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Date: 23 September 2026

Dear Member

KENT HEALTH AND WELLBEING BOARD - WEDNESDAY, 30 SEPTEMBER 2026

I am now able to enclose, for consideration at next Wednesday, 30 September 2026 meeting of the Kent Health and Wellbeing Board, the following report(s) that were unavailable when the agenda was printed.

Agenda Item No	
10	**Governance of the Kent Health and Wellbeing Board - Strategic Partnership for Health and Economy: Providing System Leadership on Health, Work and Inclusive Growth (Pages 1 - 10)**
12	**Kent Health and Wellbeing Board Terms of Reference (Pages 11 - 22)**

Yours sincerely

Benjamin Watts
Deputy Chief Executive

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From: Jamie Henderson, Cabinet Member for Coastal Regeneration and Public Health

Dr Anjan Ghosh, Director of Public Health

To: **Kent Health and Wellbeing Board** - 30 September 2026

Subject: Strategic Partnership for Health and Economy: Providing System Leadership on Health, Work and Inclusive Growth

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary:

Good quality, stable employment is a fundamental determinant of health and wellbeing. It supports financial security, social connection, confidence and good physical and mental health. Conversely, poor health can prevent people from entering, remaining in or progressing in work, contributing to inequalities and reducing economic participation.

The Kent and Medway Strategic Partnership for Health and Economy (SPHE) brings together partners from across health, public health, employment, skills, economic development, business and the voluntary and community sector. It provides a shared leadership space through which partners can align activity, identify opportunities for collaboration and strengthen the collective impact of work across the system.

The number of programmes and short-term funding opportunities relating to work, health and economic inactivity continues to grow. This creates significant opportunities for Kent, but also presents a risk of fragmentation, duplication and additional pressure on limited partner capacity. SPHE has an important role in helping the system respond strategically, ensuring that activity is aligned with local priorities and contributes to a coherent approach for residents, communities and employers.

Recommendation(s):

The Health and Wellbeing Board is asked to:

1. **NOTE** the progress made by SPHE in bringing together partners across health, employment, skills and economic development and commencing work streams to provide support and information to residents and employers;

2. **ENDORSE** SPHE's role in providing strategic coordination and system leadership across the health, work and inclusive growth agenda; recognising its contribution to addressing the wider determinants of health and reducing health inequalities

3. **AGREE** that the SPHE should continue to provide a forum for strategic alignment across relevant health, employment, skills and economic development initiatives, and support the Health and Wellbeing Board in shaping the strategic direction of work across health and economy

4. **NOTE** that SPHE will develop a shared outcome and evidence framework and that future updates will be provided to the Health and Wellbeing Board on SPHE's activity, priorities and collective impact.

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1 Introduction

1.1 There is a strong relationship between health and economic outcomes. Employment, income and education are significant socio-economic determinants of health. Good employment can contribute to positive physical and mental health, financial security, social inclusion and a sense of purpose.

1.2 The relationship also operates in the other direction. Poor health can make it more difficult for people to access work, remain in employment or progress. This can reduce household income, increase isolation and contribute to widening inequalities.

1.3 Supporting people to access and sustain appropriate employment is therefore both a health priority and an economic priority. It requires coordinated action across health services, public health, employment support, skills provision, economic development, employers and the voluntary and community sector.

2 The Strategic Partnership for Health and Economy

2.1 SPHE was established in October 2024 to provide a strategic forum connecting health and economic development across Kent and Medway. Its membership includes representatives from local government, public health, NHS organisations, employment and skills services, business, education and the voluntary and community sector.

2.2 SPHE is an advisory partnership. It does not hold a budget or replace the formal decision-making responsibilities of individual partner organisations. Its purpose is to provide collaboration, strategic alignment and shared leadership across an area in which responsibilities and resources sit across several organisations.

2.3 On the health side, SPHE now reports into the Kent Health and Wellbeing Board as one of the partnerships supporting the Board's work on prevention, inequalities and the wider determinants of health. The SPHE also reports into the Kent and Medway Economic Partnership on the economic development side.

2.4 This governance relationship provides an opportunity for the Health and Wellbeing Board to help shape the strategic direction of work across health and the economy, while enabling SPHE to provide a coordinated view of emerging opportunities, delivery challenges and system-wide outcomes.

3 The Need for System Leadership and Alignment

3.1 Kent partners are involved in a growing range of programmes, strategies and funding opportunities relating to health, employment, skills and economic participation. These include:

- The Kent and Medway Integrated Work and Health Strategy
- The Get Kent and Medway Working Plan
- Connect to Work
- WorkWell
- The Kent Marmot Coastal Region
- Health and Economy Lived Experience Project (HELX)
- HOPES research collaboration

3.2 Each programme has its own objectives, eligibility requirements, governance arrangements, monitoring expectations and delivery timescales. Although the investment and national focus are welcome, the increasing number of initiatives creates a risk that activity becomes fragmented or difficult for residents, employers and professionals to navigate.

3.3 Partners have highlighted the importance of considering both capacity and alignment when responding to new initiatives. This includes assessing whether new opportunities complement existing priorities and whether the system has sufficient capacity to engage with and deliver them effectively. Key messaging about support available is targeted at three audiences; residents, employers and system partners and stakeholders.

3.4 SPHE can provide the strategic space in which partners collectively consider:

- How an opportunity contributes to agreed health and economic priorities
- Whether it complements or duplicates existing activity
- How it aligns with the needs of particular places and communities
- What capacity and resources would be required
- Whether the proposed activity can be sustained
- How outcomes and impact will be demonstrated
- How learning can be shared across the system

3.5 This does not mean that SPHE would control individual programmes or funding decisions. Its role is to help partners see the whole system, make informed connections and use collective resources as effectively as possible.

4 Current Areas of Activity

4.1 Partnership leadership and governance

SPHE's co-chairing arrangements bring together leadership across public health, local government, social enterprise, employment and business. This is supported through a core group, which helps coordinate activity, shape agendas and maintain momentum between wider partnership meetings, supporting SPHE's role as the place where partners build a coherent narrative across health, work and inclusive growth.

4.2 Integrated Work and Health Strategy

The Kent and Medway Integrated Work and Health Strategy provides a shared framework for improving and integrating support for employers and residents, particularly people with long-term health conditions or disabilities who need support to start, stay and succeed in work. It is structured around four aspirations: building employer confidence; developing skills and training; taking a person-centred approach; and supporting a healthy, thriving workforce.

Progress includes:

- Mapping more than 800 work and health resources across nine areas of support, with information being organised through Joy for residents, ReferKent for referrers and the Kent and Medway Growth Hub for employers.
- Developing an employer engagement plan and employer support pack to provide clearer and more coordinated information.
- Expanding employer-focused content, case studies and resources through the Kent and Medway Growth Hub (central source of business support information and advice funded by government).
- Supporting the implementation of WorkWell and developing an approach to evaluate the strategy's impact.

4.3 Get Kent and Medway Working Plan

The Get Kent and Medway Working Plan provides a shared framework for reducing economic inactivity and improving employment outcomes across Kent and Medway. It brings together employment, health and skills activity around five themes: personalised support for individuals; coordinated employer engagement; training and work supply; wider determinants such as housing, transport and digital inclusion; and stronger system working.

Progress includes:

- Progressing NEET provision mapping to improve understanding of available support, gaps and referral pathways for young people.
- Supporting the rollout of employment provision through community and public service settings, including GP practices, Youth Hubs, family hubs and gateways.
- Strengthening links between housing, health, skills and employment following the Housing, Skills and Employment Partnership event.
- Planning a further Health, Work and Skills Summit for February 2027, with a stronger focus on employer engagement.

4.4 Connect to Work

Connect to Work is a voluntary supported employment programme that helps people facing barriers to employment to find and sustain suitable work. It

supports both people who are out of work and those who need help to remain in employment, including people with disabilities, long-term health conditions, neurodivergence, caring responsibilities, housing instability or experience of the justice system. Participants receive personalised support from employment specialists, including intensive in-work support and engagement with employers. The programme will support more than 9,000 residents over five years.

4.5 Marmot Coastal Region

The Kent Marmot Coastal Region continues to provide the place-based framework for aligning work and health activity with the communities experiencing the greatest inequalities. The Marmot Accelerator Programme will test approaches to support people into education and employment and build evidence about what works, while avoiding duplication with existing programmes.

SPHE can help connect this evidence to employer engagement, workforce wellbeing, lived experience and employment support activity.

4.6 WorkWell

WorkWell is planned to go live in November 2026. The service will use a community and primary care model, with WorkWell coaches providing early, lower-intensity support for people whose health is affecting their employment. The first year will focus on musculoskeletal conditions, with a mental health pathway to follow.

4.7 Health and Economy Lived Experience roles

The Health and Economy Lived Experience roles, known as HELX, are being recruited, trained and embedded within SPHE. Eight representatives are fully engaged, with training and further recruitment under way. HELX representatives have already contributed to the design of WorkWell.

SPHE agreed that lived experience should become a regular part of its agenda. The approach will provide both targeted feedback on specific programmes and broader insight into barriers, gaps and people's experience of the system. SPHE will also capture how this input changes decisions and delivery, helping to build evidence for effective lived experience leadership.

4.8 HOPES research collaboration

HOPES, Health of our young people for employment success, is a collaborative NIHR initiative involving Canterbury Christ Church University and partners across Kent and Medway. It is focused on preventing young people from becoming not in education, employment or training and improving pathways into employment.

HOPES demonstrates the value of SPHE as a bridge between research, lived experience, business insight and delivery. Its evidence can inform the Integrated Work and Health Strategy, the Get Kent and Medway Working Plan, Marmot activity and future interventions for young people.

5 Added Value Through System Leadership

5.1 SPHE occupies a unique position between the health and economic systems. Its added value is not principally in delivering individual services, but in providing the shared leadership, connections and direction needed for the whole system to work more effectively. The breadth and pace of activity across health, employment and skills makes this coordinating role increasingly important.

5.2 SPHE adds value through system leadership by:

- Maintaining a shared overview of major programmes, initiatives, funding opportunities and referral routes
- Clarifying the purpose of different programmes and how residents, employers and professionals move between them
- Aligning delivery with the Integrated Work and Health Strategy, the Get Kent and Medway Working Plan, Marmot and place-based priorities
- Using HELX and wider lived experience to sense-check strategy, communications and programme design
- Connecting employer insight, research and delivery, including learning from HOPES
- Identifying duplication, gaps, capacity pressures and opportunities for joint action
- Developing shared outcomes and evidence so that partners can demonstrate collective impact

5.3 This leadership role will not replace the governance or accountability of individual programmes. It will enable the Health and Wellbeing Board and partners to understand the combined picture, focus on issues requiring collective action and make better use of the investment and expertise already present across Kent and Medway.

5.4 The immediate priority is to translate a large and changing portfolio of activity into a cohesive system narrative that is clear for residents, employers, referrers and decision-makers, while retaining a strong focus on good work as a determinant of health and on reducing inequalities.

5.5 Through this role, SPHE can also help the system assess its collective capacity to respond effectively to new funding opportunities, avoid disconnected short-term projects and promote collective accountability for sustainable outcomes.

5.6 SPHE can therefore help the Health and Wellbeing Board move from oversight of individual initiatives towards a clearer understanding of their combined contribution to health, wellbeing and inclusive economic participation.

6 Outcomes and Impact

6.1 A stronger emphasis on outcomes will be central to the next phase of SPHE's work. The partnership will seek to demonstrate not only the activity taking place, but the difference that joined-up working makes for residents, employers and the wider system.

6.2 A shared outcomes approach could include:

- Improved access to appropriate employment and health support
- Increased numbers of people entering or remaining in good quality work
- Improved coordination between services and referral pathways
- Increased employer confidence in recruiting and retaining people with health conditions or disabilities
- Improved reach into communities experiencing poorer health and employment outcomes
- Evidence that interventions are reducing inequalities
- Evidence of duplication being avoided and resources being better aligned
- Learning that can inform future commissioning, funding and policy decisions

6.3 The framework will need to recognise that SPHE's contribution is often one of influence, alignment and enabling action across organisations. Measures should therefore capture both direct programme outcomes and the value created by stronger system coordination.

7 Next Steps

7.1 Subject to the views of the Health and Wellbeing Board, SPHE will:

- Develop a clearer system leadership narrative for health, work and inclusive growth
- Maintain a shared overview of the principal strategies, programmes, funding streams and referral routes across the system
- Strengthen alignment with Marmot and place-based health inequalities work
- Develop a proportionate shared outcomes and evidence framework
- Identify opportunities to simplify pathways for residents, employers and professionals
- Embed HELX lived experience insight as a regular input to priorities, delivery and evaluation
- Connect evidence from HOPES, Marmot, programme evaluation and lived experience, and provide the Board with future updates on collective impact

7.2 The Board's support will help SPHE establish a clearer mandate to convene partners, highlight where alignment is required and make the case for collective action.

8 Financial Implications

8.1 There are no direct financial implications arising from the recommendations in this report.

8.2 Individual programmes and funding proposals will remain subject to their own financial approval, commissioning and governance arrangements.

8.3 SPHE's coordinating role may help partners identify opportunities to align resources, reduce duplication and make more effective use of available funding.

9 Legal Implications

9.1 There are no direct legal implications arising from this report. Any future commissioning, data-sharing or funding arrangements will be considered through the relevant governance processes.

10 Equalities Implications

10.1 SPHE's work has a strong focus on reducing inequalities associated with poor health, disability, unemployment, insecure work and socio-economic disadvantage.

10.2 Individual programmes will undertake equality impact assessment where required. The partnership will also seek to understand whether collective activity is reaching the communities experiencing the greatest barriers and poorest outcomes.

11 Data Protection Implications

11.1 There are no direct data protection implications arising from this report. Any future proposals involving personal information, data sharing or digital technology will be subject to the appropriate data protection assessment and governance processes.

12 Conclusion

12.1 Kent has a significant opportunity to improve residents' health and wellbeing by strengthening the connection between health, employment, skills and economic development.

12.2 However, individual programmes will not achieve the required system change in isolation. Stronger alignment, shared evidence and collective leadership are needed to ensure that investment translates into accessible pathways, sustainable outcomes and reduced inequalities.

12.3 SPHE provides the partnership infrastructure through which this can happen. With the support of the Health and Wellbeing Board, it can step more confidently into this leadership space, bringing partners together around a shared ambition for a healthier, more inclusive and economically active Kent.

13. Recommendation(s):

The Health and Wellbeing Board is asked to:

1. **NOTE** the progress made by SPHE in bringing together partners across health, employment, skills and economic development and commencing work streams to provide support and information to residents and employers;

2. **ENDORSE** SPHE's role in providing strategic coordination and system leadership across the health, work and inclusive growth agenda; recognising its contribution to addressing the wider determinants of health and reducing health inequalities

3. **AGREE** that the SPHE should continue to provide a forum for strategic alignment across relevant health, employment, skills and economic development initiatives, and support the Health and Wellbeing Board in shaping the strategic direction of work across health and economy

4. **NOTE** that SPHE will develop a shared outcome and evidence framework and that future updates will be provided to the Health and Wellbeing Board on SPHE's activity, priorities and collective impact.

14. Contact details

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From:	Jamie Henderson, Cabinet Member for Public Health Dr Anjan Ghosh, Director of Public Health
To:	**Health and Wellbeing Board** – 30 September 2026
Subject:	Kent Health and Wellbeing Board Terms of Reference
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	Selection and Member Services Committee and Full Council

Summary

1. The purpose of this paper is to **update** members on the Terms of Reference (ToR) for the Health and Wellbeing Board.
2. The draft ToR were discussed at the Kent Health and Wellbeing Board in July. The paper was produced prior to the Local Government Reform (LGR) announcements. It was subsequently considered that the ToR might benefit from further small changes to membership that would better enable alignment with the proposed future Unitary Authorities. It was planned to share these with the HWB virtually for comment prior to submission to the Selection and Membership Committee.
3. It was planned that the proposed ToR be discussed at the Kent Selection and Member Services Committee in advance of discussion at Full Council in line with governance processes. However a decision was taken not to progress this in view of the national pausing of LGR.
4. This allows the ToR, incorporating the changes endorsed by the Board at its last meeting on 23 July 2026, to be returned to the Board for further consideration.

The Board is asked to:

NOTE the draft Terms of Reference

CONSIDER and COMMENT on the draft Terms of Reference, including whether any amendments should be recommended for consideration prior to submission to the Selection and Member Services Committee.

NOTE that any revisions to the Terms of Reference endorsed by the Board will be subject to consideration by the Selection and Member Services Committee prior to formal approval and adoption by Full County Council.

1 Introduction

1.1 The Board discussed the enhanced role of the HWB going forward in July including consideration of ToR with a focus on membership to optimise the opportunity offered.

1.2 The proposed changes discussed and endorsed at the July Health and Wellbeing Board were prior to the announcement of proposed Unitary boundaries. It was felt the Board ToR would benefit from further small changes to reflect LGR to help ensure developed strategies and plans are best owned, and remain relevant, into the future.

1.3 It was proposed these limited changes be shared with Board members virtually in advance of further progression through Council Governance.

1.4 The announcement to pause LGR was made before the Kent Selection and Member Services Committee and a decision was taken because of this, to refer the ToR back to the Board.

2. Terms of Reference changes to Membership to optimise working

2.1 Membership changes were discussed at the July board. Additional changes were proposed post LGR and as detailed below.

2.2 The importance of local place and local partners highlighted the need for an enhanced local place focus within the Board. It was therefore proposed that three local Health Alliance representatives and a representative local district/borough/city Chief Executive become members.

2.3 Subsequent to the LGR announcement in July it was felt there was merit in considering that the number of local Health Alliance representatives and the number of Chief Executive Representatives were increased to four to mirror the planned Unitary boundaries with an Alliance representative and Chief Executive from each.

2.4 All other elements of the ToR remain as proposed and discussed at the July Board meeting.

2.5 Given the changing position around LGR, the Board are asked to consider whether any further changes to those endorsed in July are required.

2.6 The draft ToR, incorporating the changes endorsed by the Board at the July meeting, are attached as Appendix 1. These remain subject to the Council's formal governance process.

3. Governance

3.1 As the Terms of Reference form part of Kent County Council's governance framework, revisions endorsed by the Health and Wellbeing Board will be considered by the Selection and Member Services Committee before onward recommendation to Full County Council. The revised Terms of Reference will only take effect following formal approval and adoption by Full County Council.

4. Recommendation(s):

Recommendation:

The Board is asked to:

NOTE the draft Terms of Reference

CONSIDER and COMMENT on the draft Terms of Reference, including whether any amendments should be recommended for consideration prior to submission to the Selection and Member Services Committee.

NOTE that any revisions to the Terms of Reference endorsed by the Board will be subject to consideration by the Selection and Member Services Committee prior to formal approval and adoption by Full County Council.

5. Appendices

- Appendix 1 - Draft ToR

6. Contact details

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Relevant Director

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Role

18.1 The Kent Health and Wellbeing Board (HWB) is a multiagency strategic partnership for Kent, covering matters relating to the health and wellbeing of the County's residents.

18.2 The HWB leads and advises on work to improve the health and wellbeing of the people of Kent through a coherent strategic vision underpinned by the Joint Health and Wellbeing Strategy, informed by the Joint Strategic Needs Assessment (JSNA) and a more joined up strategic commissioning approach across the NHS, social care, public health and other services (that the HWB agrees are directly related to health and wellbeing) in order to:

(a) secure better health and wellbeing outcomes in Kent,

(b) reduce health inequalities, and

(c) ensure better quality of care for all patients and care users.

18.3 The HWB has a key strategic role in promoting integrated health and care services, improving population health, and reducing health inequalities.

18.4 The HWB also aims to increase the role of elected representatives in health and provides a key forum for public accountability for NHS, public health, social care and other commissioned services that relate to people's health and wellbeing.

Terms of Reference:

18.5 The HWB:

(a) Commissions and endorses the Kent Joint Strategic Needs Assessment (JSNA), subject to final approval by relevant partners, if required.

(b) Commissions and endorses the Kent Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the JSNA, subject to final approval by relevant partners, if required.

(c) Commissions and endorses the Kent Pharmaceutical Needs Assessment, subject to final approval by relevant partners, if required.

(d) Reviews the commissioning plans for healthcare, social care (adults and children's services) and public health to ensure that they have due regard to the JSNA and JHWS, and to take appropriate action if it considers that they do not.

(e) Oversees, in relation to the development of the Neighbourhood health model and the Neighbourhood Health Plan, the creation of jointly owned neighbourhood health plans. These plans must:

i. Be informed by the Joint Strategic Needs Assessment (JSNA), which identifies local health inequalities and priorities.
ii. Align with ICB five-year commissioning plans and local outcomes frameworks.
iii. Include a minimum set of interventions to establish foundational neighbourhood services, while allowing flexibility for local adaptation.
iv. Promote multidisciplinary, cross-sector working, integrating NHS, social care, and community services to improve access and outcomes

(f) Facilitates collaboration between ICBs, local authorities, and providers to:

i. Define neighbourhood footprints that reflect population needs.
ii. Agree on pooled funding arrangements under the Better Care Fund.
iii. Ensure services are person-centred, preventive, and digitally enabled.
iv. Support the development of neighbourhood health centres, which serve as hubs for integrated care and community engagement.

(g) Works alongside the Health Overview and Scrutiny Committee (HOSC) to ensure that substantial variations in service provision by health care providers are appropriately scrutinised. The HWB itself will be subject to scrutiny by the HOSC.

(h) Considers the totality of the resources in Kent for health and wellbeing and considers how and where investment in health improvement and prevention services could improve the overall health and wellbeing of Kent's residents.

(i) Discharges its duty to encourage integrated working with relevant partners within Kent, which includes:

i. endorsing and securing joint arrangements, including integrated or other joint commissioning where agreed and appropriate,
ii. use of pooled budgets for joint commissioning (s75) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans,
iii. the development of appropriate partnership agreements for service integration, including the associated financial protocols and monitoring arrangements,
iv. making full use of the powers identified in all relevant NHS and local government legislation.

(j) 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.

(k) Considers and advises Care Quality Commission (CQC) and NHS Integrated Commissioning Board; monitors providers in health and social care with regard to service reconfiguration.

(l) Is the focal point for joint working in Kent on the wider determinants of health and wellbeing, such as housing, leisure facilities and accessibility, in order to enhance service integration.

(m) Identifies a set of priorities annually. Progress against these priorities will be made to the Board on a regular basis.

(n) Reports to the full County Council as and when requested on its activity.

(o) Represents Kent in relation to health and wellbeing issues in local areas as well as nationally and internationally.

(p) May delegate those of its functions it considers appropriate to another Committee established by one or more of the principal Councils in Kent to carry out specified functions on its behalf for a specified period of time (subject to prior agreement and meeting the HWB's agreed criteria). This includes the existing sub-committees under the Kent and Medway ICP – the Prevention and the Health Inequalities Sub-committees and the Strategic Partnership for Health and Economy. These will become workstreams under the Kent Health and Wellbeing Board, with the likely merging of the Prevention and Health Inequalities groups into a single workstream.

Membership

18.6 The Chair and Vice-Chair are elected by the HWB.

HWB: Membership

18.7 Kent County Council:

(a) The Leader of Kent County Council and/or their nominee*.
(b) Three elected Members of Kent County Council nominated by the Leader of Kent County Council, recommended to be the Cabinet Members for Environment, Coastal Regeneration and Public Health, Adult Social Care, and Children's Services.
(c) Director of Public Health*.
(d) Corporate Director Adult Social Care and Health*.
(e) Corporate Director Children, Young People and Education*
(f) Corporate Director of Growth, Environment and Transport

18.8 Two representatives from the NHS Kent and Medway ICB*

18.9 A representative from Kent's General Practitioners.

18.10 A representative of the local Health Watch* organisation for the area of the local authority.

18.11 Representation from NHS England for the purposes set out in section 197 of the Health and Social Care Act 2012*.

18.12 Three representatives from the NHS Provider Trusts – one from the NHS Kent Community Health Foundation Trust, one from the NHS Acute Trusts and one from the NHS Kent and Medway Mental Health Trust. As far as is practical, these are to be aligned with current NHS collaborative arrangements across Kent, with representatives nominated through the relevant provider collaboratives, including the Primary Care Alliance and acute provider collaboratives. This ensures that Board membership reflected existing NHS partnership structures and ways of working.

18.13 A representative from the VCSE Alliance. The representative will be proposed to be second vice-chair.

18.14 One representative from each network of Health Alliances to a total of three (one from East, West, and North Kent).

18.15 A Chief Executive representation from the 12 Kent Districts/ Boroughs/City Councils (nominated through the Kent Joint Chiefs).

18.16 Four elected Members representing the Kent District/Borough/City Councils (nominated through the Kent Council Leaders).

18.17 A representative from Kent and Medway Adult Safeguarding Board (KMASB).

18.18 Three standing non-voting frontline operational representatives drawn from adult social care, acute services, and emergency services (ambulance).

18.19 Any other person or representatives as the Health and Wellbeing Board considers appropriate may be co-opted with the agreement of the Board. Such co-optees will be non-voting members of the Board and their membership will be reviewed annually by the Board. This includes the provision for other frontline sectors to be called upon where required by the agenda.

18.20 Notes to 19.14-19.23 - *denotes statutory member.

Procedure Rules

18.21 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.

18.22 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.

18.23 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.

18.24 Meeting Administration.

(a) HWB meetings are advertised and held in public and administered by the County Council.
(b) The HWB may consider matters submitted to it by local partners.
(c) The County 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.
(d) Papers for each HWB meeting are sent out at least five clear working days in advance.
(e) Late papers may be sent out or tabled only in exceptional circumstances.
(f) The HWB holds meetings in private session when deemed appropriate in view of the nature of business to be discussed.
(g) The Chair's decision on all procedural matters is final.

18.25 Meeting Administration of Sub-Committees. The HWB is able to establish sub-committees. The administration arrangements will be agreed at the time of establishment, and with the agreement of the partner taking on responsibility for administration. The sub-committees will be subject to the provisions stated in these Procedure Rules.

18.26 Special Meetings. The Chair 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.

18.27 The Chair 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 Chair's receipt of the requisition.

18.28 Minutes. Minutes of all HWB meetings are prepared recording:

(a) the names of all members present at a meeting and of those in attendance,
(b) apologies,
(c) details of all proceedings, decisions, and resolutions of the meeting.

18.29 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 Chair.

18.30 Agenda. The agenda for each meeting normally includes:

(a) Minutes of the previous meeting for approval and signing.
(b) Reports seeking a decision from the HWB.
(c) 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 given to the Clerk at least nine working days before the meeting.

18.31 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. They must state these reasons at the meeting and the Clerk shall record them in the minutes.

18.32 Chair and Vice Chair's Term of Office. The Chair and Vice Chair'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.

18.33 Absence of Members and of the Chair. If a member is unable to attend a meeting, then they may provide an appropriate alternate member to attend in their place. The Clerk of the meeting should be notified of any absence and/or substitution within five working days of the meeting. 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.

18.34 Voting. The HWB operates on a consensus basis. Where consensus cannot be achieved the subject (or meeting) is adjourned and the matter is reconsidered at a later time. If, at that point, a consensus still cannot be reached, 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 Chair shall have a second or casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

18.35 In exercising its statutory and granted powers, the HWB will take into account that it's decisions cannot override the statutory powers, responsibilities or governance arrangements of individual partner organisations.

18.36 Quorum. A third of members 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.

18.37 Adjournments. By the decision of the Chair, 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.

18.38 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.

18.39 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, or if they breach the Kent Code of Conduct for Members.

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