

**Date:**

Wednesday 30 July 2025 at 2.00 pm

**Venue:**

Council Chamber, Dunedin House, Columbia Drive, Thornaby, Stockton on Tees, TS17 6BJ

**Cllr Lisa Evans (Chair)**

Cllr Clare Besford, Cllr Nigel Cooke, Cllr Pauline Beall, Cllr Diane Clarke OBE, Cllr Dan Fagan, Cllr Sufi Mubeen, Cllr Stephen Richardson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Majella McCarthy, Carolyn Nice, Sarah Bowman-Abouna, Fiona Adamson, Jonathan Slade, Peter Smith, Jamie Todd, Karen Hawkins, Matt Storey, Lucy Owens and Dr Deepak Dwarakanath

## Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for absence**
3. **Declarations of interest**
4. **Minutes** (Pages 11 - 16)  
To approve the minutes on 26 March 2025 and 30 April 2025
5. **Better Care Fund Update** (Pages 17 - 20)
6. **NHS 10 year Plan**
7. **Health and Wellbeing Board - Draft Terms of Reference** (Pages 21 - 30)
8. **Forward Plan**

## **Members of the Public - Rights to Attend Meeting**

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

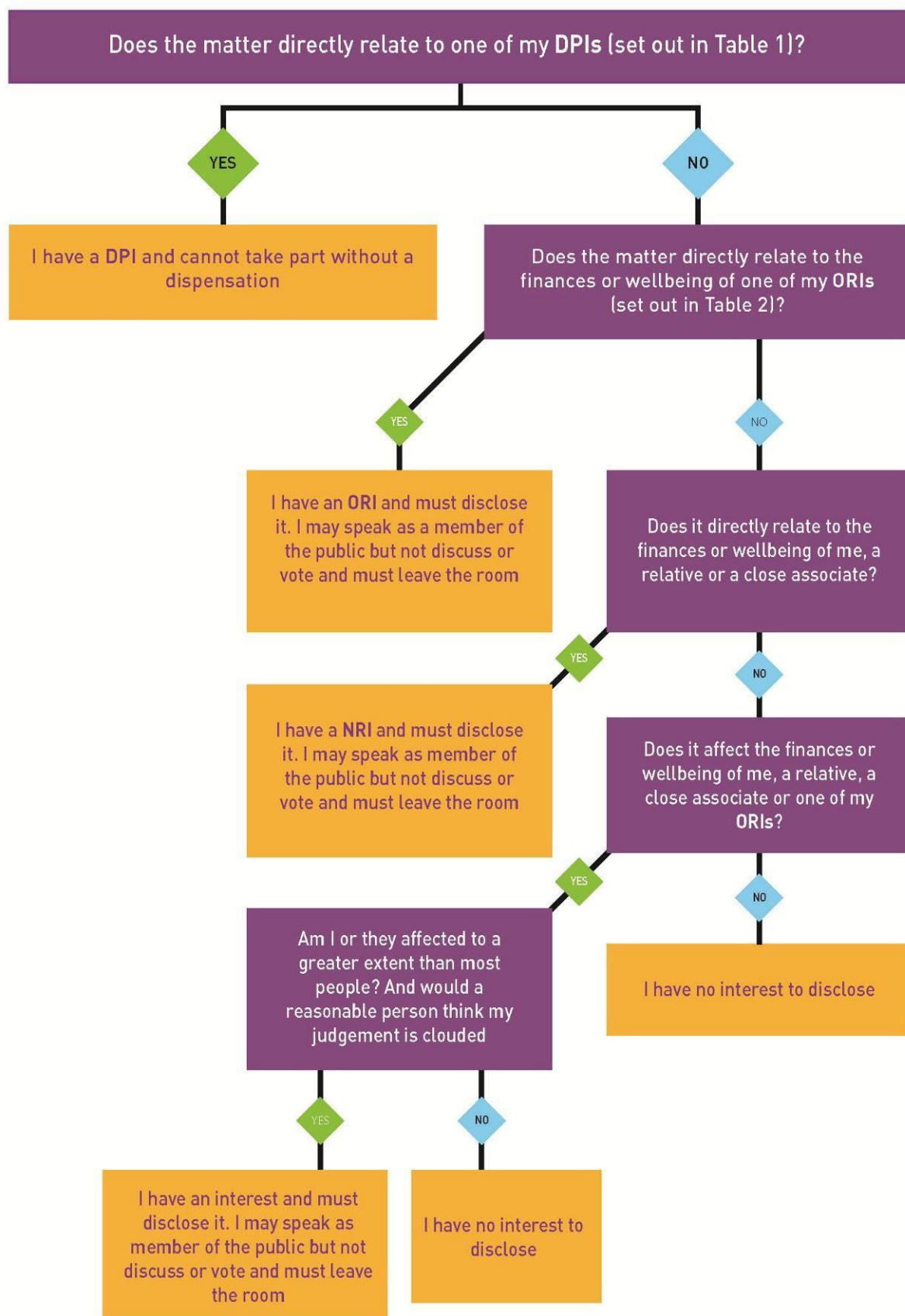
Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

Contact: Michael Henderson on email [Michael.henderson@stockton.gov.uk](mailto:Michael.henderson@stockton.gov.uk)

**Key – Declarable interests are :-**

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

**Members – Declaration of Interest Guidance**



**Table 1 - Disclosable Pecuniary Interests**

<b>Subject</b>	<b>Description</b>
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain
<b>Sponsorship</b>	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
<b>Contracts</b>	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
<b>Land and property</b>	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
<b>Licences</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
<b>Corporate tenancies</b>	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
<b>Securities</b>	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

\* 'director' includes a member of the committee of management of an industrial and provident society.

\* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

## **Table 2 – Other Registrable Interest**

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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## Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

### Entry

Entry to the Council Chamber is via the South Entrance, indicated on the map below.



In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

**The allocated assembly point for the Council Chamber is: D2**

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately.** Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.
2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.
  - do not stop to collect your belongings
  - close all doors as you leave
3. **steer clear of hazards.** If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.
4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.
  - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.



**5. await further instructions.**

- **do not re-enter the building under any circumstances without an “all clear”** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
- do not leave the area without permission.
- ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

**Toilets**

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

**Water Cooler**

A water cooler is available at the rear of the Council Chamber.

**Microphones**

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when invited to speak by the Chair, to ensure you can be heard by the Committee and those in attendance at the meeting.

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## HEALTH & WELLBEING BOARD

A meeting of Health & Wellbeing Board was held on Wednesday 26 March 2025.

**Present:** Cllr Robert Cook (Chair), Cllr Lisa Evans (Vice-Chair), Cllr Pauline Beall, Cllr Diane Clarke OBE, Cllr Sufi Mubeen, Cllr Stephen Richardson, Cllr Marcus Vickers, Cllr Sylvia Walmsley, Sarah Bowman-Abouna, Peter Smith and Dr. Deepak Dwarakanath.

**Officers:** John Devine, Yvonne Cheung, Joanne Linton.

**Also in attendance:**

**Apologies:** Cllr Steve Nelson, Cllr Dan Fagan, Cllr Nigel Cooke, Carolyn Nice, Majella McCarthy, Fiona Adamson, Jonathan Slade Peter Smith, Matt Storey, Lucy Owens.

### **HWB/1/24 Evacuation Procedure**

The Evacuation Procedure was noted.

### **HWB/2/24 Declarations of interest**

There were no declarations of interest.

### **HWB/3/24 Minutes**

The Minutes of the previous meeting held 26<sup>th</sup> February 2025 were agreed as a true record.

### **HWB/4/24 Stockton on Tees Better Care Fund Q3 2024/2025**

Officers presented to members the update report on the submission of the quarter 3 report to NHS England on 14/02/2025. The aim of the report was to inform members of the progress, activities and expenditures in Q3.

Officers confirmed that the four national conditions had been met. The four conditions were:

- Have a jointly agreed plan
- Implementing BCF objective 1: Enabling people to stay well, safe and independent at home for longer.
- Implementing BCF objective 2: Providing the right care in the right place at the right time.
- Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

Officers also highlighted the Avoidable admissions section of the report, which had not been met was due to the period covered by the report and available data. A change

of the discharge scheme was also discussed in the capacity and demand function section of the report.

Members and Officers discussed their own experience around avoidable admissions, and how it needs to be recognised that hospital admission was not always the best option for certain cohorts. Members also talked about their experience of virtual wards and the success they had witnessed.

Members agreed to note the report.

#### **HWB/5/24    Pharmaceutical Needs Assessment**

Members were presented with an update on the Pharmaceutical Needs Assessment. The detail of the update was as follows:

**Pharmacy Closures and Applications** – Four pharmacies had closed in Stockton on Tees, reducing the number of pharmacies from 39 to 35. (Rowlands Billingham, Boots Thornaby and Sainsburys (Elm Tree), Distant Selling Premises in Stockton South Locality Preston Farm Industrial Estate – closed without notice).

An application had been approved on appeal by NHS Resolution to reopen a pharmacy in Elm Tree. It had until 4<sup>th</sup> September 2025 to open.

An application for a new pharmacy in S1 Stockton on Tees North had been rejected by NHS England.

**Changes to Pharmacy Opening Hours** – There had been a reduction in hours for the 100-hour pharmacies, 8 pharmacies were open seven days a week, 19 were open six days a week and 8 pharmacies were open from Monday to Friday.

An updated map had been produced and was included in the meeting agenda paperwork.

AGREED that the update be noted.

#### **HWB/6/24    Members' Updates**

Members expressed their thanks to Cllr Bob Cook who would be stepping down as the chair of the Health & Wellbeing Board.

#### **HWB/7/24    Forward Plan**

The Forward Plan was noted by Members.

## HEALTH & WELLBEING BOARD

A meeting of Health & Wellbeing Board was held on Wednesday 26 March 2025.

**Present:** Karen Hawkins (In the Chair), Fiona Adamson, Sarah Bowman Abouna, Cllr Clare Besford, Cllr Pauline Beall, Cllr Diane Clarke OBE, Matt Storey, Lucy Owens, Peter Smith, Majella McCarthy, Cllr Lynn Hall (Sub for Cllr Sufi Mubeen), Cllr Mohammed Mazi (Sub for Cllr Marcus Vickers), Esther Mireku (Sub for Dr. Deepak Dwarakanath), Cllr John Coulson (Sub for Cllr Stephen Richardson), Cllr Sylvia Walmsley

**Officers:** Michael Henderson, Sid Wong.

**Also in attendance:**

**Apologies:** Dr. Deepak Dwarakanath, Cllr Lisa Evans, Cllr Dan Fagan, Cllr Stephen Richardson, Jonathan Slade, Cllr Sufi Mubeen, Jamie Todd, Carolyn Nice,

### **HWB/8/25 Chair**

In the absence of the Chair Karen Hawkins chaired the meeting

### **HWB/9/25 Evacuation Procedure**

The Evacuation Procedure was noted.

### **HWB/10/25 Declarations of interest**

There were no declarations of interest.

### **HWB/11/25 Stockton on Tees Better Care Fund Plan 2025/2026**

Members considered a report that informed the Board of the submission of Stockton-on-Tees' BCF Plans for 2025/26 to NHS England on 31 March 2025 and sought acknowledgment and support for new governance arrangements.

Key Points from report and discussion:

- The BCF Plan 2025/26 continued to promote care closer to home, prevention-focused services, and digital transformation.

- Strategic reforms aimed to:

- Prevent the escalation of complex health and care needs.
- Reduce avoidable hospital admissions and delays in discharge.
- Support independent living and decrease reliance on residential/nursing care.

- Governance structure included oversight by Board, a Local Oversight Group, and the Pooled Budget Partnership Board.

- The plan comprised three elements:

1. Narrative Plan – strategic aims and partnership governance.
2. Planning Template – metrics (e.g., emergency admissions, discharges, long-term care), funding allocations.
3. Intermediate Care Capacity & Demand – forecasting based on previous activity.

- Targets set for emergency admissions, discharge delays, and long-term residential care placements.

- Reablement metrics were removed nationally but local data tracking continued.

- Quarterly updates and a year-end report will be shared with the Board.

Further discussion points:

- There had been a slight reduction in reablement metrics and this would be tracked.

- Importance of linking lived experience to improvement work was stressed.

RESOLVED that the submission of the BCF Plans to NHS England and proposed BCF governance arrangements and wider collaboration through the establishment of Local Oversight Group, be noted.

## **HWB/12/25 Members' Updates**

Concern was raised about parking issues at the Stockton Diagnostic Centre and the effect on vulnerable people. Also, issues relating to accessibility issues in housing association properties. These would be looked at outside the meeting.

## **HWB/13/25 Forward Plan**

The Forward Plan was noted by Members.

- The Board noted the upcoming thematic discussions aligned with the delivery plan.

- A future meeting would focus on strategic prioritisation and leadership roles for the next 12 months.

## **HWB/14/25 Exclusion of Press and Public**

RESOLVED that under Section 100A(4) of the Local Government Act 1972 the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act

## **HWB/15/25 Support for Research Bid**

The Chair explained that she had agreed to the following item being considered, at this meeting, as an Urgent Item, as it was important that the Board took a view on it soon and it was not possible to delay consideration to the next meeting.

A request for the Board's support was considered, for a research initiative involving two GP practices. The initiative aimed to improve chronic health outcomes through increased access to innovative treatments.

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RESOLVED that the Board's support be given to be used to support the bid.

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**AGENDA ITEM**  
**REPORT TO HEALTH AND WELLBEING BOARD**  
**30th July 2025**  
REPORT OF: Better Care Fund (BCF)

**STOCKTON-ON-TEES BETTER CARE FUND UPDATE**  
**Stockton-on-Tees BCF Year End Report 2024/25**

This report is presented to the Health and Wellbeing Board to provide an update on the submission of the 2024/25 year-end report for the Better Care Fund (BCF) to NHS England, which was completed on 3rd June 2025.

## **RECOMMENDATIONS**

The Health and Wellbeing Board is requested to:

Acknowledge the submission of the Stockton-on-Tees BCF year-end report to NHS England in accordance with the reporting requirements stipulated in the Better Care Fund (BCF) Planning Requirements 2023–2025.

## **BACKGROUND**

The BCF reporting requirements are outlined in the BCF Planning Guidance for 2023–2025. These requirements support the objectives of the BCF Policy Framework and programme, which is jointly led by national partners including the Department of Health and Social Care (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), and the Local Government Association (LGA), in collaboration with the Association of Directors of Adult Social Services (ADASS). The primary purposes of BCF reporting are as follows:

- 1) To confirm ongoing compliance with the requirements of the Better Care Fund.
- 2) To detail progress in delivering approved plans, including financial expenditure and activity data.

## **SUMMARY**

The year-end report was endorsed by the BCF Delivery Group and formally approved by the Pooled Budget Partnership Board on behalf of the Health and Wellbeing Board. It was submitted to NHS England on 3rd June 2025. The primary purpose of the report is to provide a comprehensive overview of year-end income, expenditure, and activities.

Key highlights of the report include:

### National Conditions

The report affirms compliance with the four national conditions:

- Existence of a jointly agreed plan
- Implementation of BCF Policy Objective 1: Enabling individuals to remain well, safe, and independent at home for longer
- Implementation of BCF Policy Objective 2: Ensuring access to appropriate care in the right setting and at the right time
- Maintenance of NHS contributions to adult social care and continued investment in NHS-commissioned out-of-hospital services.

### Metrics

The report details progress against the established metrics, summarising both challenges encountered, and achievements realised. At the time of submission, Q4 data remained outstanding; however, trajectories have been projected throughout the year based on historical trends. Ongoing efforts are underway to validate planning assumptions, which will inform future ambitions for the BCF plans in 2025/26. Multiple schemes have been commissioned to support performance against these metrics, with areas of concern closely monitored and mitigated through established processes. The table below presents a summary of progress across the four key metrics.

Table BCF Metric 24/25

Metric	Progress	Mitigation
Avoidable admission	Q4 data was unavailable at submission. The Q3 BCF report showed admissions exceeded plan by 37 in Q3. Annual trajectories were set according to historical trends.	Ongoing support will be provided through BCF-funded admission avoidance and prevention schemes, as well as broader initiatives such as UCR, Ageing Well, and virtual wards. Historical data and quality will be reviewed to ensure that previous planning assumptions were accurate. Depending on the findings, planning ambitions for 2025/26 may be revised.
Discharge to usual place of residence	Q4 data was unavailable at submission, but Q3 Business Intelligence showed we exceeded the target with a 93.7% metric.	Our 24/25 plan acknowledged that we already perform well against the national average and the North Yorkshire average from discharge ready to discharge reporting 2.9 days.

		We have several schemes and initiatives in place to support this including our Home First Service. Our ongoing agreement to continue to fund 4 weeks discharge to assess could potentially mean fewer people are discharged straight from hospital to 'home' but maximises their potential to do so
Emergency admission due to falls	Q4 data was not available at the time of submission. Q3 Business Intelligence suggested that we were on track to meet this target	Work is ongoing across the system to address and improve falls pathways across Stockton.
Admission to long term residential/nursing care	Target not met. The position at the end of Q4 2024-25 showed an increase in the number of permanent residential placements being made for the 24/25 financial year. This is being addressed with changes to the process for agreeing care and support.	Home First processes are ensuring short term / assessment beds are effective and permanent residential placements are appropriate (all other options, including technology, have been considered).

### Further development to support the metrics

Further work has supported the metrics, including:

- Formation of the Stockton-on-Tees Health and Social Care Collaborative to bring system partners together to align the Better Care Fund goals and the ambitions of the NHS 10-Year Plan.
- Joint efforts to increase reablement service investment for improved hospital discharge.
- Use of processes to monitor and address capacity and demand in community services.

### Capacity and demand activities

The report noted successful implementation of the Home First Approach in intermediate care, with increased resources to meet demand. Capacity and demand are tracked weekly by the local discharge group.

### **BCF pooled budget**

The BCF pooled income totalled £30,951,567, all committed. £630,000 from Disabled Facilities Grants remains unspent but will be carried over to 2025/26 as funds are allocated and grant approvals issued.

### **Year end impact summary**

The report outlined two main successes and challenges:

#### **Successes:**

- Integrated health and social care workforce, with Pathway 1 Intermediate care and Home First reducing urgent referrals, readmissions, and community bed use; more timely care package adjustments and resource allocation.
- Permanent Social Worker presence at Rosedale enables prompt collaborative discussions; reduced community bed admissions allowing therapy staff to support patients in Rosedale and shorten stays.

#### **Challenges:**

- Funding challenges persist due to rising demand and costs in health and social care.
- Ongoing workforce shortages across clinical and professional roles affect service delivery.

### **Full report**



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[yvonne.cheung@stockton.gov.uk](mailto:yvonne.cheung@stockton.gov.uk)

Rob Papworth, Strategic Development Manager, Stockton-on-Tees Borough Council,  
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Paula Swindale, Head of Commissioning, Community & UEC, North East & North  
Cumbria Integrated Care Board  
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## AGENDA ITEM

### REPORT TO HEALTH AND WELLBEING BOARD

July 2025

### REPORT OF DIRECTOR OF PUBLIC HEALTH

## HEALTH AND WELLBEING BOARD TERMS OF REFERENCE (TOR)

### SUMMARY

Since spring 2024, alongside the development of the new Joint Health and Wellbeing Strategy, the Health and Wellbeing Board has undertaken a structured programme of development to review and reflect on its purpose, role, responsibilities, and overall effectiveness.

As part of this work, the Board engaged the Local Government Association (LGA) to provide external support. This included one-to-one interviews with Board members and the facilitation of a dedicated development session in March 2025. The LGA also shared national insights and examples of good practice to inform the process.

The review generated a series of recommendations across four key thematic areas:

- The Board's purpose, role and responsibilities
- Strategy development, priority setting and agenda planning
- Membership and representation
- Ways of working, partnership culture and support arrangements

These recommendations have directly shaped the revised ToR for the Health and Wellbeing Board. The updated ToR incorporate the following key changes:

- **Reaffirmation of the Board's role:** While the Health and Wellbeing Board remains a formal statutory committee, it will operate primarily as a **strategic partnership**.
- **Clarification of purpose:** The Board is not an executive decision-making body, nor does it function as a scrutiny committee.
- **Streamlined membership:** The number of elected members has been reduced to support a more focused, partnership-led model.
- **Introduction of a Vice Chair:** A new Vice Chair role, nominated from a partner organisation, has been created to promote shared leadership across the system.
- **Expanded membership:** The Director of Regeneration and Inclusive Growth has been added to the Board, strengthening the Board's focus on the wider determinants of health.
- **Place-based focus:** Greater emphasis is placed on developing a strong sense of place and a shared identity across the partnership.
- **Clarity of remit:** The Board's statutory functions and responsibilities are clearly articulated.

- **Defined relationship with other governance structures:** The revised Terms clarify the Board's distinct role in relation to other local groups, partnerships, and committees.
- **Strategic alignment:** The Board will actively support the alignment of local strategies, reduce duplication, and drive greater system integration.
- **Shared ways of working:** A common set of expectations has been agreed to underpin collaborative working and effective partnership behaviors.

## RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

- Formally endorses the revised Terms of Reference (ToR) for the Board and recommends their submission to Cabinet and Full Council for approval.
- Formally endorses the proposed changes to Board membership and Vice Chair arrangements and recommends their submission to Cabinet and Full Council for approval. These changes include:
  - A reduction in the number of elected members, with the Board now comprising the following five elected members:
    - Cllr Lisa Evans, Leader of the Council
    - Cllr Pauline Beall, Cabinet Member for Health and Adult Social Care
    - Cllr Clare Besford, Cabinet Member for Children and Young People
    - Cllr Lynn Hall, Shadow Cabinet Member for Health and Adult Social Care
    - Cllr Jack Miller, Shadow Cabinet Member for Children and Young People
  - The nomination of Karen Hawkins, Director of Delivery, Northeast and North Cumbria Integrated Care Board, as Vice Chair of the Board.
  - The inclusion of Tracey Carter, Director of Regeneration and Inclusive Growth, as a new member of the Board.

## NEXT STEPS

- Subject to the Board's agreement, the revised Terms of Reference will be submitted to Cabinet and Full Council for formal approval and adoption.
- A communications plan will be developed to support the relaunch and implementation of the revised Terms of Reference. This plan will be brought back to the Board for consideration in September.
- Two additional follow-up reviews are currently in progress and will be reported to the Board in due course:
  - A review of the local governance landscape to clarify the role of the Health and Wellbeing Board in relation to other local platforms, groups, and partnerships.
  - An assessment of the sub-groups or task-and-finish groups required to support the effective delivery of the Joint Health and Wellbeing Strategy and the Board's strategic priorities.

## **LEGAL IMPLICATIONS**

In developing the revised Terms of Reference for the Health and Wellbeing Board, legal implications have been considered to ensure compliance with relevant legislation. Statutory membership and functions have been maintained, and the revisions uphold transparency and accountability requirements.

## **COMMUNITY IMPACT IMPLICATIONS**

The revision of the Health and Wellbeing Board's ToR presents an opportunity to sharpen the Board's focus, enhance clarity of purpose, and increase its effectiveness in improving population health and reducing health inequalities. The updated ToR is designed to strengthen collaboration across system partners, ensure greater strategic alignment, and reaffirm the Board's leadership role in addressing health inequalities and the wider determinants of health.

In addition, the revised ToR aims to create space to embed a stronger community voice and improve representation, while also enhancing transparency, accountability, and responsiveness to local needs and priorities.

**Name of Contact Officer:** Sarah Bowman-Abouna

**Post Title:** Director of Public Health

**Email address:** [Sarah.Bowman-Abouna@stockton.gov.uk](mailto:Sarah.Bowman-Abouna@stockton.gov.uk)

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# Stockton-on-Tees Health and Wellbeing Board

## Terms of Reference

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### 1. Purpose

The Stockton-on-Tees Health and Wellbeing Board serves as the principal and statutory **strategic partnership** for improving health and wellbeing and tackling inequalities across the borough. It brings together senior leaders from health, social care, public health, the voluntary and community sector, and wider partners to provide collective leadership, support integrated working, and oversee the implementation of priorities set out in the joint health and wellbeing strategy. The Board plays a vital role in strengthening collaboration across the system and ensuring that local population needs and resident priorities inform the design and delivery of services.

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### 2. Objectives

The Stockton-on-Tees Health and Wellbeing Board will:

#### 2.1 Develop and maintain a joint strategic needs assessment (JSNA)

Maintain a robust, evidence-informed understanding of the current and future health, care, and wellbeing needs of the local population, including wider determinants, health inequalities, and system pressures, to inform shared priorities and guide the development and delivery of the joint health and wellbeing strategy.

#### 2.2 Develop and drive delivery of the joint health and wellbeing strategy (JHWS)

- To create a shared strategic vision and a set of evidence-informed priorities to improve health and wellbeing and reduce inequalities in Stockton-on-Tees. The JHWS will serve as the overarching framework for coordinated system-wide action, co-produced with partners and communities, and will guide the planning, commissioning, and delivery of services across the local health and care system.
- To provide strategic oversight of the Joint Health and Wellbeing Strategy (JHWS) implementation through the establishment of a robust monitoring and accountability framework. This framework will drive delivery, track progress, and support continuous improvement. It will include a high-level action plan reviewed annually, a programme of in-year review sessions, and an outcomes dashboard to monitor progress against the strategy's key outcomes.
- To identify and commit to a limited number of key priority areas within the joint health and wellbeing strategy (JHWS) for which the Board will take a proactive role; to drive action and champion system-wide advocacy in support of the delivering on the objectives.

#### 2.3 Approve the local Better Care Fund (BCF) plan

Ensure that the local BCF plan aligns with the JHWS, reflects local priorities around prevention, integration, and reducing inequalities, and provide formal approval of the plan.

## **2.4 Align strategic plans and resources**

Provide strategic influence over partners' commissioning intentions and plans to ensure alignment with agreed local priorities. Ensure that services and investments are guided by population needs, evidence-based practice, and avoid duplication.

## **2.5 Promote a 'Health in All Policies' approach**

Embed health and wellbeing considerations across all local policy, decision-making, and service planning, recognizing the impact of social, economic, and environmental factors on health and wellbeing outcomes.

## **2.6 Champion Prevention and Early Intervention**

Promote a proactive focus on prevention by supporting strategies and interventions that address the root causes of poor health outcomes, improve quality of life, and reduce reliance on reactive and crisis services.

## **2.7 Engage and Involve Residents and Communities**

Champion the voice of residents by embedding lived experience, community insight, and co-production into the planning, commissioning, and evaluation of services, strategies and plans.

## **2.9 Inform and Influence NHS Commissioning Plans**

Work collaboratively with the Integrated Care Board (ICB) to shape and inform the development and review of NHS commissioning plans, ensuring alignment with the joint health and wellbeing strategy and responsiveness to local needs.

## **2.10 Assess Pharmaceutical Needs**

Oversee the production and regular updating of the Pharmaceutical Needs Assessment (PNA), which informs the commissioning of local pharmaceutical services.

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# **3. Membership and chair arrangements**

## **3.1 Membership**

Membership of the Board reflects its role as a strategic partnership, bringing together senior leaders from a wide range of organisations to provide collective leadership on health and wellbeing. The Board will include representation from all relevant statutory partners, alongside key local stakeholders whose contributions are essential to improving population health, reducing inequalities, and delivering the priorities set out in the Stockton-on-Tees joint health and wellbeing strategy.

The composition of the membership will be kept under regular review to ensure it remains inclusive, representative, and aligned with the strategic aims of the Board and the evolving priorities of the JHWS.

The core membership includes senior representation from the following organisations:

- **Stockton-on-Tees Borough Council (elected members and officers)**
  - **Elected members:**
  - Cllr Lisa Evans, Leader of the Council
  - Cllr Pauline Beall, Cabinet Member for health and adult social care
  - Cllr Clare Besford, Cabinet Member for children and young people
  - Cllr Lynn Hall, shadow Cabinet Member for Health and adult social care.
  - Cllr Jack Miller, shadow Cabinet Member for children and young people.
  - **Officers:**
  - Director of Public Health
  - Director of Children's Services
  - Director of Adults, Health and Wellbeing
  - Director of Regeneration and Inclusive Growth
- **Northeast and North Cumbria Integrated Care Board**
- **Hartlepool and Stockton Health (HASH)**
- **Healthwatch Stockton-on-Tees**
- **Catalyst Stockton-on-Tees**
- **Cleveland Police and Crime Commissioner**
- **North Tees and Hartlepool NHS Foundation Trust**
- **Tees, Esk and Wear Valleys NHS Foundation Trust**

The Board may invite individuals or representatives of organisations, either on a temporary or standing basis, to provide specific expertise, representation, or insight in relation to specific agenda items or priority areas within the JHWS.

### **3.2 Chair arrangements**

The Health and Wellbeing Board is chaired by the **Leader of Stockton-on-Tees Borough Council**. The Chair leads the Health and Wellbeing Board, ensuring it operates effectively as a strategic partnership to fulfil its statutory duties and drives delivery of the joint health and wellbeing strategy. They facilitate inclusive and effective meetings, promote collaborative decision-making, and act as an advocate for system-wide action to improve health and reduce inequalities across the borough.

**A Vice-Chair** will be nominated by the Board and must be a representative from a partner organisation other than Stockton-on-Tees Borough Council. The appointment will be confirmed by consensus of Board members. The Vice-Chair will support the Chair in their duties and act in their absence to ensure continuity of leadership.

### **3.3 Substitutes**

Board members will nominate a **named** substitute to attend meetings on their behalf when they are unable to do so. Substitutes must be senior and authorised to act and make decisions on behalf of the organisation they represent. Substitutes for Elected Members must also be Elected Members of the local authority.

Substitutes attending meetings will have the same rights and responsibilities as the member they are representing, including voting rights where applicable.

The use of substitutes should be **by exception** and limited to ensure continuity and consistency of representation across the Board.

### 3.4 Members commitments

All members are expected to contribute constructively to a culture of trust, mutual respect and shared purpose, supporting the Board in operating as an effective strategic partnership. Members agree to:

- **Prioritise attendance** at Board meetings and contribute actively to discussions, decision-making, and the delivery of agreed actions.
- **Act as senior representatives** of their organisations, with the authority to commit to partnership priorities and influence strategic direction.
- **Support collective leadership** and system-wide thinking in the interests of improving population health and reducing inequalities across Stockton-on-Tees.
- **Promote collaboration and integration** within and across organisations, and support alignment with the Stockton-on-Tees joint health and wellbeing strategy.
- **Communicate and cascade relevant information** within their organisations and ensure follow-through on Board decisions and commitments.

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## 4. Governance and Accountability

The Health and Wellbeing Board is a statutory committee of the local authority, established under Section 194 of the Health and Social Care Act 2012. Functionally, it will operate as a **strategic partnership**, bringing together senior leaders to drive collaborative action on shared priorities within the joint health and wellbeing strategy.

The Board is not an executive body and does not hold direct commissioning responsibilities. However, it plays a vital strategic leadership role, shaping and influencing decisions on health, care, and wellbeing spending to ensure alignment with local needs and the priorities set out in the joint health and wellbeing strategy.

The Board is not a scrutiny or regulatory body. Its purpose is to set strategic direction, promote collaboration, and support system-wide improvements. In contrast, scrutiny committees provide independent oversight, examine decisions, and promote accountability and transparency. The Health and Wellbeing Board will maintain a constructive working relationship with relevant scrutiny committees to support shared learning, complementarity, and alignment across the system.

While the Board does not have executive authority over partner organisations, all members are expected to:

- Commit to and support collective decision-making.
  - Act as ambassadors for the Board's agreed priorities.
  - Promote alignment within their own organisations; and
  - Ensure delivery through their respective governance and accountability structures.
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## 5. Place within the local governance landscape

The Health and Wellbeing Board sits within the wider local governance landscape as a system-level partnership, providing strategic oversight and direction across health, care, and wellbeing. It informs and aligns the work of related statutory and partnership bodies, ensuring that plans, commissioning activity, and delivery across the system are shaped by shared priorities and a robust understanding of local population needs, as set out in the JSNA and joint health and wellbeing strategy.

The Health and Wellbeing Board maintains a strategic interface with the Northeast and North Cumbria Integrated Care System (ICS), specifically through the ICB and any place-based partnership operating in Stockton. The Board will collaborate with ICS structures to ensure place-based priorities influence system-level decisions, and that ICS delivery is locally responsive.

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## 6. Meetings and ways of working

### 6.1 Quorum

A meeting of the Health and Wellbeing Board shall be considered quorate when at least 50% of the total membership is in attendance, including a minimum of three representatives from partner organisations.

If the meeting is not quorate, discussions may proceed informally, but **no formal decisions** shall be made until a quorate meeting is convened.

### 6.2 Decision-Making

The Board operates on a principle of **consensus decision-making**. Where consensus cannot be reached, the Chair may call for a vote. In such instances:

- Each member present will have **one vote**.
- Decisions will be determined by a **simple majority** of those present and eligible to vote.
- In the event of a tie, the **Chair shall have the casting vote**.

### 6.3 Frequency and Format of Meetings

The Board will hold **quarterly public meetings**. Additional **closed or informal sessions** may be convened, where appropriate, to support the development of strategic priorities, organizational development or conduct confidential discussions.

Agendas and supporting papers will be circulated to all members at least five clear working days in advance of each meeting.

All reports and documents submitted to the Board should be:

- Clear and concise, avoiding unnecessary jargon.
- Accompanied by an executive summary that outlines key issues, recommendations, and actions required.
- Prepared in a way that facilitates informed discussion and effective decision-making.

## 7. Sub-working groups and working arrangements

To support the delivery of the joint health and wellbeing strategy and the Board's objectives, the Board will establish sub-groups or task and finish working groups focused on specific priority areas. These groups will:

- Operate under clear terms of reference approved by the Board.
- Be time-limited or standing, depending on the scope and nature of their work.
- Report to the Board, through the agreed monitoring and accountability framework for the delivery of the JHWS.

Each sub-working group will be accountable to the Board for its activities and outputs. The Board will maintain oversight of these groups to ensure coherence, avoid duplication, and support a joined-up approach.

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## 8. Review of Terms of Reference

- The Terms of Reference will be reviewed on an **annual basis** to ensure they remain current and fit for purpose in line with evolving legislation, local priorities, and organisational arrangements.
- Any proposed changes to the Terms of Reference will be subject to agreement by the Health and Wellbeing Board and formal approval and adoption by Cabinet and full Council.
- The Board will also undertake periodic reviews of its effectiveness, including membership, governance arrangements, and delivery against its strategic objectives, to identify areas for improvement.