



Date: **11 March 2019**
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THANET HEALTH AND WELLBEING BOARD

21 MARCH 2019

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 21 March 2019** in the Austen Room, Council Offices, Cecil Street, Margate, Kent.

Membership:

Councillor Bayford, Councillor Game, Councillor Gibbens, Mr Godfrey, Mr Hart, Ms Homer, Mr Inett, Ms McLaughlin, Dr Malasi, Ms Ogilvie and Ms Sykes.

A G E N D A

Item
No

Subject

1. **APPOINTMENT OF CHAIR AND VICE CHAIR FOR THE REMAINDER OF 2018/19**
2. **APOLOGIES FOR ABSENCE**
3. **DECLARATION OF INTEREST**
4. **MINUTES OF THE PREVIOUS MEETING** (Pages 3 - 6)
To approve the minutes of the Thanet Health & Wellbeing Board meeting held on 8 November 2018, copy attached.
5. **UPDATE ON KCC EARLY HELP AND CHILDREN'S SOCIAL CARE "CHANGE FOR CHILDREN PROGRAMME**
6. **EAST KENT HEALTH IMPROVEMENT PARTNERSHIP (EKHIP)** (Pages 7 - 22)

Declaration of Interests Form

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THANET HEALTH AND WELLBEING BOARD

Minutes of the meeting held on 8 November 2018 at 10.00 am in the Austen Room - Council Offices.

Present: Councillor Bayford (Thanet District Council), Councillor Game (Thanet District Council), Mr Hart (Thanet Clinical Commissioning Group), Ms Homer (Thanet District Council), Ms McLaughlin (Thanet Children's Committee), Ms Ogilvie (Thanet Clinical Commissioning Group) and Ms Sykes (Voluntary Sector Adult Services)

In Attendance: Ms Button, Ms Haywood, Ms O'Rourke, Ms Reeves, Mr Rouse and Mr Timson.

1. APPOINTMENT OF CHAIR AND VICE CHAIR FOR 2018/19

It was noted that the meeting was inquorate, therefore the Board was unable to appoint a Chair or Vice Chair for 2018/19. However Councillor Bayford proposed, Councillor Game seconded and the Board agreed that Ms Ogilvie would Chair the meeting on this occasion.

2. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Gibbens.

3. DECLARATION OF INTEREST

There were no declarations of interest made at the meeting.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 11 January 2018 were noted as correct subject to some typographical corrections.

5. THE ACTIVE THANET STRATEGIC FRAMEWORK 2018- 2022

Mr Rouse, Sport & Public Health Development Officer gave an overview of the Active Thanet Strategy. A copy of the presentation had been attached to the minutes. During consideration of the item it was noted that:

- Active Thanet had been created due to the need to re-engage with the residents of Thanet. It recognised that behaviours had changed over time, for example, the use of social media had increased and computer gaming had made some elements of the community more isolated and sedimentary.
- The framework revolved around collaboration and partnership working. There would be a partnership meeting on 29 November 2018.
- TDC had created the framework as a starting pointing from which to engage with partners including the voluntary sector which would be a valuable resource to draw upon.

6. COMMISSIONED SERVICES FOR SUPPORTING VULNERABLE YOUNG MOM'S (FAMILY NURSE PARTNERSHIP)

Ms McLaughlin, District Manager Early Help and Preventative Services and Chair of the Thanet Local Children's Partnership gave an update regarding the Family Nurse Partnership (FNP). The presentation had been attached the minutes. During consideration of the item it was noted that:

- The scheme had supported first time mums under the age of 19 until the child's second birthday, however commissioning for the FNP had not continued in Kent and referral's to the service had stopped.
- It was proposed that the FNP would be replaced by a similar service with a wider remit that would assist vulnerable mums of any age for a similar two year time period. The proposal was seen as more equitable; it would have more practitioners and reach more mothers in need of the support.

7. LOCAL CHILDREN'S PARTNERSHIP PRIORITIES, GRANTS AND GENERAL UPDATES

Social Prescribing and Poverty

Ms Reeves, Unit Lead Thanet Early Help provided the board with an update on some of the work that had been carried out by Thanet Early Help. During consideration of the item it was noted that:

- The aim was to provide support as soon as problems emerged this relied upon local agencies working together.
- Measures of success included a reduction in the number of exclusions from school, less interventions and an improved level of attendance.
- Social prescribing required an understanding of the issues in place these were often determined by social, environmental and economic factors.
- A pilot was carried out at Drapers Mill school; it asked the question 'what matters to you?' Drop in sessions were held and found to be successful. The sessions allowed people to see what services were available to them.
- More funding was needed for early years and speech and language support as this could help prevent problems developing as children became older.
- The KCC integrated Children's Services webpage can be found using the following link:
<https://www.kelsi.org.uk/integratedchildrensservices>

Thanet Local Children's Partnership Chair's Update

Ms McLoughlin, provided an update to the board. The slides had been included in the minutes. During consideration of the item it was noted that:

- KCC Cabinet had agreed that there would be changes to the Local Children's Partnerships, District Advisory Boards and Youth Advisory Boards. It was agreed that Local Children's Partnership's should be Member-led going forward.
- Three options were under consideration and the final proposal would be presented to Children's, Young People and Education Cabinet Committee in January 2019. Implementation was expected in April 2019.
- The portal for applications for Early Help Grants in 2019 would be open around 26 November 2018. Applications would be shortlisted between 8-11 January 2019 and final approval would be granted by 7 February 2019.

8. THANET LOCAL CARE UPDATE

Mr Timson, Head of Local Care for Thanet provided the Board with the update. During consideration of the item it was noted that:

- Local Care was an NHS department tasked to work in partnership with local services to improve the health of local people. East Kent had been split into four local care areas to ensure a local focus was maintained.
- Thanet's Acute Response Team (ART) had been successful in helping people stay out of hospital; people received the support they needed in their own homes. Due to its success this model maybe adopted across the rest of East Kent.
- Extended access to GP's was a National and East Kent project designed to help people get GP appointments. From 1 October 2019 there were 70 hours of additional GP appoints available within the District each week. These were available in the evening and on the weekend.
- Multi-disciplinary meetings had begun in the last three months, and were gaining momentum as the benefit to patients became evident. Representatives from a group of organisations met to identify what support could be provided that would have an impact on an individual's health and wellbeing who were often old or frail.

9. UPDATE ON CHILDREN'S AND MATERNITY SERVICES

Ms O'Rouke, Head of East Kent Children's Commissioning Team, and Ms Haywood, Commissioning Manager Maternity and Acute Pediatrics presented the update to the Board. The presentation was attached to the Minutes. During consideration of the item it was noted that:

- The commissioning team was responsible for ensuring the NHS spent wisely on children's services and that a high standard of service was maintained.
- In 2017/18 there was 30% target referral rate for children and young people with a diagnosable mental health condition to access treatment, this rose to 32% in 2018/19. Thanet had met this target and was the best performing area in East Kent for this measure; however it was felt by members of the Board that 32% was a low target.
- The stop smoking at home maternity visit scheme had seen a 60% success rate and would receive further funding in Thanet.
- It was hoped that at six weeks following the birth, there would be a mental health check for the mother carried out by GP's.

Meeting concluded: 12.05pm

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East Kent Health Improvement Partnership (EKHIP)

Meeting:	Thanet Health & Wellbeing Board - 21 March 2019
Report Author:	Madeline Homer - Chief Executive - Thanet District Council
Classification:	Unrestricted
Ward:	District Wide

Executive Summary:

To inform the Thanet Health and Wellbeing Board of the joint work currently taking place with the five East Kent Local Authorities, Health and Wellbeing Boards and CCG's.

Recommendation(s):

That the Thanet Health and Wellbeing Board:

1. Considers its current Terms of Reference alongside the proposed Draft EKHIP; and
2. Provide feedback ahead of the planned EKHIP workshop scheduled for the 18 April 2019.

1.0 Introduction and Background

- 1.1 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.
- 1.2 West Kent has already disbanded the West Kent Health and Wellbeing Board and replaced it with a new West Kent Health and Wellbeing Elected Member Forum.
- 1.3 The CCG's and the NHS have moved to an East Kent approach.

2.0 The Current Situation

- 2.1 During 2016/17, an East Kent Public Health Group was established to explore the options around local models of delivery for Public Health, improve outcomes, avoid duplication and maximise total resources for East Kent.
- 2.2 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 and Wellbeing Improvement Partnership. The following was agreed at the meeting:

- That there will be a need to facilitate a ‘Two-Tiered’ approach to accommodate local arrangements. Benefit for each local arrangement needs to be described to ensure buy-in at a local level.
- That the EKHIP will be a non-statutory body.
- The EKHIP will appoint one Chair and one Vice-Chair with an annual review, a combination, of which, one position will be Clinical and the other will be District Council.

3.0 Next Steps

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

Contact Officer:	Carol Cook - Policy Officer - carol.cook@thanet.gov.uk
Reporting to:	Madeline Homer - Chief Executive - Thanet District Council

Annex List

Annex 1	Thanet Health and Wellbeing Board - Terms of Reference
Annex 2	Draft East Kent Health Improvement Partnership - Terms of Reference
Annex 2	Ashford Health and Wellbeing Partnership - Terms of Reference <i>(Included for information and background contextual purposes)</i>

Background Papers

Title	Details of where to access copy
4 June 2018 letter from Peter Oakford, Chair of the Kent Health and Wellbeing Board, KCC Deputy Leader, KCC Cabinet Member for Strategic Commissioning and Public Health.	Carol Cook carol.cook@thanet.gov.uk

Corporate Consultation

Legal	Tim Howes, Director of Corporate Governance
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**Thanet CCG Health and Wellbeing Board
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 equitably, are effective and demonstrate value for money. 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 the 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. Work with existing partnership arrangements, e.g. children's commissioning, safeguarding housing, 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;

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6. Undertake monitoring of local outcomes relating to the delivery of the joint commissioning plan;
7. Ensure effective local engagement on health and care issues, using existing engagement mechanisms (such as Neighbourhood Forums, CCG Engagement Groups, Residents Groups etc) where necessary and linking in to any county level engagement work, with clear lines of communication;
8. 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;
9. Be the focal point for health and wellbeing issues and joint working in the CCG area to ensure facilities and accessibility, in order to enhance service integration;
10. 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;
11. Provide recommendations to Kent Health and Wellbeing Board and other commissioning partners, how and where investment, resources and improvements can be made within the CCG area.
12. Identify how to make the best use of the flexibilities at the Board's disposal, such as devolved/pooled budgets.

Membership

The following is a suggested minimum membership level; additional members of the Board can be appointed at the discretion of the CCG level HWB. The Chairman will be elected by the CCG level HWB.

1. Local Government:
 - Two District Council Members to be appointed by the Leader;
 - One Kent County Council Member (Cabinet Member or his/her nominee);
 - Director of Commissioning for Kent County Council Families and Social Care;
 - District Council Senior Officer
 - Public Health Consultant.
2. Clinical Commissioning Group:
 - At least one GP
 - Senior CCG Officer e.g. Accountable Officer or Chief Operating Officer
3. HealthWatch or other public engagement forum representative;
4. Other local representatives as identified by the CCG level HWB;

The administering Local Authority is Thanet District Council

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The Terms of Reference and Governance arrangements to be reviewed annually.

Procedure Rules

1. **Conduct.** Members 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 will not have a vote on the matter.
3. **Frequency of Meetings.** The HWB meets at least bi monthly initially, moving to quarterly meetings unless otherwise determined. The date, time and venue of meetings are 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 the Board 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, in accordance with the Local Government Act 1972 (schedule 12A para 3).
 - 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

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clear working days of the Chairman's receipt of the requisition. In this instance it may not be possible for written reports to be provided in advance.

7. Minutes. Minutes of all of HWB meetings are prepared recording:
 - The names of all members of the HWB present at a meeting and of those in attendance
 - Apologies
 - details of all proceedings, decisions and resolutions of the meeting
 - Draft minutes approved by the Chairman before being sent out.

Minutes are printed and circulated to each member of the HWB 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/recommendation 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.
 - Declaration of Pecuniary Interests in addition to those already declared

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 of the HWB, according to the decision of the HWB, at the first meeting of the HWB succeeding that date.
10. Absence of Members of the HWB and or the Chairman. If a member of the HWB 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 Board 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 subject the matter will be put to a vote. The HWB decides all such matters by a simple majority of the HWB members present, with each organisation having one vote. 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 form a quorum for HWB meetings, to be made up of at least one representative from each of the main partners (Kent County Council, Thanet

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District Council and Thanet CCG). 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 a majority of those members of the Board 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 HWB members are treated fairly. They decide all questions of order that may arise.
15. Suspension/disqualification of HWB Members. Anybody 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.

Thanet CCG Health and Wellbeing Board ToR - End

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DRAFT - East Kent Health Improvement Partnership

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 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

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:
 - The geographical focus of some partners
 - Complexity or scale of the issue
 - Where a coherent approach is important to achievement e.g. behaviour change campaigns

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- A single lobbying voice is needed
- Deliver activity against an agreed cross-cutting priority where there is an 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 on 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 EKHIP will appoint one Chair and one Vice-Chair with an annual review, a combination, of which, one position will be Clinical and the other will be District Council.

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 subgroups will be established as required on a task and finish basis.

Representation at KMJHWP

The EKHIP will represent at the KMJHWP 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.

Draft EKHIP ToR - End

Ashford Health and Wellbeing Partnership

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

Ashford Health and Wellbeing Partnership Terms of Reference - End

THANET DISTRICT COUNCIL DECLARATION OF INTEREST FORM

Do I have a Disclosable Pecuniary Interest and if so what action should I take?

Your Disclosable Pecuniary Interests (DPI) are those interests that are, or should be, listed on your Register of Interest Form.

If you are at a meeting and the subject relating to one of your DPIs is to be discussed, in so far as you are aware of the DPI, you **must** declare the existence **and** explain the nature of the DPI during the declarations of interest agenda item, at the commencement of the item under discussion, or when the interest has become apparent

Once you have declared that you have a DPI (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must:-**

1. Not speak or vote on the matter;
2. Withdraw from the meeting room during the consideration of the matter;
3. Not seek to improperly influence the decision on the matter.

Do I have a significant interest and if so what action should I take?

A significant interest is an interest (other than a DPI or an interest in an Authority Function) which:

1. Affects the financial position of yourself and/or an associated person; or Relates to the determination of your application for any approval, consent, licence, permission or registration made by, or on your behalf of, you and/or an associated person;
2. And which, in either case, a member of the public with knowledge of the relevant facts would reasonably regard as being so significant that it is likely to prejudice your judgment of the public interest.

An associated person is defined as:

- A family member or any other person with whom you have a close association, including your spouse, civil partner, or somebody with whom you are living as a husband or wife, or as if you are civil partners; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors; or
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
- Any body of which you are in a position of general control or management and to which you are appointed or nominated by the Authority; or
- any body in respect of which you are in a position of general control or management and which:
 - exercises functions of a public nature; or
 - is directed to charitable purposes; or
 - has as its principal purpose or one of its principal purposes the influence of public opinion or policy (including any political party or trade union)

An Authority Function is defined as: -

- Housing - where you are a tenant of the Council provided that those functions do not relate particularly to your tenancy or lease; or
- Any allowance, payment or indemnity given to members of the Council;
- Any ceremonial honour given to members of the Council
- Setting the Council Tax or a precept under the Local Government Finance Act 1992

If you are at a meeting and you think that you have a significant interest then you **must** declare the existence **and** nature of the significant interest at the commencement of the

matter, or when the interest has become apparent, or the declarations of interest agenda item.

Once you have declared that you have a significant interest (unless you have been granted a dispensation by the Standards Committee or the Monitoring Officer, for which you will have applied to the Monitoring Officer prior to the meeting) you **must**:-

1. Not speak or vote (unless the public have speaking rights, or you are present to make representations, answer questions or to give evidence relating to the business being discussed in which case you can speak only)
2. Withdraw from the meeting during consideration of the matter or immediately after speaking.
3. Not seek to improperly influence the decision.

Gifts, Benefits and Hospitality

Councillors must declare at meetings any gift, benefit or hospitality with an estimated value (or cumulative value if a series of gifts etc.) of £25 or more. You **must**, at the commencement of the meeting or when the interest becomes apparent, disclose the existence and nature of the gift, benefit or hospitality, the identity of the donor and how the business under consideration relates to that person or body. However you can stay in the meeting unless it constitutes a significant interest, in which case it should be declared as outlined above.

What if I am unsure?

If you are in any doubt, Members are strongly advised to seek advice from the Monitoring Officer or the Committee Services Manager well in advance of the meeting.

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS, SIGNIFICANT INTERESTS AND GIFTS, BENEFITS AND HOSPITALITY

MEETING.....

DATE..... AGENDA ITEM

DISCRETIONARY PECUNIARY INTEREST

SIGNIFICANT INTEREST

GIFTS, BENEFITS AND HOSPITALITY

THE NATURE OF THE INTEREST, GIFT, BENEFITS OR HOSPITALITY:

.....
.....
.....

NAME (PRINT):

SIGNATURE:

Please detach and hand this form to the Democratic Services Officer when you are asked to declare any interests.