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## **SOUTH KENT COAST HEALTH AND WELLBEING BOARD**

White Cliffs Business Park Dover Kent CT16 3PJ  
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11 March 2019

Dear Member of the Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** will be held in the Council Offices at these Offices on Tuesday 19 March 2019 at 3.00 pm

Members of the public who require further information are asked to contact Rebecca Brough on (01304) 872304 or by e-mail at [democraticservices@dover.gov.uk](mailto:democraticservices@dover.gov.uk).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nicky', written over a white background.

Chief Executive

### South Kent Coast Health and Wellbeing Board Membership:

Dr J Chaudhuri (Chairman)	South Kent Coast Clinical Commissioning Group
Ms K Benbow	South Kent Coast Clinical Commissioning Group
Councillor P M Beresford	Dover District Council
Councillor S S Chandler	Dover LCPG
Ms C Fox	Community and Voluntary Sector Representative
Councillor J Hollingsbee	Folkestone and Hythe District Council
Mr S Inett	Healthwatch Kent
Councillor N S Kenton	Dover District Council
Councillor M Lyons	Folkestone and Hythe District Council
Councillor G Lymer	Kent County Council
Ms J Mookherjee	Kent Public Health, Kent County Council

### AGENDA

1 **APOLOGIES**

To receive any apologies for absence.

2 **APPOINTMENT OF SUBSTITUTE MEMBERS**

To note appointments of Substitute Members.

3 **DECLARATIONS OF INTEREST** (Page 4)

To receive any declarations of interest from Members in respect of business to be transacted on the agenda.

4 **MINUTES**

To confirm the Minutes of the meeting of the Board held on 4 September 2018 (to follow).

5 **MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD**

Any member of the Health and Wellbeing Board may request that an item be included on the agenda subject to it being relevant to the Terms of Reference of the Board and notice being provided to Democratic Services at Dover District Council ([democraticservices@dover.gov.uk](mailto:democraticservices@dover.gov.uk)) at least 9 working days prior to the meeting.

6 **FUTURE OF THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD**  
(Pages 5 - 23)

To consider the attached report.

7 **URGENT BUSINESS ITEMS**

To consider any other items deemed by the Chairman to be urgent in accordance with the Local Government Act 1972 and the Terms of Reference. In such special cases the Chairman will state the reason for urgency and these will be recorded in the Minutes.

**Access to Meetings and Information**

- Members of the public are welcome to attend meetings of the Council, its Committees and Sub-Committees. You may remain present throughout them except during the consideration of exempt or confidential information.
- All meetings are held at the Council Offices, Whitfield unless otherwise indicated on the front page of the agenda. There is disabled access via the Council Chamber entrance and a disabled toilet is available in the foyer. In addition, there is a PA system and hearing loop within the Council Chamber.
- Agenda papers are published five clear working days before the meeting. Alternatively, a limited supply of agendas will be available at the meeting, free of charge, and all agendas, reports and minutes can be viewed and downloaded from our website [www.dover.gov.uk](http://www.dover.gov.uk). Minutes are normally published within five working days of each meeting. All agenda papers and minutes are available for public inspection for a period of six years from the date of the meeting.

- If you require any further information about the contents of this agenda or your right to gain access to information held by the Council please contact Rebecca Brough, Democratic Services Manager, telephone: (01304) 872304 or email: [democraticservices@dover.gov.uk](mailto:democraticservices@dover.gov.uk) for details.

**Large print copies of this agenda can be supplied on request.**

Declarations of Interest

Disclosable Pecuniary Interest (DPI)

Where a Member has a new or registered DPI in a matter under consideration they must disclose that they have an interest and, unless the Monitoring Officer has agreed in advance that the DPI is a 'Sensitive Interest', explain the nature of that interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a DPI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation permitting them to do so. If during the consideration of any item a Member becomes aware that they have a DPI in the matter they should declare the interest immediately and, subject to any dispensations, withdraw from the meeting.

Other Significant Interest (OSI)

Where a Member is declaring an OSI they must also disclose the interest and explain the nature of the interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a OSI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation to do so or the meeting is one at which members of the public are permitted to speak for the purpose of making representations, answering questions or giving evidence relating to the matter. In the latter case, the Member may only participate on the same basis as a member of the public and cannot participate in any discussion of, or vote taken on, the matter and must withdraw from the meeting in accordance with the Council's procedure rules.

Voluntary Announcement of Other Interests (VAOI)

Where a Member does not have either a DPI or OSI but is of the opinion that for transparency reasons alone s/he should make an announcement in respect of a matter under consideration, they can make a VAOI. A Member declaring a VAOI may still remain at the meeting and vote on the matter under consideration.

Note to the Code:

Situations in which a Member may wish to make a VAOI include membership of outside bodies that have made representations on agenda items; where a Member knows a person involved, but does not have a close association with that person; or where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position. It should be emphasised that an effect on the financial position of a Member, relative, close associate, employer, etc OR an application made by a Member, relative, close associate, employer, etc would both probably constitute either an OSI or in some cases a DPI.

**Subject:** Future of the South Kent Coast Health and Wellbeing Board

**Meeting and Date:** South Kent Coast Health & Wellbeing Board – 19 March 2019

**Report of:** Caroline Hargreaves, Leadership Support Officer, Dover District Council

**Classification:** Unrestricted

<b>Purpose of the report:</b>	To open discussions on the future of the South Kent Coast Health and Wellbeing Board and inform the Board of the joint work currently taking place with the five East Kent Local Authorities, East Kent CCGs and Health and Wellbeing Boards.
<b>Recommendation(s):</b>	That the South Kent Coast Health and Wellbeing Board: <ol style="list-style-type: none"> <li>1. Considers options on the way forward for the Board;</li> <li>2. Review its current Terms of Reference alongside the proposed Draft EKHIP; and</li> <li>3. Provide feedback ahead of the planned East Kent Health Improvement Partnership (EKHIP) workshop scheduled for the 18 April 2019.</li> </ol>

## 1. Introduction and Background

- 1.1. The South Kent Coast Health and Wellbeing Board (SKC HWBB) was established to bring together key organisations to oversee the plans for improving the health and wellbeing of people living in the South Kent Coast area. The area covered by the Board aligns with the South Kent Coast Clinical Commissioning Group (CCG) and covers most of the Dover and Folkestone & Hythe districts<sup>1</sup>.
- 1.2. The Government introduced health and wellbeing boards through the provisions of the Health and Social Care Act 2012, which reorganised the structure of the NHS in England. The legal duty to set up health and wellbeing boards rests with upper-tier local authorities (unitary and county councils).
- 1.3. In 2011, Dover District Council began working with a small number of GP’s to look at integration and reduce duplication. In recognition of the important role that district councils play in the health and wellbeing of our residents, we applied for early-implementer status and became one of the first areas in England to launch a district-level Health and Wellbeing Board. This Board is a sub-committee of the Kent (statutory) HWBB. Shepway (now Folkestone & Hythe) joined the Board following the finalisation of CCG boundaries. This local Health and wellbeing board model was then rolled out across Kent, creating seven boards on the basis of CCG geography.
- 1.4. In the case of SKC HWBB, the Board got off to an active and effective start, with strong commitment from partners. It has taken forward local projects, such as Healthy Living Pharmacy, Teenage Pregnancy Awareness projects, and held workshops to take forward issues such as Cardio Vascular Disease and a local Alcohol Strategy. The Board also developed a localised Joint Strategic Needs Assessment, Local Health and Wellbeing Strategy and Integrated Commissioning Strategy.

<sup>1</sup> A CCG boundaries map is available at [https://www.google.com/maps/d/viewer?mid=15A\\_hD9k88324ZZ-LFyWW\\_U0sJvI&hl=en\\_US&ll=53.26453182682475%2C-1.6054549257812596&z=6](https://www.google.com/maps/d/viewer?mid=15A_hD9k88324ZZ-LFyWW_U0sJvI&hl=en_US&ll=53.26453182682475%2C-1.6054549257812596&z=6)

- 1.5. Over the years, various attempts have been made by the Board to develop into a decision-making body, with a view to identifying a small number of projects to look at joint commissioning. These plans did not come to fruition.
- 1.6. Attendance over time from partners (notably Kent County Council social care and Kent Public Health) has become patchy and fallen away. There have also been difficulties in securing the purpose of the Board beyond one of information sharing. This is a pattern that has been repeated in many other parts of Kent.

## **2. Kent: Current Situation**

- 2.1. In March 2018, the West Kent Health and Wellbeing Board took a decision to disband and reconvene as a local authority elected member-led board, the West Kent Members' Forum; reporting to the West Kent Improvement Board. The Forum will make recommendations for action and feed up priority local issues requiring consideration and collective action. The West Kent Elected Members' Forum has been in operation since summer 2018.
- 2.2. On the 4 June 2018, the Chair of the Kent Health and Wellbeing Board wrote to all Local Health and Wellbeing Board Chairs, informing them that a decision had been made to create a Joint Health and Wellbeing Board with Kent and Medway Councils. Therefore, leaving the future of Local Boards entirely in the gift of each local area.
- 2.3. In January 2019, Dartford, Gravesham and Swanley (DGS) resolved to disband their Board and are seeking to form a sub-group of the DGS Local Care Implementation Committee (LCIC). This sub-group would consist of members from the three local authorities and Kent County Council, with suitable officer support.

## **3. East Kent: Current Situation**

- 3.1. The NHS has moved towards an East Kent approach. East Kent as an NHS area covers the four Clinical Commissioning Groups of Ashford; Canterbury & Coastal, South Kent Coast, and Thanet; with a combined population of around 700,000 people.
- 3.2. The NHS in east Kent published a Case for Change<sup>2</sup> in 2016 and has been working since then to bring improvements to local service through its East Kent Transformation Programme<sup>3</sup>. A key component of this work is the development of service models for the care system of East Kent. The overarching vision is to significantly improve the health and wellbeing of East Kent's residents through meeting their health and social care needs in the right place at the right time. Further details can be found on the NHS website: Plans for east Kent<sup>4</sup>.
- 3.3. The East Kent Transformation Programme is part of the wider Kent & Medway Sustainability and Transformation Partnership<sup>5</sup>. Sustainability and Transformation Plans, later Partnerships (STPs) were launched at the end of 2015, and the Kent and Medway STP has developed as the central structure for health and care integration and transformation. Among its work-streams are 'local care' (the integration of non-acute health and care services at a sub-STP level) and prevention. As mentioned in 2.2 above, the statutory Health and Wellbeing Board now operates at a Kent and Medway level, focusing on oversight of local care and prevention, alongside the STP structures.

<sup>2</sup> <https://kentandmedway.nhs.uk/where-you-live/plans-east-kent/case-change-east-kent/>

<sup>3</sup> <https://kentandmedway.nhs.uk/where-you-live/plans-east-kent/transforming-services-east-kent/>

<sup>4</sup> <https://kentandmedway.nhs.uk/where-you-live/plans-east-kent/>

<sup>5</sup> <https://kentandmedway.nhs.uk/stp/>

- 3.4. The four clinical commissioning groups in East Kent have established the Sustainable Health Care in East Kent Joint Committee<sup>6</sup> to lead work on a collective strategy across East Kent. The joint committee is leading on plans currently being developed for reconfiguration of hospital services in East Kent.
- 3.5. During 2016/17, an East Kent Public Health Group was established by the five councils across East Kent (Dover, Folkestone & Hythe, Canterbury, Thanet and Ashford), working closely with Kent Public Health, to explore the options around local models of delivery for Public Health, improve outcomes, avoid duplication and maximise total resources for East Kent. The work has focused on smoking cessation in targeted areas and with specific groups (routine and manual workers and smoking in pregnancy – both of which are red indicators for Dover and Folkestone & Hythe districts'). A draft action plan is awaiting agreement with actions ranging from cost neutral to some that would require budgeting decisions.
- 3.6. On 29 January 2019, representatives from the East Kent Health & Wellbeing Boards, Clinical Commissioning Groups and District Councils met to consider the creation of a joint East Kent Health Improvement Partnership (EKHIP).
- 3.7. The general consensus at the meeting was that it would be easier to secure the involvement and engagement of partner organisations (such as Kent Public Health, KCC Social Care and the East Kent Hospital Trust) at an East Kent level. It was also felt that a collective East Kent voice was the only realistic way to influence the Kent & Medway STP. However, local Boards could still have a role to play as well, depending on local circumstances, and could choose to continue to meet as well.
- 3.8. The following actions were agreed at the meeting:
- That there will be a need to facilitate a 'two-tiered' approach to accommodate local arrangements. The benefit for each local arrangement needs to be described to ensure buy-in at a local level
  - That the EKHIP will need to develop a vision and purpose to focus activities
  - That the EKHIP will be a non-statutory body
  - That the EKHIP will appoint one Chair and one Vice-Chair with an annual review (one position will be Clinical and the other will be District Council)
  - Further governance arrangements and administrative support to be determined but it was envisioned that the five district councils would provide this support, possibly on a rotating basis
  - To hold a workshop-style meeting on the 18<sup>th</sup> April, with feedback from the local Boards.

#### **4. Future of the South Kent Coast HWBB**

- 4.1. In light of the changes that are occurring at a Kent and Medway, and at an East Kent level, members of the SKC HWBB are invited to consider:
- The future role and purpose of the SKC HWBB
  - Whether the model of the East Kent HIP represents a suitable way forward for the Board and key partners
  - To consider other options, such as: continuing with the Board as it stands, or disbanding the Board without a replacement
  - If the Board wishes to continue, to consider what role the Board might include in a refreshed Terms of Reference.

<sup>6</sup> <https://kentandmedway.nhs.uk/where-you-live/plans-east-kent/ekjcccg/>

**5. Next Steps**

Officers will continue to work to develop the EKHIP and input the SKC Health and Wellbeing Board's feedback at the 18 April 2019 workshop.

**6. Appendices**

**Appendix 1** South Kent Coast Health and Wellbeing Board - Terms of Reference

**Appendix 2** Draft East Kent Health Improvement Partnership - Terms of Reference

**Appendix 3** Ashford Health and Wellbeing Partnership - Terms of Reference  
*(Included for information and background contextual purposes)*

**Appendix 4** Letter from Chair of the Kent Health and Wellbeing Board, 4 June 2018

**7. Background Papers**

None

**Contact Officer:** Caroline Hargreaves, Leadership Support Officer, DDC

# South Kent Coast CCG Health and Wellbeing Board

## Draft Governance Arrangements

The Kent Health and Wellbeing Board (HWB) leads and advises on work to improve the health and wellbeing of the people of Kent through joined up commissioning across the NHS, social care, public health and other services (that the HWB agrees are directly related to health and wellbeing) in order to:

- secure better health and wellbeing outcomes in Kent
- reduce health inequalities and
- ensure better quality of care for all patients and care users.

The HWB has a primary responsibility to make sure that health care services paid for by public monies are provided in a cost-effective manner. It is supported in this work by a series of sub committees referred to as CCG level Health and Wellbeing Boards.

### Role of the CCG level Health and Wellbeing Board

The CCG level Health and Wellbeing Board (HWB) will lead and advise on the development of CCG level Integrated Commissioning Strategy and Plan; ensure effective local engagement and monitor local outcomes. It will focus on improving the health and wellbeing of the people living in their CCG area through joined up commissioning across the NHS, social care, district councils, public health and other services (that the HWB agrees are directly related to health and wellbeing,) in order to secure better health and wellbeing outcomes in their area and better quality of care for all patients and care users.

### Terms of Reference:

The CCG level HWB will:

1. Be appointed and act as a sub committee of the Kent Health and Wellbeing Board (a committee of Kent County Council).
2. Develop and deliver a CCG level Integrated Commissioning Strategy and Plan, based on the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and partners Commissioning Plans. This will be approved by the Kent Health and Wellbeing Board.
3. Consider the totality of the resources in the CCG area for health and wellbeing and consider how and where investment in health improvement and prevention services could (overall) improve the health and wellbeing of local residents.
4. Works with existing partnership arrangements, e.g. children's commissioning, safeguarding and community safety, to ensure that the most appropriate mechanism is used to deliver service improvement in health, care and health inequalities.
5. Endorse and secure joint arrangements where agreed and appropriate; including the use of pooled budgets for joint commissioning (s75), the development of appropriate partnership agreements for service integration, and the associated financial protocols and monitoring arrangements, making full use of the powers identified in all relevant NHS and local government legislation.

6. Undertake monitoring of local outcomes.
7. Ensure effective local engagement on health and care issues, using existing engagement mechanisms where necessary and linking in to any county level engagement work where established.
8. Responsible for developing a local Communication and Engagement Strategy to ensure clear lines of communication/consultation with residents, County Council, Neighbourhood Forums and Patient/Public Networks.
9. Provide advice (as and when requested) to the Kent Health and Wellbeing Board on local service reconfigurations that may be subject to referral to the Kent County Council Health Overview and Scrutiny Committee or the Secretary of State on resolution by KCC HOSC.
10. Be the focal point for joint working in the CCG area to ensure facilities and accessibility, in order to enhance service integration.
11. Report to the Kent Health and Wellbeing Board on an annual basis on its activity and progress against the milestones set out in the Integrated Commissioning Strategy and any established work plan.
12. Responsible for overseeing local project resource to facilitate local pathway redesign, as appropriate
13. Provide recommendations how and where investment, resources and improvements can be made within the South Kent Coast CCG area.
14. Identify how to make the best use of the flexibilities at the Board's disposal, such as devolved/pooled budgets.

### **Membership:**

The Chairman will be elected by the CCG level HWB.

DDC:	Councillor Paul Watkins, Leader
DDC:	Councillor Pat Heath, Portfolio Holder for Health, Well-Being and Public Protection
SDC:	Councillor Pamela Carr, (SDC)
SDC:	Councillor Michael Lyons, (SDC)
SKC CCG:	Karen Benbow, Chief Operating Officer
SKC CCG:	Dr Joe Chaudhuri (Deputy Clinical Chair)
KCC:	Councillor Geoff Lymer, Deputy Cabinet Member
KCC:	Mark Lobban, Director of Strategic Commissioning Families and Social Care
Public Health:	Jess Mookherjee, Consultant in Public Health
Voluntary and Community Sector:	Jan Perfect (CaseKent)
Health Watch:	Roger Kendall (interim)
Local Children's Board Trust or Children's Rep:	To be advised

The administering Local Authority is Dover District Council.

## Procedure Rules

1. **Conduct.** Members<sup>1</sup> of the HWB are expected to subscribe to and comply with the Kent County Council Code of Conduct. Non-elected representatives on the HWB (e.g. GPs and officers) will be co-opted members and, as such, covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.
2. **Declaration of Disclosable Pecuniary Interests.** Section 31(4) of the Localism Act 2011 (disclosable pecuniary interests in matters considered at meetings or by a single member) applies to the HWB and any sub committee of it. A register of disclosable pecuniary interests is held by the Clerk to the HWB, but HWB members do not have to leave the meeting once a disclosable pecuniary interest is declared, however they cannot have a vote on that matter.
3. **Frequency of Meetings.** The HWB meets at least quarterly. The date, time and venue of meetings is fixed in advance by the HWB in order to coincide with the key decision-points and the Forthcoming Decision List.
4. **Meeting Administration.**
  - HWB meetings are advertised and held in public and administered by the nominated District/Borough/City Council.
  - The HWB may consider matters submitted to it by local partners.
  - The administering Council gives at least five clear working days' notice in writing to each member of every ordinary meeting of the HWB, to include any agenda of the business to be transacted at the meeting.
  - Papers for each HWB meeting are sent out at least five clear working days in advance.
  - Late papers may be sent out or tabled only in exceptional circumstances.
  - The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.
  - The HWB meetings will be web cast where the facilities are in place
  - The Chairman's decision on all procedural matters is final.
5. **Meeting Administration of Sub Committees.** HWB sub-committees are administered by a principal local authority, in the case of the Clinical Commissioning Group level HWBs, by a District Council in that area. They will be subject to the provisions stated in these Procedure Rules.
6. **Special Meetings.** The Chairman may convene special meetings of the HWB at short notice to consider matters of urgency. The notice convening such meetings shall state the particular business to be transacted and no other business will be transacted at such meeting.

The Chairman is required to convene a special meeting of the HWB if they are in receipt of a written requisition to do so signed by no less than three members of the HWB. Such requisition shall specify the business to be transacted and no other business shall be transacted at such a meeting. The meeting must be held within five clear working days of the Chairman's receipt of the requisition.
7. **Minutes.** Minutes of all of HWB meetings are prepared recording:

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<sup>1</sup> 'Member's meaning membership of the HWBB

- the names of all members present at a meeting and of those in attendance
- apologies
- details of all proceedings, decisions and resolutions of the meeting

Minutes are printed and circulated to each member before the next meeting of the HWB, when they are submitted for approval by the HWB and are signed by the Chairman.

8. **Agenda.** The agenda for each meeting normally includes:

- Minutes of the previous meeting for approval and signing
- Reports seeking a decision from the HWB
- Any item which a member of the HWB wishes included on the agenda, provided it is relevant to the terms of reference of the HWB and notice has been give to the Clerk at least nine working days before the meeting.

The Chairman may decide that there are special circumstances that justify an item of business, not included in the agenda, being considered as a matter of urgency. He must state these reasons at the meeting and the Clerk shall record them in the minutes.

9. **Chairman and Vice Chairman's Term of Office.** The Chairman and Vice Chairman's term of office terminates on 1 April each year, when they are either reappointed or replaced by another member, according to the decision of the HWB, at the first meeting of the HWB succeeding that date.

10. **Absence of Members and of the Chairman.** If a member is unable to attend a meeting, then they may provide an appropriate alternate person to attend in their place, subject to them being of sufficient seniority to agree and discharge decisions of the Board within and for their own organisation. The Clerk of the meeting should be notified of any absence and/or substitution at least five working days prior to the meeting. The Chairman presides at HWB meetings if they are present. In their absence the Vice-Chairman presides. If both are absent, the HWB appoints from amongst its members an Acting Chairman for the meeting in question.

11. **Voting.** The HWB should operate on a consensus basis. Where consensus cannot be achieved the matter is put to a vote. The HWB decides all such matters by a simple majority of the members present. In the case of an equality of votes, the Chairman shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chairman.

12. **Quorum.** A third of members of the Board form a quorum for HWB meetings. No business requiring a decision shall be transacted at any meeting of the HWB which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chairman either suspends business until a quorum is re-established or declares the meeting at an end.

13. **Adjournments.** By the decision of the Chairman, **or** by the decision of a majority of those members present, meetings of the HWB may be adjourned at any time to be reconvened at any other day, hour and place, as the HWB decides.

14. **Order at Meetings.** At all meetings of the HWB it is the duty of the Chairman to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.
15. **Suspension/disqualification of Members.** Any body with a representative on the HWB will be asked to reconsider the position of their nominee if they fail to attend two or more consecutive meetings without good reason or without the prior consent of the Chairman.

### Introduction

This document sets out the ways in which the partner agencies that comprise the East Kent Health Improvement Partnership (EKHIP) will work together to deliver improved health and wellbeing at an East Kent level, with specific focus on those issues that cannot be effectively addressed at a district level, but which might not be prioritised at a Kent and Medway regional level.

The composition of the EKHIP recognises the need for and the value of a coordinated, partnership approach to addressing shared health and wellbeing needs and related problems across the East Kent sub region.

It also recognises the value of working sub regionally to reflect structural arrangements of key partners, as well as the value of a single voice at a regional level.

### Partnership environment

The EKHIP sits within a wider framework of partnerships. See Appendix 1 for more detail and a map of the partnership environment and governance.

### EKHIP vision

The EKHIP will deliver, through effective partnership working, continuous improvement in health and wellbeing services for the people of East Kent. This will include a shared East Kent priority setting process, which will inform co-commissioning and district priority setting arrangements.

### EKHIP aims and objectives

Working on a regional level, the EKHIP will:

- Seek to reflect the updated aims and objectives of the KMJHWB and support sub regional delivery of these in any way possible
- Ensure that the needs and priorities of East Kent residents as identified by EKHIP are adequately reflected within the work and approach of the KMJHWB
- Escalate issues to the KMJHWB, where they cannot be addressed at an East Kent or Local level

Working on a sub-regional level, the EKHIP aims to:

- Take advantage of the synergies of working on a sub-regional basis to deliver agreed priority outcomes by:
- Address issues health and wellbeing issues that are difficult to address at a local borough level whether that be due to:
  - Geographical focus of some partners
  - Complexity or scale of issue
  - Where a coherent approach is important to achievement e.g. behaviour change campaigns
  - A single lobbying voice is needed
- Deliver activity against an agreed cross cutting priority where there is advantage in working together e.g. co-design, co-commissioning etc.

- Ensure effective strategic planning and use of resources - as well as a coordinated approach to meeting any related statutory requirements and targets
- Agree an annual sub-regional priority through the agreed partnership framework process – this will allow for effective sub regional working and exploitation of synergies in order to maximise resources (including co-commissioning) and outcomes

## Membership

The following organisations/departments/roles are represented:

Organisation	Position
Ashford Borough Council	Chief executive
	Cabinet member for
Canterbury City Council	Chief executive
	Lead member
Dover District Council	Chief executive
	Cabinet member
Folkestone and Hythe District Council	Chief executive
	Cabinet member
Thanet District Council	Chief executive
	Cabinet member
Kent County Council	Director of public health
	Director of partnerships
East Kent Clinical Commissioning Group (CCG)	Clinical Chair
	Chief GP commissioner
Kent Community Health NHS Trust (KCHFT)	Chief executive officer
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Chief executive officer
East Kent GP Federation...	

All partner organisations have one vote per organisation.

Individuals and organisations with known expertise and knowledge may be requested to attend meetings as observers. Observers may participate in meetings but shall have no decision-making powers. If a member would like an observer to attend a meeting, they should seek the permission of the group.

## Quorum

A valid quorum for meetings is half of the members with the right to be heard. This is the minimum requirement for a decision to be taken. No decision shall be taken without:

- One local authority representative
- One CCG representative
- One provider representative

## Membership expectations

- To attend the meetings of the EKHIP and when they cannot attend to send a named deputy who has been briefed prior to their attendance. The named deputy will have full voting rights
- To have authority to be able to take action and make decisions as required
- To commit to developing an appropriate level of understanding around health and wellbeing issues, policy and practice as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities or actions as required

## **Chair**

The location of the EKHIP will rotate across each of the local authority areas in turn. The Chair of the meeting will be the Lead Member for the local authority area the meeting is being held in.

## **Administrative support**

Administrative support will also be provided by the local authority the meeting is being held in.

## **Meeting frequency**

The EKHIP will meet quarterly, with an agreed timeline to allow for the most effective working. During the priority setting process meetings will be more frequent as required.

## **Subgroups**

The East Kent Public Health Strategic Leads group will form the steering group for this group. The group will take responsibility for forward planning and agenda planning for the EKHIP. It will also take on any delivery of activity as required by the EKHIP.

Any further sub groups will be established as required on a task and finish basis.

## **Representation at KMJHWB**

The EKHIP will represent at the KMJHWB as required, with a representative agreed by the EKHIP as required.

## **Confidentiality**

All EKHIP members have a duty of confidentiality regarding all information disclosed, shared and discussed between and during meetings. There will be occasions when selected information must not be disclosed outside the EKHIP. The person disclosing such information to the EKHIP is responsible for identifying it as confidential at the time it is given, and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information given to the EKHIP will be referred to the Chair, whose decision on the matter will be final.

## Appendix 1

### Kent and Medway Joint Health and Wellbeing Board

The Kent and Medway Joint Health and Wellbeing Board (KMJHWP) is an advisory sub-committee which operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership (STP) Plans for Kent and Medway. The KMJHWP seeks to:

- Ensure collective leadership to improve health and wellbeing outcomes across both local authority areas, to enable shared discussion and consensus about the STP across the Kent and Medway footprint in an open and transparent way.
- Help to ensure the STP has democratic legitimacy and accountability, to seek assurance that health care services paid for by public monies are provided in a cost-effective manner.
- Consider the work of the STP and encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner.
- Take account of and advise on the wider statutory duties of health and social care partners.

### District level arrangements

The EKHIP will feed into the district level health and wellbeing partnerships / mechanisms, (flesh out as required based on other districts) acting as a conduit of information and decision making.

## Terms of Reference

### Introduction

This document sets out the ways in which the partner agencies that comprise the Ashford Health and Wellbeing Partnership (AHWP) will work together to strategically oversee the delivery of the priorities identified and detailed in the AHWP action plan.

The composition of the AHWP recognises the need for a coordinated, partnership approach to addressing health and wellbeing needs and related problems across the borough.

The AHWP will ensure effective strategic planning and use of resource (including commissioning), a coordinated approach to meeting statutory requirements and timely delivery of activity to deliver priority outcomes.

### Partnership environment

The AHWP sits within a wider framework of partnerships. See Appendix 1 for further detail.

### AHWP vision

The AHWP will, through effective partnership working, deliver continuous improvement in health and wellbeing services / outcomes for the people of Ashford. This will include an annual priority setting process, which will inform agreed action plans for delivery.

### AHWP aims and priorities

The AHWP aims to improve health and wellbeing outcomes in Ashford, ensuring bespoke delivery tailored to our needs and our communities.

The AHWP has the following priorities:

- **Tackling health inequalities** - focus is annually reviewed based on Public Health England data (currently includes reducing smoking, reducing obesity, giving every child the best start in life, substance misuse, improving air quality, improving housing to improve health and wellbeing [with a focus on reducing excess winter deaths])
- **Growth and infrastructure** – ensuring we are able to bring care as close to home as possible and that we have a high calibre, fully functioning health workforce
- **Innovation** – including continually improving our flagship One You service offer

Each priority will have a sponsor, who will take the lead on ensuring delivery.

### Membership

The following organisations/departments/roles are represented:

Organisation	Position
Ashford Borough Council	Cabinet member for (Chair)
	Head of community safety and wellbeing
	Head of culture

	Head of housing
Clinical Commissioning Group	Director of performance and delivery
	GP representative
	Lay member - patient and public engagement
Kent Community Health Foundation Trust	
William Harvey Hospital	Chief executive
Local Care	
Partnerships	Chair of Ashford Community Safety Partnership
	Chair of Ashford Local Children's Partnership Group
Service user representation	Healthwatch
Voluntary / community sector?	

All partner organisations have one vote per organisation.

Individuals and organisations with known expertise and knowledge may be requested to attend meetings as observers. Observers may participate in meetings but shall have no decision-making powers. If a member would like an observer to attend a meeting, they should seek the permission of the Chair.

### Quorum

A valid quorum for meetings is half of the members with the right to be heard. This is the minimum requirement for a decision to be taken. No decision shall be taken without:

- One local authority representative
- One CCG representative
- One provider representative
- One patient representative

### Membership expectations

- To attend the meetings of the AHWP and when they cannot attend to send a named deputy who has been briefed prior to their attendance. The named deputy will have full voting rights
- To have authority to be able to take action and make decisions as required
- To commit to developing an appropriate level of understanding around health and wellbeing issues, policy and practice as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities or actions as required

### Chair

The role of the Chair is to ensure:

- The AHWP and related sub groups are delivering agreed activity as outlined in the annual action plan, with quarterly performance reporting by exception and an annual performance report produced
- Priorities are reviewed and refreshed on an annual basis
- Governance, including the delivery groups and related action plans, is annually reviewed

The Chair and the lead officer of the AHWP will attend the EKHIP and it is their role to ensure a two way flow of information between the partnerships to deliver the above.

### Administrative support

The administration of the AHWP shall be managed by Ashford Borough Council.

## **Meeting frequency**

The AHWP will meet quarterly. The AHWP may request sub-group meetings on particular topics more frequently.

## **Performance indicators**

The AHWP will agree a number of outcome indicators related to the action plans. These will provide a performance framework to capture progress and to identify and tackle emerging issues. They will be reported on by exception at each AHWP meeting and an annual performance report shall be produced.

## **Subgroups**

These are established as required by the action plan priority sponsors. Each sub group should have a full terms of reference and should work on a task and finish basis.

Any other subgroup required can be established at the discretion of the Chair.

## **Urgent matters**

Decisions may be made about urgent matters without a group meeting providing the written consent of the Chair is sought and given. In this case the Chair must ensure that every effort has been made to consult informally with members and report any decisions taken at the next meeting.

## **Representation at EKHIP**

The Chair of the AHWP and the Chief Executive of Ashford Borough Council will attend the EKHIP on behalf of the AHWP. The strategic lead officer for public health from Ashford Borough Council will attend the EKHIP steering group.

## Appendix 1

### Kent and Medway Joint Health and Wellbeing Board

The Kent and Medway Joint Health and Wellbeing Board (KMJHWP) is a statutory body established by the Health and Social Care Act 2012. The Act specifies a minimum membership, which has been extended to include representation of the district councils.

### East Kent Health Improvement Partnership

The East Kent Health Improvement Partnership (EKHIP) is a sub-regional group that feeds into the KMJHWP. The EKHIP will:

- Seek to reflect the updated aims and objectives of the KMJHWP and support sub regional delivery of these in any way possible
- Ensure that the needs and priorities of East Kent residents as identified by EKHIP are adequately reflected within the work and approach of the KMJHWP
- Escalate issues to the KMJHWP, where they cannot be addressed at an East Kent or Local level
- Agree an annual sub-regional priority through the agreed partnership framework process – this will allow for effective sub regional working and exploitation of synergies in order to maximise resources (including co-commissioning) and outcomes
- Focus on health and wellbeing issues that are difficult to address at a local borough level whether that be due to:
  - Geographical focus of some partners
  - Complexity or scale of issue
  - Where a coherent approach is important to achievement e.g. behaviour change campaigns

**Peter Oakford – Member for Tunbridge Wells North  
Deputy Leader & Cabinet Member for Strategic  
Commissioning & Public Health**

**Thanet Health & Wellbeing Board  
Canterbury & Coastal Health & Wellbeing  
Board  
South Kent Coast Health & Wellbeing Board  
Ashford Health & Wellbeing Board  
DGS Health & Wellbeing Board  
West Kent Health & Wellbeing Board  
Swale Health & Wellbeing Board**

Members' Desk  
Sessions House  
County Hall  
Maidstone  
Kent ME14 1XQ

Direct Dial: 03000 416521  
E-Mail: peter.oakford@kent.gov.uk  
Ask For: Peter Oakford  
Date: 4 June 2018

Dear Chairman

I am writing to officially inform you that on 22<sup>nd</sup> March 2018 the Kent Health and Wellbeing Board agreed to create a joint health and wellbeing board with Medway Council.

Given these new arrangements I wanted to clarify the relationship between the Kent Board and Local Boards. The Kent Board is keen for Local Boards to be able to respond to the emerging commissioning arrangements of the STP as they see fit. This position supports the findings of the review that I carried out last Summer where it was clear that there was a mixed view about the future for Local Boards. A number of respondents made the point that local Boards could not be separated from the emerging place based sub-structure for delivery of the STP. There was widespread expectation that whatever new integrated health and social care arrangements might be created through the STP, these will have a local footprint (most likely through Integrated Care Systems) that would inevitably further challenge the purpose and role of local Boards

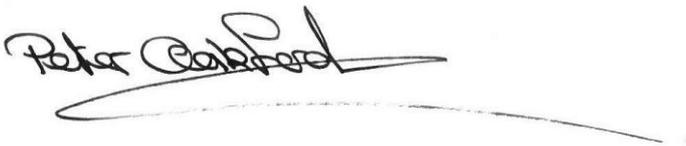
Local Boards will be considering how to move forward in a way that makes sense in their local geography and ensures the local democratic voice continues to influence commissioning of local health and care services in the most effective way. This may mean that local Boards develop beyond their current Health and Wellbeing Board arrangements.

Local arrangements are already evolving in response to the newly emerging context for health and social care commissioning, for example West Kent HWB has recognised the need for a re-fresh to strengthen opportunities for partnership working

and collaboration and with effect from 20 February 2018, the West Kent Health & Wellbeing Board was disbanded. In its place, a new West Kent Health and Wellbeing Elected Member Forum will be established. To support these changes and to acknowledge the reduced meetings of the Kent Board it will no longer be necessary to report and send local board meeting minutes to the Clerk of the Kent Health and Wellbeing Board.

The future of Local Boards is entirely in the gift of each local area and I shall look forward to seeing how they evolve in the months ahead. As the chair of the Kent HWB, I would also like to take this opportunity to thank you for your commitment and valued contribution to the health and wellbeing agenda for Kent.

Regards

A handwritten signature in black ink, appearing to read "Peter Oakford", with a long horizontal flourish extending to the right.

**Peter J. Oakford**

**Chair of the Kent Health and Wellbeing Board  
KCC Deputy Leader  
Cabinet Member for Strategic Commissioning & Public Health**