's Code of Conduct for Members.
25. Members of the Partnership, who are not members of the Council will be subject to the principles of the Council's Code of Conduct for Members.

### **Secretarial Support**

26. Secretarial support will be provided by the Democratic Services Unit, within the Council's Law and Democracy Service.

## **Children and Young People's Joint Commissioning Group –Terms of Reference**

### **1. Aim**

The Children & Young People's Joint Commissioning Group ('the Group') will ensure effective, evidence- and needs-based, efficient joint commissioning for children and young people across partner organisations, in line with the strategic direction and priorities agreed through the Health and Wellbeing Board (HWB) and the Local Safeguarding Children's Board (LSCB).

### **2. Objectives**

- Support the Children and Young People's Partnership (CYPP) in assessing the needs of children and young people in Stockton Borough
- Deliver the joint commissioning agenda on behalf of the HWB using the Commissioning Cycle model (**Annex 1**), in line with the strategic priorities agreed by the Health and Wellbeing Board and informed by the CYPP, as set out in the Children and Young People's Plan; and to do this:
- Develop an evidence-based joint commissioning strategy to address the needs of children and young people, focussed on delivering tangible, improved outcomes and including both commissioning and decommissioning approaches
- Oversee the work programme of delivery on the joint commissioning strategy through a range of groups and plans
- Report back to CYPP and HWB on strategic performance of jointly commissioned services; and delivery against agreed joint frameworks, particularly the Joint Health and Wellbeing Strategy as measured through the delivery plan performance management framework

### **3. Principles of Working**

The Group will consider the following in its role and remit:

- The needs of children and young people in their family context
- The needs of children and young people who are not based in families e.g. children in hospital, children's homes, residential schools, custody etc.
- The focus on young carers as part of the agenda
- That active engagement with children and young people and their families is undertaken throughout the Group's approach
- The focus on ensuring services are evidence-based; shaped according to need; best quality and value for money; and are focussed on demonstrable outcomes for children and young people

- Commissioning decisions should be made in the context of service / care pathways across agencies
- Ensure a focus on prevention and early help, with the key outcomes of enabling more children and young people in Stockton to be healthy, happy and resilient, supported by services as appropriate
- Ensure partnership working across organisations, groups and teams

#### **4. Governance**

The Commissioning Group will report directly to the Health and Wellbeing Board. It will take its strategic direction from the HWB and CYPP. Accountability arrangements are set out in ***Annex II***.

Communication and links between the group and respective member organisations will be key, to ensure services are commissioned in the context of service / care pathways. The group will consider joint commissioning issues only; respective member organisations of the group will continue to operate their own internal commissioning processes for commissioning which is not specifically joint commissioning.

The Group will connect with other structures as required and link to key existing groups such as the Stockton Local Safeguarding Children Board, with the principle of providing added value and not duplication. It will also communicate and connect with providers, other stakeholders and children and young people on the work programme.

#### **5. Monitoring**

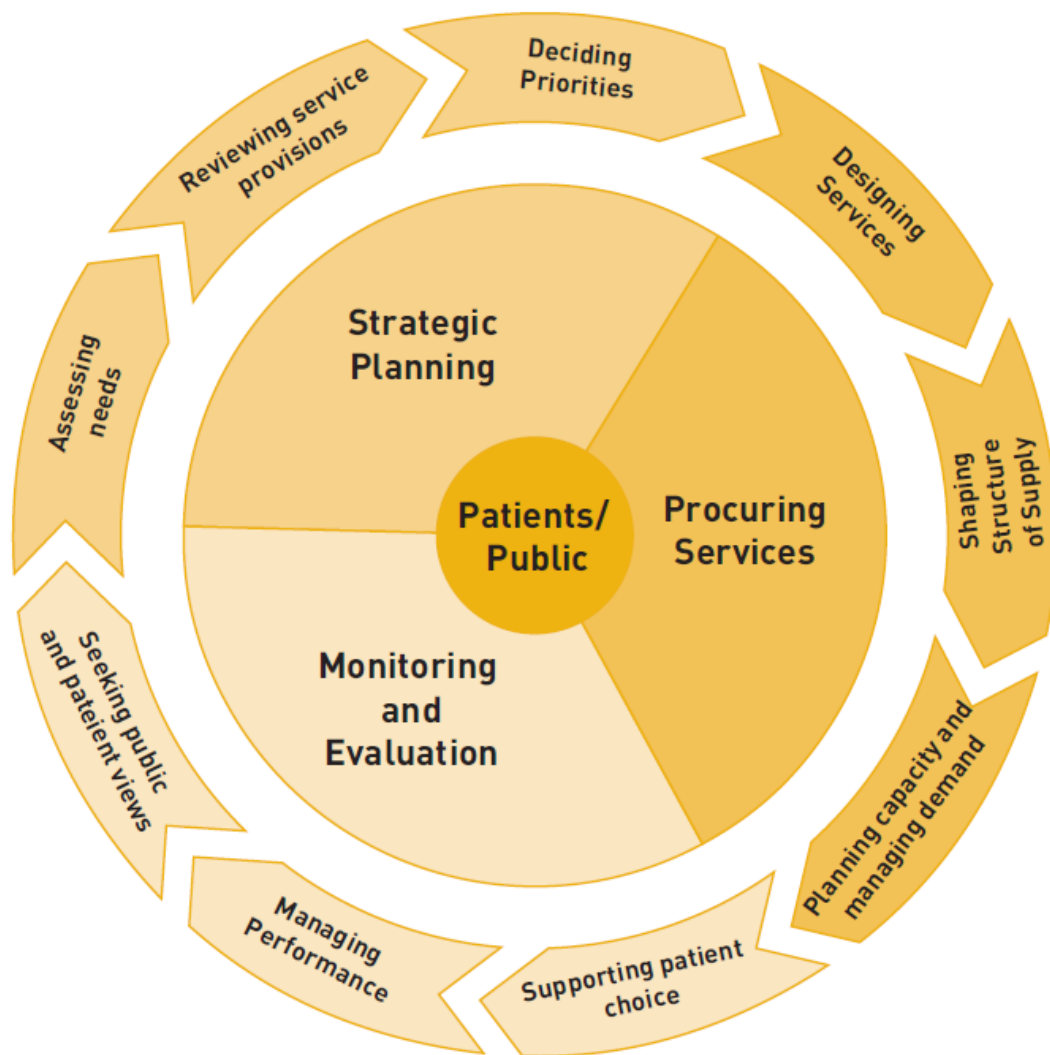
Progress of the group will be monitored through delivery against the forward plan and associated work programme for the group, set in the first month of the group's existence and reviewed on an ongoing basis. Outcomes will be monitored by sharing the headlines from the main performance monitoring frameworks pertinent to the group, on a quarterly basis in line with performance reporting to the HWB and LSCB.

#### **6. Review**

The progress and terms of reference of the group will be reviewed six months after its establishment.



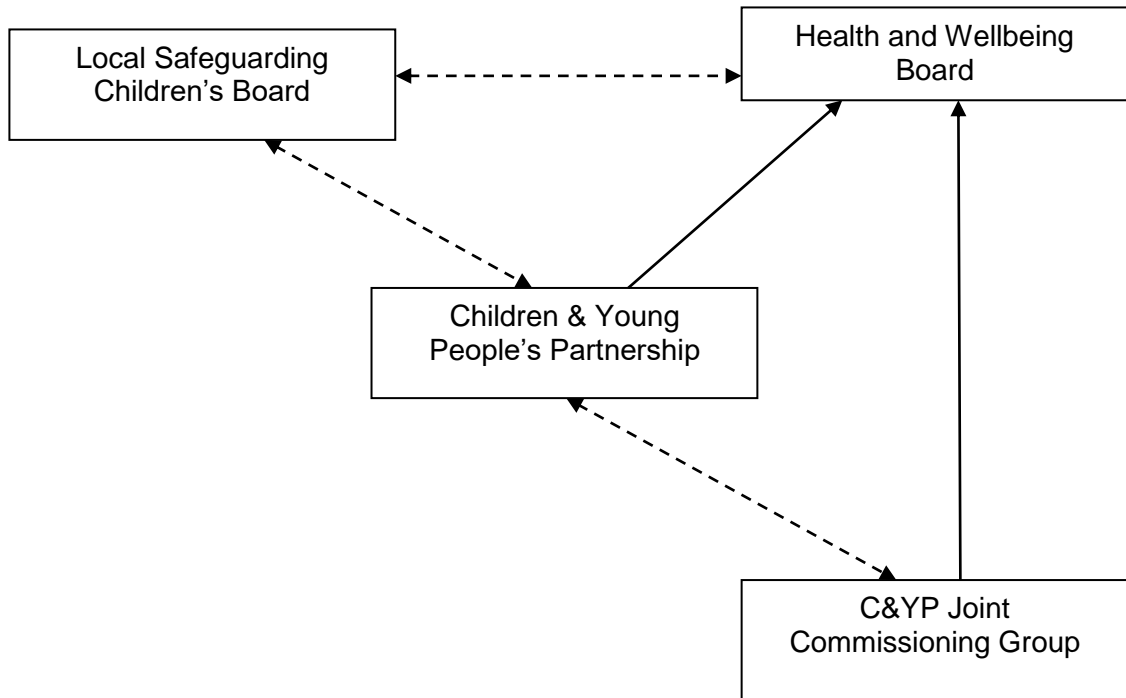
## Annex I: Commissioning cycle



## Annex II: Accountability arrangements for the Children and Young People's Joint Commissioning Group

### Key

- Accountability
- - - - -→ Communication



# **Stockton on Tees Borough Council's Children and Young People Health and Wellbeing Commissioning Group**

## **Rules of Procedure**

### **Introduction**

1. These are the rules of procedure for Stockton on Tees Borough Council's ("the Council") Children and Young People Health and Wellbeing Commissioning Group ("the Group").

### **Membership**

2. The Group will consist of the following members:
  - Director of Public Health
  - Cabinet Lead Member for Children and Young People (SBC)
  - Consultant in Public Health (SBC Public Health)
  - Strategic Commissioner (SBC Public Health)
  - Head of Children and Young People's Services (CESC)
  - Head of Head of Education, Early Years & Complex Needs (CESC)
  - Head of Performance (CESC)
  - Cleveland Police representative
  - Clinical Commissioning Group Clinical / Managerial Representative (CCG)
  - NHS Commissioning Board Representative (NHS England Area Team)
  - Healthwatch representative

### **Co-optees**

3. The Group will co-opt key partners and stakeholders in order to effectively discharge its duties.

### **Meetings**

4. The Group will meet monthly.
5. A schedule of meetings and a forward plan will be agreed by the Group. The Chairman, in consultation with the vice chairman, may call further meetings as necessary.
6. Meetings will take account of, and be identified within, the Council's Democracy Diary.

## **Substitutes**

7. Substitutes may attend and will have the powers and duties of any ordinary Member of the Group but will not be able to exercise any special powers or duties exercisable by the person they are deputising for e.g. as Chairman.
8. Substitutes must be of sufficient seniority within the organization that they represent to make decisions on behalf of that organization.
9. A substitute for the elected Member of Stockton on Tees Borough Council must also be an elected member of the Council.
10. Substitutes may attend meetings in that capacity only:
  - ii. to take the place of the ordinary Member for whom they are acting as substitute;
  - ii. where the ordinary Member will be absent for the whole of the meeting; and
  - iii. after notifying the Proper Officer prior to or on the day of the meeting of the intended substitution.

## **Chairman and Vice Chairman**

11. The Chairman of the Group will be the Director of Public Health.
12. If the Director is not in attendance at a meeting a chairman will be appointed from those members present.

## **Agenda Items**

13. The agenda of a meeting of the Group will be determined having regard to the Forward Plan, in consultation with the Chairman or, in the Chairman's absence, with the vice chairman.

## **Public Participation**

14. Members of the public will be able to speak and ask questions at meetings of the Group, under the direction of the Chairman.

## **Members' Conduct**

15. The conduct of meetings of the Group will be regulated by the Chairman in accordance with the principles and conventions which apply to the conduct of local authority meetings.

## **Members' Interests**

16. The interests provisions of the Code of Conduct for Local Authority Members, approved by the Council in accordance with the Localism Act 2011, including any statutory extension, modification, or amendment or replacement of the same, will be deemed to apply to all members of the Group when conducting the Group's business.

## **Secretarial Support**

17. Secretarial support will be provided by the Democratic Services Unit, within the Council's Law and Democracy Service.

## **Other relevant Procedure Rules**

18. The following rules, contained in the Council's Procedure Rules (Part 4 of Council's Constitution) will also apply to meetings of the Group:-

- Rule 5 (proper officer)
- Rule 7 (Time and Place of meetings)
- Rule 8 (Notice and Summons)
- Rule 9 (Quorum)
- Rules 12, 13, and 15 (motions)
- Rule 14 (rules of debate)
- Rule 16 (Voting)
- Rule 17 (Minutes)
- Rule 18 (Record of Attendance)
- Rule 19 (Exclusion of the Public)
- Rule 20 (Members' Conduct) (but not Rule 20.1)
- Rule 21 (disturbance by the public)
- Rule 22 (Suspension of Procedure Rules)

## **Note**

The following rules, in the Council's Procedure Rules will **not** apply to meetings of the Group.

- Rules 1 – 4 (Meetings of Council)
- Rule 6 (Appointment of Substitutes) (see rule 7 – 10 above)
- Rule 10 and 11 (Questions) (see rule 14 above)

**Proposed Terms of Reference – new Adults’ structures**

**Adults’ Health & Wellbeing Partnership – Terms of Reference**

**1. Aim**

The Adults’ Health & Wellbeing Partnership (‘the Partnership’) will provide strategic leadership and support to strengthen the role and impact of ill health prevention and to ensure adults are helped to maximise their capabilities and have control over their lives. It will ensure this for all adults, particularly the most vulnerable.

The Partnership will support the vision of the Health and Wellbeing Board (HWB) and the Safeguarding Vulnerable Adults Board (SVAB) to protect adults; to improve and protect their health and wellbeing; and to reduce inequality.

**2. Objectives**

- Champion the needs of adults and identify issues for consideration by the SVAB / HWB
- Work with the Joint Commissioning Group to assess the needs of adults in Stockton Borough; and oversee input to, use of and maintenance of the JSNA
- Identifying strategic priorities for adults based on a robust assessment of need and evidence-based practice and other key multi-agency strategies e.g. the Joint Health and Wellbeing Strategy 2012-18
- Recommend commissioning intentions based on the JSNA and Children and Adult’s strategic priorities, against which the Joint Commissioning Group and AH&WP member organisations will commission / decommission and develop services. The commissioning cycle model is set out in **Annex I**
- Ensure there is a clear connection between all of the high level strategies for adults and ensure the golden threads are articulated clearly
- Report back to HWB on performance against agreed joint frameworks, particularly the Joint Health and Wellbeing Strategy as measured through the delivery plan performance management framework
- Provide regular briefings for all staff across the Borough who work with adults, to strengthen the ‘line of sight’ between strategic priorities and planning and service delivery
- Have oversight of how the work of the Partnership and its respective member organisations meet the requirements of any relevant inspection processes.

**3. Principles of Working**

The Group will consider the following in its role and remit:

- The needs of adults in their family context, ie, as parents, carers, etc.
- The needs of adults who are not based in families or family homes, e.g. adults in hospital, adults in refuge accommodation, residential rehabilitation, custody etc.
- That active engagement with adults is undertaken throughout the Group's approach
- The focus on ensuring services are evidence-based; shaped according to need; best quality and value for money; are focussed on demonstrable outcomes for adults; and are considered in the context of multi-agency service / care pathways
- Ensure a focus on prevention and early intervention, with the key outcomes of enabling more adults in Stockton to be healthy, happy and resilient, supported by services as appropriate
- Ensure partnership working across organisations, groups and teams

The Partnership will not be responsible for commissioning services, due to the potential conflict of interest present through providers being members. Joint commissioning will be undertaken by the Adults Health & Wellbeing Joint Commissioning Group (reporting directly to the HWB). Individual organisations will be responsible for commissioning their own respective services where joint commissioning does not apply.

#### **4. Governance**

The Partnership will report directly to the Health and Wellbeing Board and will have work themes relevant to the Safer Stockton Partnership. It will take its strategic direction from the HWB. Accountability arrangements are set out in ***Annex II***.

The Partnership will set the health and wellbeing strategic direction for adults. Individual member organisations will be responsible for ensuring their internal plans fit with this; and for delivering and monitoring the elements where they are the lead organisation.

The Partnership will connect with other structures relevant to adults with the principle of providing added value and not duplication. It will also communicate and connect with providers, other stakeholders and adults.

A number of SBC sub-structures that are currently in existence will need to report to the Partnership. The precise reporting arrangements and linkages will be developed in the first year to inform future arrangements and work plans and will be reviewed regularly to ensure they are fit for purpose and that plans are aligned to the AH&WP.

#### **5. Monitoring**

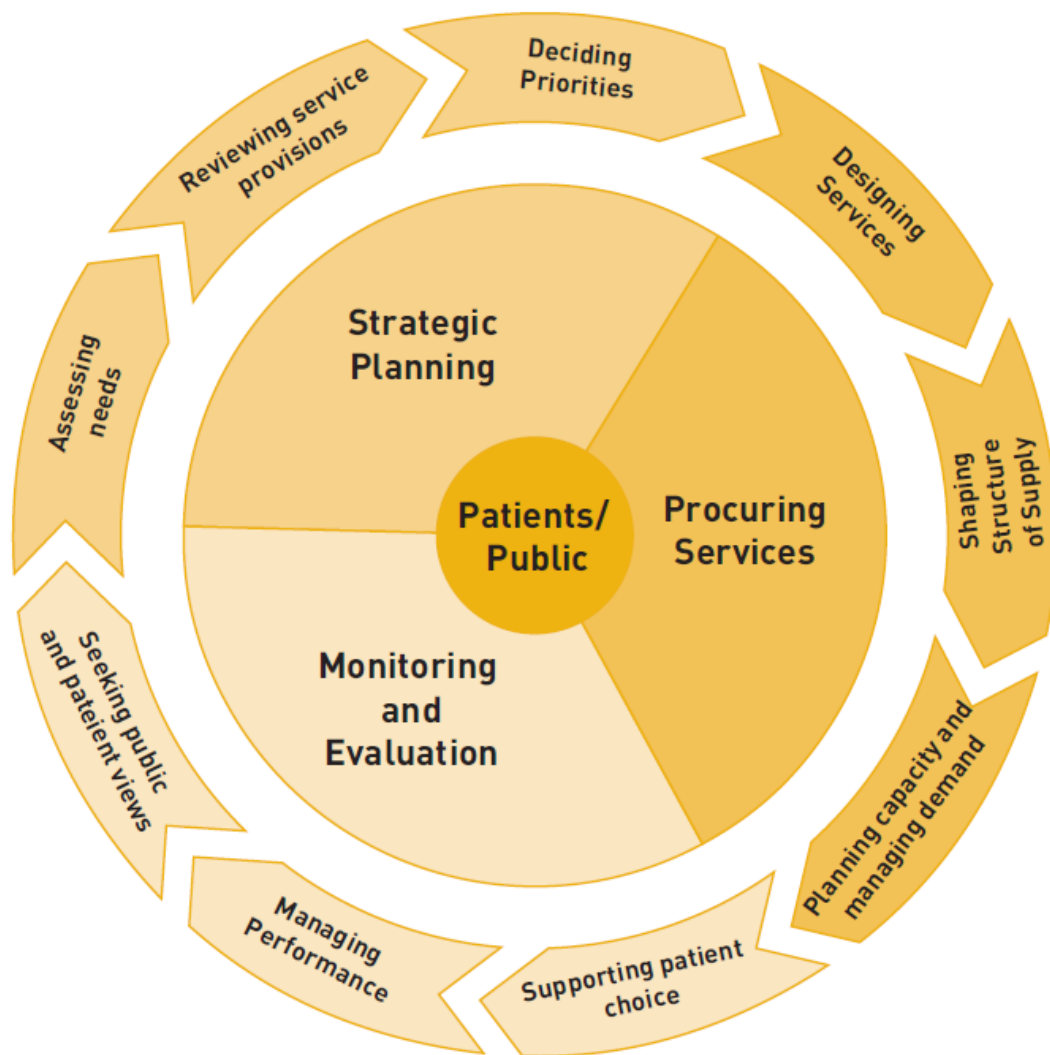
Progress of the Partnership will be monitored through delivery against the Health & Wellbeing Delivery Plan (with supporting dashboard performance framework) and other Action Plans including the Domestic Abuse Strategy Action Plan, the Tobacco Action Plan and activities relevant to drugs, alcohol and obesity. Outcomes will be monitored by sharing the headlines from the main performance monitoring frameworks pertinent to the group, on a quarterly basis in line with performance reporting to the HWB.

## **6. Review**

The terms of reference of the group will be reviewed annually and updated as required.



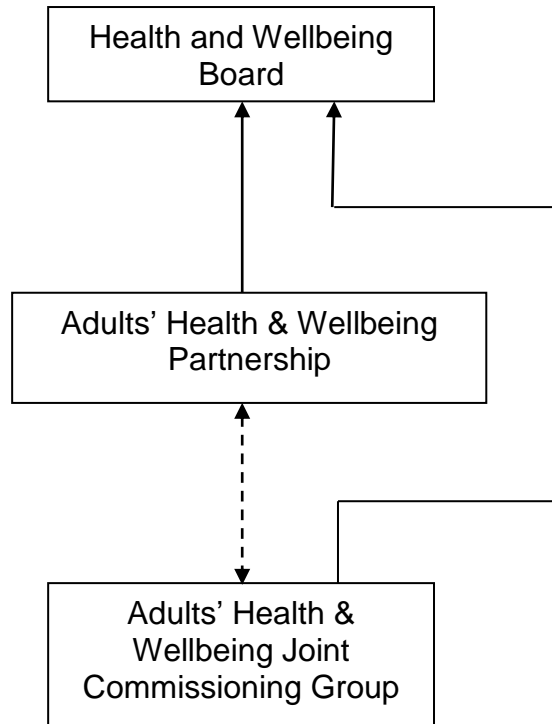
## Appendix I: Commissioning cycle



## Appendix II: Accountability arrangements for the Adult's Health and Wellbeing Partnership

### Key

- Accountability
- - - - -→ Communication



# **Stockton on Tees Adults' Health & Wellbeing Partnership**

## **Rules of Procedure**

### **Introduction**

1. These are the rules of procedure for Stockton on Tees Borough Council's (" the Council") Adults' Health and Wellbeing Partnership ("the Partnership").

### **Meetings**

2. The Partnership will meet bi monthly at such place and at such time as the Partnership may agree.
3. A schedule of meetings and forward plan will be agreed at the first meeting of each year and the Chairman, in consultation with the vice chairman, may call further meetings as necessary.
4. Meetings will take account of, and be identified within, the Council's Democracy Diary.

### **Notice and summons to meetings**

5. At least five clear working days before a meeting, or as soon as practicable, the Partnerships Secretariat will send a summons by post, or by e-mail to every Member of the Partnership or leave it at their usual place of residence. The summons will give the date, time and place of each meeting and specify the business to be transacted, and will be accompanied by such reports as are available.

### **Membership**

6. The Partnership will comprise of:
  - Corporate Director of Children, Education and Social Care
  - Director of Public Health
  - Cabinet Lead Member for Adult Services and Health (SBC)
  - Consultant in Public Health (SBC Public Health)
  - Strategic Commissioner (SBC Public Health)
  - Public Health Improvement Partnership Manager (SBC Public Health)
  - Head of Performance (CESC)
  - Area Commander (Cleveland Police)
  - Clinical Commissioning Group Clinical / Managerial Representative (CCG)
  - NHS Area Team Representative (NHS England Area Team)
  - Head of Adult Services, (Tees, Esk and Wear Valleys NHS Foundation Trust)
  - Community Services Manager, North Tees and Hartlepool NHS Foundation Trust

- Chief Executive, Catalyst
- Healthwatch Manager
- Director of Offender Services (Probation Trust)
- GP representative
- Head of Housing and Community Protection
- Community Safety Manager
- Head of Arts & Culture (SBC)
- Head of Regeneration & Economic Development (SBC)
- Representative from Balance
- Chief Executive, Harbour
- Representative from Thirteen
- Trading Standards & Licensing Manager (SBC)
- Environmental Health Unit Manager (SBC)
- Representative from Durham University
- Representative from Stockton Riverside College
- Countryside and Green Spaces (SBC)
- Tees Active
- Leisure and Sports (SBC)
- Area Partnership Representation
- Councillor Representation

Other individuals will be asked to attend the group for specific items / discussions.

7. Substitutes may attend and will have the powers and duties of any ordinary Member of the Board but will not be able to exercise any special powers or duties exercisable by the person they are deputising for e.g. as Chairman.
8. Substitutes must be of sufficient seniority within the organization they represent to make decisions on behalf of that organization.
9. Substitutes may attend meetings in that capacity only:
  - iii. to take the place of the ordinary Member for whom they are deputising;
  - ii. where the ordinary Member will be absent for the whole of the meeting; and
  - iii. after notifying the secretariat prior to or on the day of the meeting of the intended substitution.

## **Chair and Vice Chair**

10. The Chairman will be the Council's Director of Public Health.
11. The Vice Chairman will be the Council's Corporate Director of Children, Education and Social Care.

## **Quorum**

12. The quorum of a meeting of the Partnership will be 10 members. During any meeting, if the Chairman counts the number of Members present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chairman. If he/she does not fix a date, the remaining business will be considered at the next meeting.

## **Voting**

13. Any matter will be decided by a simple majority of those Members voting (for or against the matter) and present in the room at the time the question was put. Voting will be by a show of hands, or, if no dissent, by the affirmation of the meeting. All members will have one vote.
14. If there are equal numbers of votes for and against, the Chairman will have a second or casting vote. There will be no restriction on how the Chairman chooses to exercise a casting vote.
15. Where any Member requests it, immediately after the vote is taken, their vote will be so recorded in the minutes to show whether they voted for or against or abstained from voting.
16. If there are more than two people nominated for any position to be filled and there is not a clear majority of votes in favour of one person, then the name of the person with the least number of votes will be taken off the list and a new vote taken. The process will continue until there is a majority of votes for one person.

## **Agenda Items**

17. The Partnership's secretariat will maintain the forward plan, referred to at procedure rule 3, on behalf of the Chairman.
18. The agenda of a meeting of the Partnership will be determined, having regard to the Forward Plan, in consultation with the Chairman or, in the Chairman's absence, with the vice chairman.
19. In addition to the provisions set out in procedure rule 6 agendas will be published on the Council's web site.

## **Minutes**

20. Draft minutes will be provided to Board Members within 7 days after the date of a meeting, or as soon as practicable. Draft minutes will also be published on the Council's web site and signposted to members of the Council and LSP secretariats.
21. The Chairman will move that the minutes of the previous meeting be approved as a correct record given the Partnership's affirmation. The only part of the minutes that can be discussed is their accuracy.

## **Public Participation**

22. Members of the public will be able to speak and ask questions at meetings of the Partnership, under the direction of the Chairman.
23. The public will only be excluded where items of an exempt or confidential nature are to be considered.

## **Members' Conduct**

24. The conduct of meetings of the Partnership be regulated by the Chairman in accordance with the principles and conventions which apply to the conduct of local authority meetings.

## **Members' Interests**

25. Members of Stockton on Tees Borough Council will be subject to the interest provisions of the Council's Code of Conduct for Members.
26. Members of the Partnership, who are not members of the Council will be subject to the principles of the Council's Code of Conduct for Members.

## **Secretarial Support**

27. Secretarial support will be provided by the Democratic Services Unit, within the Council's Law and Democracy Service.

# Adults' Joint Health & Wellbeing Commissioning Group

## Terms of Reference

### 1. Aim

The Adult's Joint Health & Wellbeing Commissioning Group ('the Group') will ensure effective, evidence- and needs-based, efficient joint health and wellbeing commissioning for adults across partner organisations, in line with the strategic direction and priorities agreed through the Health and Wellbeing Board (HWB).

### 2. Objectives

- Support the Adult's Health & Wellbeing Partnership (AH&WP) in assessing the needs of adults in Stockton Borough
- Deliver the joint commissioning agenda on behalf of the Health and Wellbeing Board using the Commissioning Cycle model (**Annex 1**), in line with the strategic priorities agreed by the Health and Wellbeing Board and informed by the AH&WP, as set out in health and wellbeing plans pertinent to adults
- Develop an evidence-based joint commissioning strategy to address the needs of adults, focussed on delivering tangible, improved outcomes and including both commissioning and decommissioning approaches
- Oversee the work programme of delivery on the joint commissioning strategy through a range of groups and plans
- Report back to AH&WP and HWB on strategic performance of jointly commissioned services; and delivery against agreed joint frameworks, particularly the Joint Health and Wellbeing Strategy as measured through the delivery plan performance management framework

### 3. Principles of Working

The Group will consider the following in its role and remit:

- The needs of adults in their family context, ie, as parents, carers, etc.
- The needs of adults who are not based in families or family homes, e.g. adults in hospital, adults in refuge accommodation, residential rehabilitation, custody etc.
- That active engagement with adults is undertaken throughout the Group's approach
- The focus on ensuring services are evidence-based; shaped according to need; best quality and value for money; are focussed on demonstrable outcomes for adults; and are considered in the context of multi-agency service / care pathways
- Ensure a focus on prevention and early intervention, with the key outcomes of enabling more adults in Stockton to be healthy, happy and resilient, supported by services as appropriate

- Ensure partnership working across organisations, groups and teams

#### **4. Governance**

The Commissioning Group will report directly to the Health and Wellbeing Board. It will take its strategic direction from the HWB and AH&WP. Accountability arrangements are set out in ***Annex II***.

Communication and links between the group and respective member organisations will be key, to ensure services are commissioned in the context of service / care pathways. The group will consider joint commissioning issues only; respective member organisations of the group will continue to operate their own internal commissioning processes for commissioning which is not specifically joint commissioning.

The Group will connect with other structures as required and link to key existing groups with the principle of providing added value and not duplication. It will also communicate and connect with providers, other stakeholders and adults on the work programme.

#### **5. Monitoring**

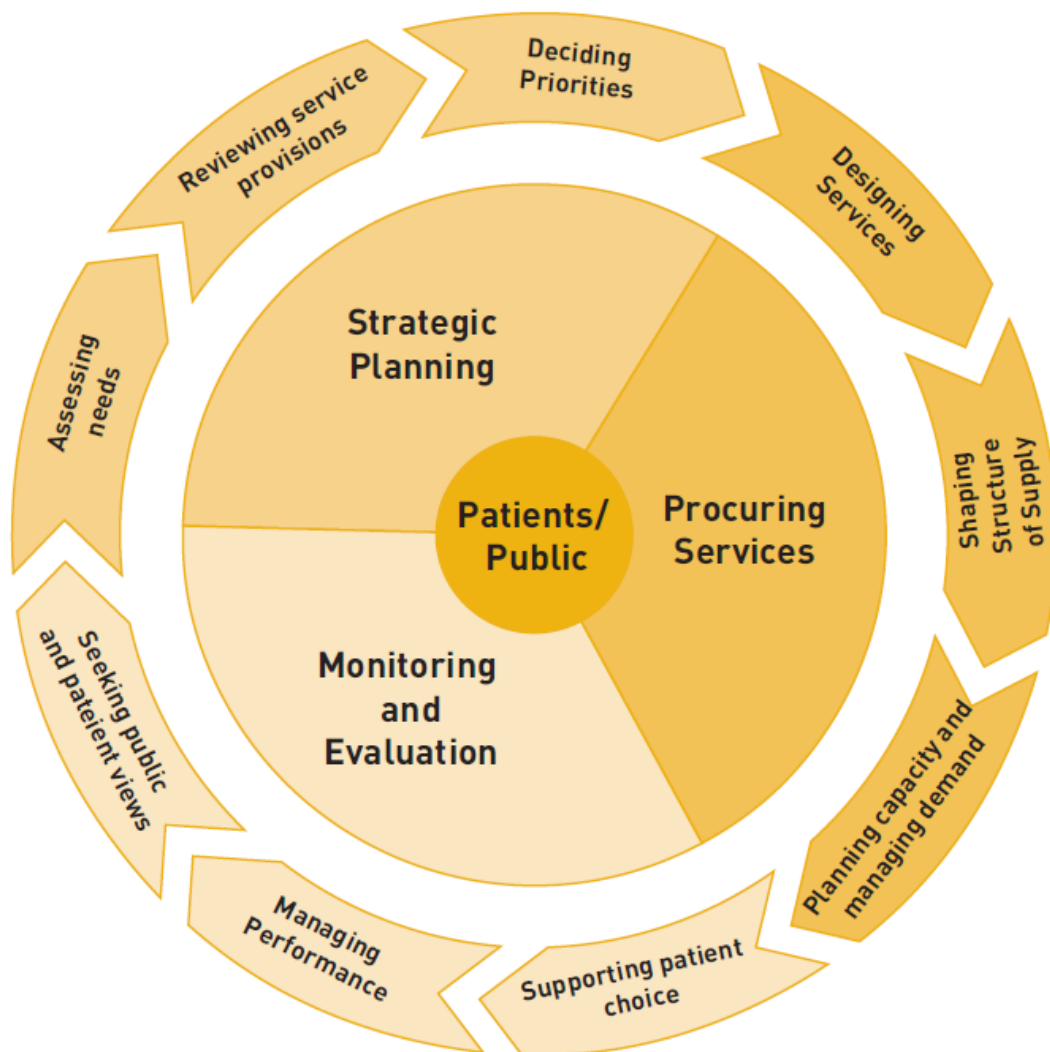
Progress of the group will be monitored through delivery against the forward plan and associated work programme for the group, set in the first month of the group's existence and reviewed on an ongoing basis. Outcomes will be monitored by sharing the headlines from the main performance monitoring frameworks pertinent to the group, on a quarterly basis in line with performance reporting to the HWB.

#### **6. Review**

The progress and terms of reference of the group will be reviewed six months after its establishment.



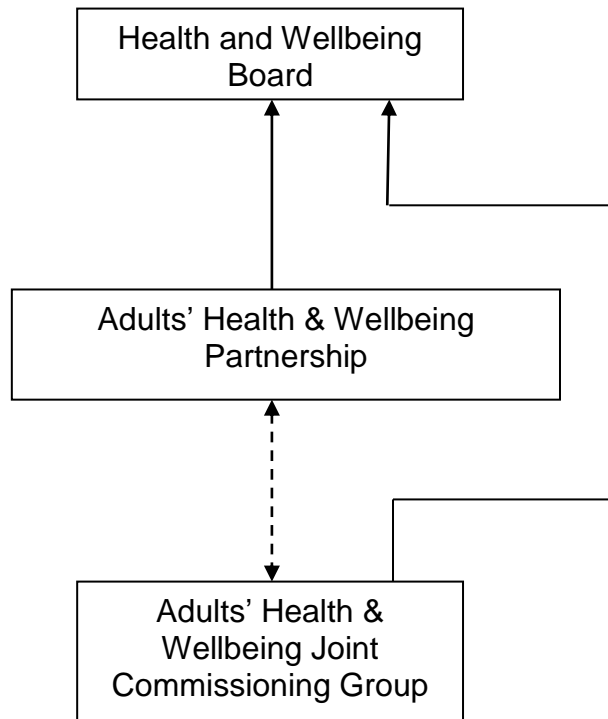
## Appendix I: Commissioning cycle



## Appendix II: Accountability arrangements for the Adults Health & Wellbeing Joint Commissioning Group

### Key

- Accountability
- - - - -> Communication



# **Stockton on Tees Borough Council's Adult Health and Wellbeing Commissioning Group**

## **Rules of Procedure**

### **Introduction**

1. These are the rules of procedure for Stockton on Tees Borough Council's ("the Council") Adults' Health and Wellbeing Commissioning Group ("the Group").

### **Membership**

2. The Group will consist of the following members:
  - Director of Public Health
  - Cabinet Lead Adult Services & Health (SBC)
  - Consultant in Public Health (SBC Public Health)
  - Strategic Commissioner (SBC Public Health)
  - Health Improvement Partnership Manager (SBC Public Health)
  - Adult Services Lead (CESC)
  - Head of Adult Operations (CESC)
  - Head of Performance (CESC)
  - Clinical Commissioning Group Clinical / Managerial Representative (CCG)
  - NHS Commissioning Board Representative (NHS England Area Team)
  - Public Health Contracts Manager (Tees Valley Public Health Shared Service)

### **Co-optees**

3. The Group may co-opt key partners and stakeholders in order to effectively discharge its duties.

### **Meetings**

4. The Group will meet monthly.
5. A schedule of meetings and a forward plan will be agreed by the Group. The Chairman, in consultation with the vice chairman, may call further meetings as necessary.
6. Meetings will take account of, and be identified within, the Council's Democracy Diary.

## **Substitutes**

7. Substitutes may attend and will have the powers and duties of any ordinary Member of the Group but will not be able to exercise any special powers or duties exercisable by the person they are deputising for e.g. as Chairman.
8. Substitutes must be of sufficient seniority within the organization that they represent to make decisions on behalf of that organization.
9. A substitute for the elected Member of Stockton on Tees Borough Council must also be an elected member of the Council.
10. Substitutes may attend meetings in that capacity only:
  - iv. to take the place of the ordinary Member for whom they are acting as substitute;
  - ii. where the ordinary Member will be absent for the whole of the meeting; and
  - iii. after notifying the Proper Officer prior to or on the day of the meeting of the intended substitution.

## **Chairman and Vice Chairman**

11. The Chairman of the Group will be the Council's Director of Public Health.
12. If the Director is not in attendance at a meeting a chairman will be appointed from those members present.

## **Agenda Items**

13. The agenda of a meeting of the Group will be determined having regard to the Forward Plan, in consultation with the Chairman or, in the Chairman's absence, with the vice chairman.

## **Public Participation**

14. Members of the public will be able to speak and ask questions at meetings of the Group, under the direction of the Chairman.

## **Members' Conduct**

15. The conduct of meetings of the Group will be regulated by the Chairman in accordance with the principles and conventions which apply to the conduct of local authority meetings.

## **Members' Interests**

16. The interests provisions of the Code of Conduct for Local Authority Members, approved by the Council in accordance with the Localism Act 2011, including any statutory extension, modification, or amendment or

replacement of the same, will be deemed to apply to all members of the Group when conducting the Group's business.

### **Secretarial Support**

17. Secretarial support will be provided by the Democratic Services Unit, within the Council's Law and Democracy Service.

### **Other relevant Procedure Rules**

18. The following rules, contained in the Council's Procedure Rules (Part 4 of Council's Constitution) will also apply to meetings of the Group:-

- Rule 5 (proper officer)
- Rule 7 (Time and Place of meetings)
- Rule 8 (Notice and Summons)
- Rule 9 (Quorum)
- Rules 12, 13, and 15 (motions)
- Rule 14 (rules of debate)
- Rule 16 (Voting)
- Rule 17 (Minutes)
- Rule 18 (Record of Attendance)
- Rule 19 (Exclusion of the Public)
- Rule 20 (Members' Conduct) (but not Rule 20.1)
- Rule 21 (disturbance by the public)
- Rule 22 (Suspension of Procedure Rules)

### **Note**

The following rules, in the Council's Procedure Rules will **not** apply to meetings of the Group.

- Rules 1 – 4 (Meetings of Council)
- Rule 6 (Appointment of Substitutes) (see rule 7 – 10 above)
- Rule 10 and 11 (Questions) (see rule 14 above)

## **Appendix 7: Current adults' groups for which change is proposed**

### **Drug and Alcohol Commissioning Group – meets quarterly**

Peter Kelly (Chair), SBC Public Health  
Steven Hume (Vice Chair), SBC Community Safety  
Caroline Wood, SBC Housing Options  
Dave Wintersgill, HMP Holme House  
David Gardiner, Public Health England  
Ian Ramshaw, SBC Adult Strategy  
Jeff Evans, Durham Tees Valley Probation Service  
Jo Heaney, SBC Public Health/DAAT  
Julie Murphy, SBC Finance  
Kerry Anderson, Public Health  
Laurayne Featherstone, SBC Policy, Improvement & Engagement  
Mary Edwards, Balance  
Miriam Sigsworth, SBC Youth Offending  
Gordon Lang/Ian Coates, Cleveland Police

### **Domestic Abuse Strategy Group – meets bi-monthly**

Peter Kelly (Chair), Director of Public Health, SBC  
Jane Humphreys, Director of Children, Education and Social Care, SBC  
Mike Batty, Head of Community Protection, SBC  
Mike Cane, Detective Inspector, Cleveland Police  
Lesley Gibson, Director, Harbour  
Joe Howard, Probation  
Geoff Bush, Chief Inspector, Cleveland Police  
Steven Hume, Community Safety Manager, SBC  
Claire Sills, Preventions Manager, SBC  
Emma Champley, Strategic Commissioner - Public Health, SBC  
Satnam Singh, Senior Cohesion & Diversity Officer, SBC  
Caren Barnfather, Manager, Harbour  
Elaine Honeysett, Safeguarding Lead, HMP Holme House  
Julie Lathan, Operations, Development & Neighbourhood Services, SBC  
Paul Noddings, Tristar Homes

### **Domestic Abuse Commissioning Group – meets bi-monthly**

Emma Champley, Strategic Commissioner - Public Health, SBC  
Janet Baker, Commissioning Manager, Working Age Adults  
Lynn Sparrey, Acting Joint Strategic Manager, CESC  
Steven Hume, Community Safety Manager, SBC  
Julie McNaughton, Thirteen

### **Tobacco Alliance – meets every six weeks**

Dave Kitching, Trading Standards, SBC  
Lorraine Wilford, Trading Standards, SBC  
Peter Kelly, Director of Public Health, SBC  
Kerry Anderson, Modernisation Manager, SBC Public Health  
Ruby Poppleton, Health Improvement Specialist, SBC Public Health  
Paul Wilson, Marketing / Communications Team, SBC  
Pat Marshall, Stop Smoking Service, North Tees and Hartlepool NHS Foundation Trust  
Colin Snowdon, Environmental Health Manager, SBC  
Chris Cook, Stockton Riverside College  
Andrew Russell, Senior Lecturer (Department of Anthropology), Durham University  
Pav Rehman, Community Fire Safety Advocate, Cleveland Fire Brigade  
Gareth Carson, Integrated Youth Support Service, SBC  
Paul Williams, Stockton Locality GP Lead, Clinical Commissioning Group  
Jonathan Berry, Health and Wellbeing Clinical Lead, Clinical Commissioning Group  
Dee Ward, Commissioning Manager - Service Planning & Reform, North of England Commissioning Support  
Ian Clough, Assistant Director Occupational Health, Safety & Wellbeing, North Tees and Hartlepool NHS Foundation Trust  
(No one currently identified), Cleveland Police

### **Healthy Weight, Healthy Lives – meets quarterly**

Emma Champley (Chair), Strategic Commissioner, SBC Public Health, SBC  
Glenis Charlton, Early Years Operational Manager, Children's Services  
Graham Clingan, Countryside and Green Spaces, SBC  
Jenny Cowell, Environmental Health, SBC  
Barry Jackson, Planning Department, SBC  
Jonathon Kibble, Sustainable Travel, SBC  
Janet Marriott, CESC, SBC  
Allan McDermott, Tees Active  
Karen Morris, Libraries, SBC  
Neil Mitchell, Sustrans  
Leanne Oxley, Sports Development, SBC  
Phillippa Sellstrom, MoreLife  
Ruby Poppleton, Health Improvement Specialist, SBC Public Health  
Claire Spence, Health Improvement Specialist, SBC Public Health  
Neil Russell, Leisure and Sports, SBC  
Emma Turnbull, Sports Development, SBC

### **Learning Disabilities Executive**

Jim Beall, Cabinet Member (Adults Services and Health)  
Liz Hanley, Head of Adult Services (Chair)  
Ian Ramshaw, Lead Commissioner (Working Age Adults)  
Donna Owens, CCG  
Peter Kelly, Director of Public Health  
Paul Jarvis, Stockton Helps All  
Paul Williams, CCG Lead Commissioner / Representative for Learning Disability

Yasmin Johnson, Stockton Citizens Advice Bureau

**Mental Health Partnership Board**

Ian Ramshaw, Lead Commissioner (Working Age Adults), SBC

Ben Smith, CCG / NECS

Joanne Shaw-Dunn, Healthwatch

Natalie Shaw, SBC

Jane King, TEWV

Joanne Heaney, SBC Public Health

Joanne Matthew, The Edwardian

Jemma Robson, NECS

John Cooke, Carer

Diane Cooke, Service User

Glen Johnstone, Our Place

Jean Rochford, JR Carer

Tina Williams, Bridges

Dee Clarke, The Link



**Terms of Reference for Health & Wellbeing Board**

**Vision**

The Board will continually drive to improve and protect the Borough's health and to improve the health and wellbeing of the most disadvantaged fastest.

Operating Principles

The Health and Wellbeing Board (HWB) is a Committee of the Council and is accountable to the Council.

The HWB will provide the strategic direction and overarching strategic priorities for improving health and wellbeing for the population of the Borough. The Board will ensure that there is an up to date Joint Health and Wellbeing Strategy (JHWS) based on the Joint Strategic Needs Assessment (JSNA) that is agreed across partner agencies. The Board will monitor delivery against priorities. The Board will also ensure that there is a partnership approach for the delivery of the vision, encompassing a systematic preventive approach to care and wellbeing for adults, children, families and communities working across the NHS, social care, voluntary, community and social enterprise sector and public health services. It will be responsible for ensuring that the Joint Health and Wellbeing Strategy (JHWS) for Stockton is fit for purpose and meets its statutory requirements.

It will develop the appropriate substructures that enable HWB to discharge its responsibilities in improving and protecting the Borough's health and reducing health inequalities. Specifically, the Board will be supported by a Children and Young People's Partnership (CYPP) and an Adults' Health and Wellbeing Partnership (AHWP). The HWB, will charge these Partnerships with developing strategic priorities and plans for children and young people and for adults respectively, on behalf of the HWB. The Board will also be supported by a Children and Young People's Health and Wellbeing Joint Commissioning Group and an Adults' Health and Wellbeing Joint Commissioning Group. Under delegated authority from HWB, these Joint Commissioning Groups will jointly commission services according to the strategic priorities of the HWB, CYPP and AHWP and to the JHWS and JSNA. Issues should only be considered relevant to joint commissioning, through the Commissioning Groups, if funding from more than one organisation is being used to commission the service, or if the issue has significant and broad-reaching impacts across partner organisations.

The arrangements will operate in a spirit of open and honest dialogue and collective responsibility for taking decisions. The Health and Wellbeing Board / Partnerships / Joint Commissioning Groups will operate with the delegated authority of the parent organisations, subject to the rules and procedure of each organisation

**Objectives**

- To ensure a strategic, joined-up approach to the planning and delivery of services to improve the health and wellbeing of all our communities and to address inequalities where they exist.

- To prepare and review the JSNA and ensure that its members understand the Boroughs many communities and their specific needs
- To consider, prepare and review the Joint Health and Wellbeing Strategy (JHWS) based on the JSNA, spanning the NHS, social care and public health and wider determinants such as housing, education, the environment, employment and unemployment. This strategy will provide the framework for the development of appropriate commissioning plans aligned to the strategy.
- To review and monitor commissioning plans relevant to the JHWS.
- To maximise the opportunity to make use of pooled budgets and joint commissioning arrangements to meet the needs of the local population aligned to the Joint Health and Wellbeing Strategy.
- To facilitate integrated working (commissioning or service provision) where appropriate.
- To agree the framework for engaging all stakeholders, which recognises the role of the independent sector and the voluntary, community and social enterprise sector and ensures that the public are consulted on health and wellbeing issues.
- To monitor and evaluate the strategies and related performance through a relevant set of indicators and measures, agreed across the whole system and to report on progress to all stakeholders including public health outcome requirements.
- To maintain clear accountability, and liaison with appropriate bodies, including the Partnerships, Joint Commissioning Groups, Local Safeguarding Boards, Local Strategic Partnership and statutory bodies of the member organisations.
- The Board will review its Terms of Reference annually, and will develop and review a Development Plan to ensure it is fit for purpose.
- To align the strategic priorities of member organisations and, where dispute arises, ensure it is resolved in a timely and positive manner
- The Board will be open to internal and external scrutiny and will work positively and constructively with regulators and scrutiny bodies

## **Stockton on Tees Health & Wellbeing Board Rules of Procedure**

### **Introduction**

1. These are the rules of procedure for Stockton on Tees Borough Council's (" the Council") Health and Wellbeing Board ("the Board").

### **Meetings**

2. The Board will hold a minimum of six meetings per year at such place and at such time as the Board may agree.
3. A schedule of meetings and a forward plan will be agreed at the first meeting of each municipal year and the Chairman, in consultation with the vice chairman, may call further meetings as necessary.
4. Meetings will take account of, and be identified within, the Council's Democracy Diary.

### **Membership**

5. The Health and Wellbeing Board will consist of the following voting members:

The Council's Cabinet Member for Adult Services and Health  
The Council's Cabinet Member for Children and Young People  
4 other elected Members of the Council (these appointments to be politically balanced when taken together with the above Cabinet Member appointments)  
The Council's Director of Children, Education and Social Care  
2 Representatives from the NHS Hartlepool and Stockton Clinical Commissioning Group ( 1 of the representatives to be the Chairman of the Stockton Locality Group)  
Director of Public Health  
Local Healthwatch representative  
Durham, Darlington and Tees NHS Commissioning Board representative (LAT)  
Cleveland Police and Crime Commissioner  
North Tees and Hartlepool NHS Foundation Trust representative  
Tees, Esk and Wear Valleys NHS Foundation Trust representative  
Catalyst representative

### **Substitutes**

6. Substitutes may attend and will have the powers and duties of any ordinary Member of the Board but will not be able to exercise any special powers or duties exercisable by the person they are deputising for e.g. as Chairman.
7. Substitutes must be of sufficient seniority within the organization that they represent to make decisions on behalf of that organization.

8. Substitutes for elected Members of Stockton on Tees Borough Council must also be elected members of the Council and, their appointment as a substitute, must not change the political composition/balance of the elected members serving on the board.
9. Substitutes may attend meetings in that capacity only:
  - i. to take the place of the ordinary Member for whom they are acting as substitute;
  - ii. where the ordinary Member will be absent for the whole of the meeting; and
  - iii. after notifying the Proper Officer prior to or on the day of the meeting of the intended substitution.

### **Chairman and Vice Chairman**

10. The Chairman of the Board will be the Council's Cabinet Member responsible for Adult Services and Health.
11. The Vice Chairman will be the Council's Cabinet Member responsible for Children and Young People.

### **Agenda Items**

12. The Board's secretariat will maintain the Forward Plan, referred to at procedure rule 4, on behalf of the Chairman.
13. The agenda of a meeting of the Board will be determined, having regard to the Forward Plan, in consultation with the Chairman or, in the Chairman's absence, with the vice chairman.

### **Public Participation**

14. Members of the public will be able to speak and ask questions at meetings of the Board, under the direction of the Chairman.

### **Members' Conduct**

15. The conduct of meetings of the Board will be regulated by the Chairman in accordance with the principles and conventions which apply to the conduct of local authority meetings.

### **Members' Interests**

16. The interests provisions of the Code of Conduct for Local Authority Members, approved by the Council in accordance with the Localism Act 2011, including any statutory extension, modification, or amendment or replacement of the same, will be deemed to apply to all members of the Board when conducting the Board's business.

### **Secretarial Support**

17. Secretarial support will be provided by the Democratic Services Unit, within the Council's Law and Democracy Service.

### **Management Team**

18. A management team (Health and Wellbeing Management Team) will support the delivery of the objectives of the Health and Wellbeing Board.

### **Other relevant Procedure Rules**

19. The following rules, contained in the Council's Procedure Rules (Part 4 of Council's Constitution) will also apply to meetings of the Health and Wellbeing Board:-

- Rule 5 (proper officer)
- Rule 7 (Time and Place of meetings)
- Rule 8 (Notice and Summons)
- Rule 9 (Quorum)
- Rules 12, 13, and 15 (motions)
- Rule 14 (rules of debate)
- Rule 16 (Voting)
- Rule 17 (Minutes)
- Rule 18 (Record of Attendance)
- Rule 19 (Exclusion of the Public)
- Rule 20 (Members' Conduct) (but not Rule 20.1)
- Rule 21 (disturbance by the public)
- Rule 22 ( Suspension of Procedure Rules)

### **Note**

The following rules, in the Council's Procedure Rules will **not** apply to meetings of the Health and Wellbeing Board.

- Rules 1 – 4 (Meetings of Council)
- Rule 6 ( Appointment of Substitutes) (see HWB rule 6 – 9 above)
- Rule 10 and 11 (Questions) (see HWB rule 14 above)