

Darlington Health and Wellbeing Board

Terms of Reference

1. The Darlington Health and Wellbeing Board brings together key local leaders to improve the health and wellbeing of the population of Darlington and reduce health inequalities through:
 - (a) Developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life including the health inequalities within and between communities.
 - (b) Providing system leadership to secure collaboration to meet these needs more effectively.
 - (c) Having strategic influence over commissioning decisions across health, public health and social care encouraging integration where appropriate.
 - (d) Recognising the impact of the wider determinants of health on health and wellbeing.

2. It will:
 - (a) Maintain the Joint Strategic Needs Assessment, including the Pharmaceutical Needs Assessment to provide an evidence base for future policy and commissioning decisions.
 - (b) Produce a Joint Health and Wellbeing Plan, taking a life-course approach, in the context of One Darlington: Perfectly Placed which is the overarching Health and Wellbeing Strategy for the Borough.
 - (c) Oversee delivery of local commissioning plans by the Darlington Integration Board to ensure that they are in line with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
 - (d) Embed the Children and Young People agenda in the work of the Board and fulfil the role of the Darlington Children's Trust
 - (e) Liaise with NHS England as necessary
 - (f) Encourage integrated working between health and social care commissioners including, where appropriate, supporting the development of arrangements for pooled budgets, joint commissioning and integrated delivery under Section 75 of the National Health Service Act 2006
 - (g) Oversee the Better Care Fund ¹
 - (h) Encourage close working between health and social care commissioners and those responsible for the commissioning and delivery of services related to the wider determinants of health
 - (i) Undertake a strategic role, promoting joint working with partners.
 - (j) Allow the day to day issues to be dealt with by the Integration Board.

¹ Given that some members of the Board represent provider organisations, strategic funding decisions relating to the Better Care Fund are delegated to the Pooled Budget Governance Board, which is a commissioner-only body

3. Membership

Darlington Borough Council Portfolio Holder with a remit covering Health (Chair)
Darlington Borough Council Portfolio Holder with a remit covering Adult Services
Darlington Borough Council Portfolio Holder with a remit covering Children Services
The Leader of Darlington Borough Council
Leader of Darlington Borough Council Opposition Group
Darlington Borough Council Director, Children and Adults Services
Darlington Borough Council Director of Public Health
One representative of the Healthwatch Darlington Board
NHS Darlington Clinical Commissioning Group Chair (Vice Chair)
NHS Darlington Clinical Commissioning Group Chief Officer
NHS Darlington Clinical Commissioning Group Director of Commissioning and Transformation
One representative of Tees, Esk and Wear Valley Mental Health Foundation Trust
One representative of County Durham and Darlington NHS Foundation Trust
One representative of Harrogate and District NHS Foundation Trust
One representative of NHS England
One representative of the Darlington Primary Care Network
County Durham Police, Crime and Victims' Commissioner
Dean of the School of Health and Life Sciences, Teesside University
One representative of the Community and Voluntary Sector
One representative of Darlington Primary Schools
One representative of Darlington Secondary Schools
One representative of Darlington post 16 years education

- a) Political proportionality does not apply to membership of the Board. Its makeup and operation complies with the Health and Social Care Act 2012, comprising at least one Councillor, the Directors of Adult and Children Social Services and the Director of Public Health for the local authority, a representative of the Local Healthwatch organisation for the area of the local authority and a representative of each relevant clinical commissioning group. It also allows the local authority to include others as it thinks appropriate.
- b) All members of the Board are accountable to the organisation/ sector which appointed them. Each member has a responsibility to communicate the Board's business through their respective organisation/ sector's own communication mechanisms.
- c) Each Board member can nominate a named substitute. Substitutes must be from the same organisation/ sector as the Board member and be of sufficient seniority and empowered by the relevant organisation/ sector to represent its views; to contribute to decision making in line with the Board's Terms of Reference and to commit resources to the Board's business.
- d) If a member of the Board misses three consecutive meetings without giving apologies, their continued membership of the Board will be reviewed with the organisation that they represent.

- e) In carrying out its business the Board may, if required:
 - i) Establish one or more sub-committees to carry out any functions delegated to it by the Board.
 - ii) Establish one or more time limited task and finish groups to carry out work on behalf of the Board.
 - iii) Carry out any other functions delegated to it by Darlington Borough Council under Section 196(2) of the Health and Social Care Act 2012.

4. Chairing

- a) The Chair of the Board will be the Darlington Borough Council Portfolio Holder with a remit covering health.
- b) The Vice Chair of the Board is appointed by the Board and will be the Chair of the NHS Darlington Clinical Commissioning Group.

5. Voting Arrangements

- a) It is expected that most decisions will be agreed by consensus but, where this is not the case, then only those members listed as voting members may vote. Voting on all issues will be by show of hands.

Organisation	Position
Darlington Borough Council (7)	Council Members (5), Director of Children and Adults Services, Director of Public Health
Darlington Clinical Commissioning Group (3)	Chair, Chief Officer, Director of Commissioning and Transformation
Darlington Healthwatch (1)	

- b) The Chair of the Board shall have a second or casting vote.

6. Meeting arrangements

- a) **The Board will meet four times a year.** The Chair of the Board, in consultation with the Vice Chair, can convene special meetings of the Board as appropriate.
- b) All business of the Board shall be conducted in public in accordance with Section 100A of the Local Government Act 1972 (as amended). When the Board considers exempt information and/or confidential information is provided to Board members in their capacity as members of the Board all Board members agree to respect the confidentiality of the information received and not disclose it to third parties unless required to do so by law or where there is a clear and over-riding public interest in doing so.

- c) Some information may have to be included and discussed in a confidential session of the Board in accordance with the procedures and protocols promoted by the provisions of the Data Protection Act 1998. Confidential documents will be clearly marked 'Confidential'.
- d) The quorum for meetings shall be three voting members and must include at least one Darlington Borough Council Councillor and one representative of the Clinical Commissioning Group.
- e) Where a decision is required before the next Board meeting, the Chair may act on recommendations of officers in consultation with the Vice Chair through the following process:
 - i) circulation of details of the proposed decision to all Board members for consultation;
 - i) there being clear reasons why the decision could not have waited until the next full Board meeting; and
 - ii) the decision will be recorded and reported to the next full Board meeting.
- f) Agenda and reports will be available online no fewer than five working days before the meeting.
- g) All voting members of the Board are governed by the code of conduct/ professional standards of the organisation/ sector that they represent.

7. Relationships between partnerships

- a) Work has been conducted to be clear about the relationships between key partnerships in Darlington with a focus on safeguarding, community safety, health and wellbeing.
- b) A structural review of the Darlington Community Safety Partnership (CSP) was conducted in 2016. During the review, particular attention was paid to areas of common interest across the Darlington Safeguarding Children's Board, Darlington Safeguarding Adults Partnership Board and the Community Safety Partnership.
- c) Each of the partnerships considered areas of common interest and agreed the most appropriate governance arrangements that will provide assurance to each partnership.
- d) Collaborative working is promoted across all partnerships. The function and activities of the Darlington Safeguarding Children's Board are part of the wider context of Darlington's Health and Wellbeing Board arrangements. Its work contributes to the wider goals of improving the wellbeing of all children and young people.

- e) The Darlington Safeguarding Adults Partnership Board has three core duties as per the Care Act 2014. The Board must publish a strategic plan, an annual report and commission safeguarding adult reviews as appropriate.
- f) The Independent chairs of both Safeguarding Boards will present their annual reports to the Health and Wellbeing Board which gives the Health and Wellbeing Board the opportunity to seek assurances of the safeguarding arrangements in place and the effectiveness of those arrangements.
- g) The Darlington Community Safety Partnership (CSP) is a statutory partnership and reports progress to the Darlington Strategic Partnership on the One Darlington: Perfectly Placed theme of a 'Safe and Caring' community.
- h) The CSP chair will present an annual report to both the Health and Wellbeing Board and Darlington Strategic Partnership.
- i) A proposal from the work undertaken to develop a more co-ordinated approach across key partnerships is that the chairs of the key partnerships may meet at least twice a year to reduce duplication, strategically co-ordinate common priorities and to share relevant reports.

(Updated November 2019 - to be reviewed annually)