

# 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:**
  - Leader of the Council
  - Cabinet Member for health and adult social care
  - Cabinet Member for children and young people
  - Shadow Cabinet Member for Health and adult social care
  - 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. The Vice-Chair appointment will be reviewed annually. In the event of the resignation of the Vice Chair, the Board shall appoint a successor at the earliest meeting following the vacancy.

### **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.

Except for the Chair and Vice Chair, substitutes attending meetings shall carry the full rights and responsibilities of the member they represent, including voting rights where applicable. Substitutes for the Chair or Vice Chair shall retain voting rights but shall not undertake the full duties of those roles.

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
- 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.

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## 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.