

# SWALE HEALTH AND WELLBEING BOARD – TERMS OF REFERENCE

## 1. Role

The local Swale Health and Wellbeing Board (HWB) is a sub-committee of the Kent Health and Wellbeing Board.

The Swale HWB will set the strategic direction for health within the Swale Clinical Commissioning Group area (Isle of Sheppey, Sittingbourne, Iwade, Tenyham, and the surrounding areas); ensure effective local engagement, and monitor local outcomes. The HWB will bring together Swale CCG, KCC social care, Swale Borough Council, public health and the voluntary and community sector to secure better health and wellbeing outcomes for local residents.

The Board and its sub-groups will need to ensure that it maintains strong links with the Canterbury and Coastal HWB and its sub-groups in respect of Faversham.

The HWB will work within the overall strategic framework set by the Kent Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

## 2. Remit

The Swale HWB Board will:

- 2.1. Ensure effective local engagement on health and care issues;
- 2.2. Identify local commissioning priorities based on local health needs;
- 2.3. Provide recommendations how and where investment, resources, and improvements can be made within the Swale CCG area;
- 2.4. Monitor local progress and implementation of the Better Care Fund;
- 2.5. Monitor progress and implementation of the Healthy Swale Plan;
- 2.6. Oversee the improvement of the wellbeing of children living within the CCG area;
- 2.7. Report to the Kent Health and Wellbeing Board on its activity as and when required.

## 3. Membership

The Membership of the Board will be as follows.

<b>Members of the Board</b>	
Swale BC	Leader ( <b>Chair</b> )
Swale BC	Cabinet Member for Community Safety & Health ( <b>Vice Chair</b> )
Swale BC	Chief Executive
Swale BC	Head of Housing and Health
Swale CCG	Clinical Lead
Swale CCG	Chief Accountable Officer
Swale CCG	Chief Operating Officer
Kent CC	Nominate Councillor
Kent CC	Director Mental Health and Learning Disability

Public Health	Public Health Consultant for Swale
Kent Healthwatch	Volunteer
Mental Health Matters	Community Engagement Manager
<b>Invitees to attend the Board</b>	
Kent CC	FSC Strategic Commissioning Manager
Kent CC	Swale Community Engagement Manager
Kent CC	Health Policy Manager
Public Health	Senior Public Health Programme Manager
<b>Secretariat:</b>	
SBC	Health Partnerships Officer

The Chairs of the Board's sub-groups will also be invitees to the HWB and act as the link between the Board and the sub-groups.

#### 4. Structure

The Swale HWB is a direct sub-committee of the Kent Health and Wellbeing Board. The Kent Board will set the overarching strategic direction for health in Kent, through the Kent Health and Wellbeing Strategy and the Kent Joint Strategic Needs Assessment. The Swale HWB will make decisions around local priorities and investment, and set the local strategy for health and wellbeing.

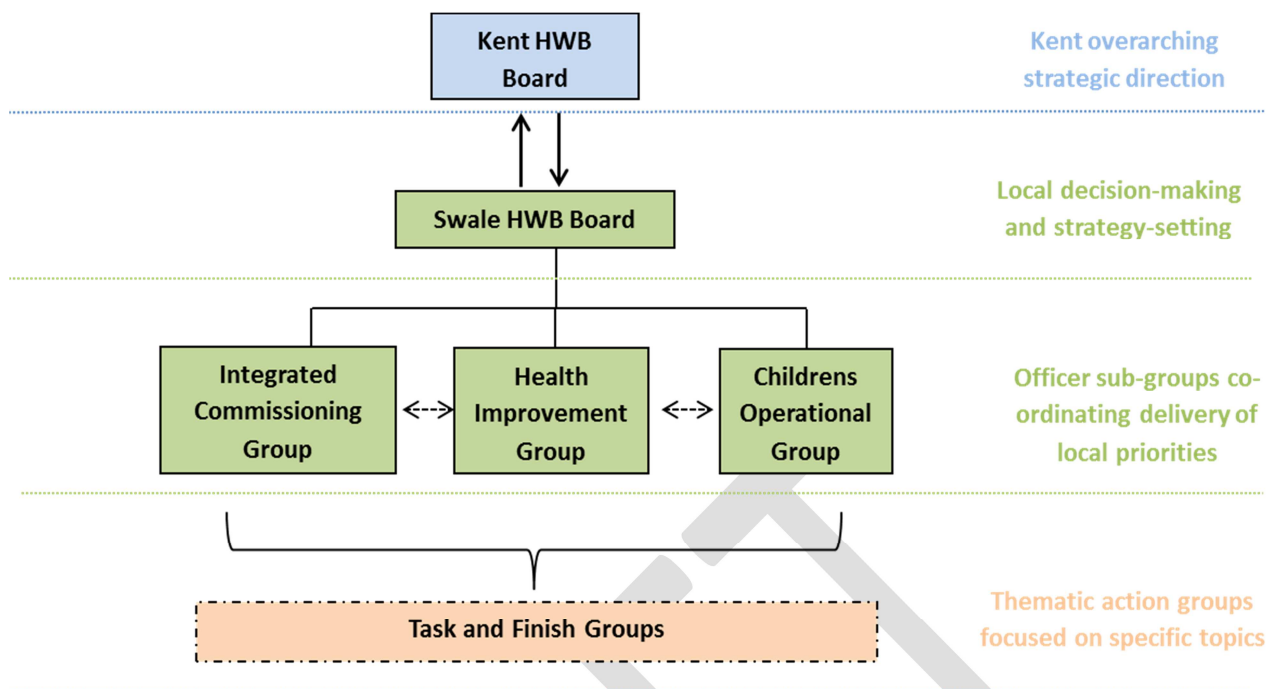
The HWB will be supported by three sub-groups: Integrated Commissioning, Health Improvement, and the Children's Operational Group. The sub-groups will co-ordinate local delivery of actions to meet local health and wellbeing priorities, as identified by the Healthy Swale Plan, CCG Commissioning Plans, and local health data. Terms of Reference for the proposed sub-groups can be found at *Appendix 1*.

The Chairs of the sub-groups will sit on the main Swale HWB and report back on progress made by their respective group. The Chairs will ensure that the necessary links are made between the sub-groups and their workstreams and, where appropriate, the Chair (or other representative) of one sub-group will be invited to attend the meetings of another.

The sub-groups will establish Task and Finish (T&F) groups to work on specific projects or topics. These T&F groups will draw in experts and representatives beyond the membership of the Health and Wellbeing Board to focus on specific themes and areas of work. Each T&F group will be disbanded once it has achieved its intended purpose. T&F groups may be established by individual sub-groups or jointly where the topic relates to more than one group's priorities (eg breastfeeding).

The structure of HWB and how it fits together can be seen in *Fig 1* overleaf.

**Fig 1 – Proposed Structure**



## 5. Procedural Matters

**5.1 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, are covered by the Kent Code of Conduct for Members for any business they conduct as a member of the HWB.

**5.2 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. 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.

**5.3 Frequency of Meetings:** the HWB meets bi-monthly at Swale House, Sittingbourne. The date and time are fixed in advance by the HWB in order to coincide with the key decision-points and the dates of the Kent HWB.

### 5.4 Meeting Administration:

- HWB meetings are advertised and held in public and administered by Swale Borough Council.
- The HWB may consider matters submitted to it by local partners.
- Papers for each HWB meeting are sent out at least five working days in advance.
- Late papers may be sent out or tabled only in exceptional circumstances.
- The Chair 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.

- The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.
- Draft minutes will be circulated to members of the HWB within 10 working days of the meeting.
- The Chair's decision on all procedural matters is final.

**5.5 Special Meetings:** the Chair may convene special meetings of the HWB at short notice to consider matters of urgency. No other business will be transacted at such a meeting. The Chair is also required to convene a special meeting of the HWB if they are in receipt of a written request to do so, which is signed by no less than three members of the HWB. The meeting must be held within five working days of the Chair's receipt of the request.

**5.6 Minutes:** minutes of all the HWB meetings will be circulated to each member before the next meeting of the HWB, when they are submitted for approval by the HWB and are agreed by the Chair.

**5.7 Absence of Members and of the Chair:** 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 HWB within and for their own organisation. The Chair presides at HWB meetings if they are present. In their absence the Vice-Chair presides. If both are absent, the HWB appoints from amongst its members an Acting Chair for the meeting in question.

**5.8 Voting:** the HWB should operate on a consensus basis. Where consensus cannot be achieved the subject 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 Chair shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

**5.9 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 Chair either suspends business until a quorum is re-established, or declares the meeting at an end.

**5.10 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.

**5.11 Order at Meetings:** at all meetings of the HWB it is the duty of the Chair to preserve order and to ensure that all members are treated fairly. They decide all questions of order that may arise.

**5.12 Suspension/disqualification of Members:** at the discretion of the Chair 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 Chair.

## SWALE HEALTH AND WELLBEING BOARD SUB-GROUPS

### HEALTH IMPROVEMENT GROUP TOR

#### 1. Vision

People within the Swale Borough Council area will have access to a range of opportunities for improving their health and wellbeing; be empowered to make healthier choices and lead healthier lives.

Health and wellbeing will be considered as everyone's business, and this will be reflected in improvements in individual/population health and wellbeing, and where possible, demonstrate reductions in health inequalities.

#### 2. Role

To provide the leadership and co-ordination for reducing health inequalities and improving health and wellbeing across Swale.

To plan, resource, implement and monitor the delivery of partnership health improvement, and health inequalities, action and intervention that will progress the relevant outcomes in the Healthy Swale Plan.

#### 3. Objectives

The Health Improvement Group will:

- 3.1. Identify high level health improvement and health inequalities indicators for Swale, which need to be addressed;
- 3.2. Produce a clear, prioritised, resourced and measurable annual Action Plan on behalf of the Swale Health and Wellbeing Board in collaboration with other subgroups of the Board;
- 3.3. Influence mainstream practice of key partners, to continuously improve health and reduce health inequalities;
- 3.4. Develop an innovative approach to health improvement programmes and share learning with rest of county;
- 3.5. Ensure timely and accurate reporting to the Swale Health and Wellbeing Board and Canterbury and Coastal HWB as required;
- 3.6. Develop and maintain appropriate links to the other sub-groups of the Swale Health and Wellbeing Board, particularly ensuring equal access and provision across the borough regardless of CCG boundaries;
- 3.6. Work collaboratively with other key stakeholders and partners in Swale to improve health outcomes for the population of Swale;
- 3.7. Ensure the collection and timely sharing of relevant, quality data; appropriate information; and evidenced based good practice;
- 3.8. Maximise the use of current resources and identify new funding opportunities through research and other grants.
- 3.9. Influence the use of these resources to target those experiencing the poorest health, whilst seeking to improve the health of the whole population.
- 3.10. Where appropriate, have a particular focus on individuals who live in areas of deprivation or are considered to be from disadvantaged groups.
- 3.11. Where appropriate, ensure health and wellbeing needs of people different in geographical areas, ethnic groups and age groups and other disadvantaged groups are prioritized accordingly.

3.12. Encourage use of health impact assessment in new programmes developed by Swale Borough Council and other partners.

3.13. Escalate critical issues to the Swale Health and Wellbeing Board for consideration at the Kent Health and Wellbeing Board and alert Canterbury and Coastal HWB as appropriate.

3.14. Seek opportunities to pool budgets and share resources to maximize the impact of programmes and reduce the risk of 'double funding'.

#### **4. Membership**

Membership will include, but not be restricted to, officer representation from the following key partner agencies:

- Kent County Council, Public Health-2
- Swale Borough Council-2
- CVS
- Chair of Children's Operational Group
- Chair of Integrated Commissioning Group
- KMPT-1

It is anticipated that particular task and finish will be formed at the request of this group to progress action planning. These groups will seek membership from a range of appropriate organisations. Task and finish groups will be responsible to the Swale Health Improvement Group.

The Chair will be nominated by the Swale Health and Wellbeing Board

#### **5. Meeting Frequency**

The group will meet once in 2 months. The meetings will take place before the Swale Health and Wellbeing Board meets in order to feedback to the Board. Any task and finish groups formed will be likely to meet more frequently.

#### **6. Quorum**

The meeting is quorate if a third of members of the Group are present.

#### **7. Officer support**

To be discussed

## **CHILDREN'S OPERATIONAL GROUP TOR**

### **1. Role**

The purpose of the Children's Operational Group is to ensure effective child- and family-centred local engagement by partners with responsibility for children and young people; and to promote collaboration between these organisations with the aim of improving the wellbeing of all children through the effective implementation of strategies, integrated planning and commissioning, and effective service delivery.

### **2. Objectives**

The Children's Operational Group will:

- 2.1 Report to Swale Health and Wellbeing Board and the Kent Children and Young People Joint Commissioning Board;
- 2.2 Drive and support joined-up service delivery and promote service integration, and take forward projects on behalf of or in collaboration with Swale Health and Wellbeing Board;
- 2.3 Consider how resources can be pooled for a positive impact on the wellbeing of all children;
- 2.4 Debate and explore ideas to address current, emerging and future needs, problems, and issues inhibiting effective delivery of integrated services, and make recommendations to Swale Health and Wellbeing Board and the Kent Children and Young People Joint Commissioning Board and other bodies as appropriate;
- 2.5 Monitor and challenge service delivery where outcomes are poor;
- 2.6 Review lessons learned and use benchmarking information to improve services;
- 2.7 Ensure effective local engagement on children's issues, using existing mechanisms and, where necessary, linking up with appropriate bodies;
- 2.8 Advise (as part of the early warning system) Swale Health and Wellbeing Board and the Kent Children and Young People Joint Commissioning Board (and other bodies as appropriate) on local service issues that may have adverse impact on the wellbeing of all children; and
- 2.9 Report to Swale Health and Wellbeing Board and the Kent Children and Young People Joint Commissioning Board no less than twice a year on its activities and any significant emerging issues.

### **3. Membership**

Membership of the Group will include the following:

- Primary/Secondary/Specialist Schools representative
- Swale Borough Council representative
- Housing representative
- Kent Police
- KCC Specialist Children's Services representative
- KCC Education Learning and Skills representative
- Youth Services representative
- Swale Clinical Commissioning Group

- Voluntary Sector representatives
- Other representatives as agreed by Swale Health and Wellbeing Board.

The Chair will be nominated by the Swale Health and Wellbeing Board.

The Group is able to co-opt specialist members onto the Group or to join Task and Finish Groups for a period to assist the group with their expertise.

#### **4. Meeting Frequency**

Meetings of the Group will be held every two months. Minutes of the meetings will be made available to the following local Health and Wellbeing Board meeting.

#### **5. Quorum**

The meeting is quorate if a third of members of the Group are present.

#### **6. Officer Support**

Linked KCC Strategic Commissioning Officers will provide planning and information sharing support to the Children's Operational Group.

KCC Community Engagement Officers will assist with the transition and continue to provide organisation, facilitation support.

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## INTEGRATED COMMISSIONING GROUP TOR

### 1. Role

To develop integrated commissioning plans for older people, and adults with mental health issues, or physical disabilities in the Swale CCG area.

### 2. Objectives

The Integrated Commissioning Group will:

- 2.1. Develop key themes for integrated commissioning;
- 2.2. Be informed by and feed into the Kent Better Care Fund;
- 2.3. Identify and allocate work streams arising from commissioning plans;
- 2.4. Ensure best use of resources and funding;
- 2.5. Agree methods for monitoring the effectiveness of commissioning plans;
- 2.6. Be informed by best practice and research.

### 3. Membership

The Membership of the Group will be as follows:

<b>Members of the Group</b>	
Kent CC	Commissioning Manager (Community Support) <b>(Chair)</b>
Swale CCG	Commissioning Programme Manager <b>(Vice Chair)</b>
Kent CC	Assistant Director (DGS & Swale)
Kent CC	Commissioning Officer (Accommodation Solutions)
SBC	Health Partnerships Officer
	Mental health representative, as required
<b>Secretariat:</b>	
Kent CC	Commissioning Officer (Community Support)

### 4. Meeting Frequency

Meetings of the Integrated Commissioning Group will be held every two months, and members of each core organisation will be required to be present or send a deputy in order to make decisions/ recommendations. Minutes of the meetings will be made available to the following local Health and Wellbeing Board meeting.

### 5. Quorum

The meeting is quorate if a third of members of the Group are present.

### 6. Officer Support

Administration and facilitation support will be provided by the KCC Commissioning Officer (Community Support).