

SELECTION AND MEMBER SERVICES COMMITTEE

22 October 2026

2:30pm

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

SELECTION AND MEMBER SERVICES COMMITTEE

22 October 2026 at 2:30pm
Council Chamber, Sessions House, County
Hall, Maidstone

Ask for: **James Clapson**
Telephone: **0300 041 7387**

Membership (13)

Reform UK(8):	Mr M Paul (Chair), Mr S Dixon (Vice Chair), Mr M Brown, Mr W Chapman, Mrs G Foster, Ms L Kemkaran, Mr P King and Miss D Morton
Liberal Democrat (2):	Mr J Morland and Mr T Prater
Restore Britain (1):	Mrs M Fothergill
Green (1):	Mr M Hood
Conservative(1):	Mr A Kennedy

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Apologies and Substitutes
- 2 Declarations of Interest in Items on the Agenda
- 3 Minutes of the Meeting held on 8 September 2026 (Pages 1 - 2)
- 4 Development of the Kent Health and Wellbeing Board and Terms of Reference (Pages 3 - 20)
- 5 Kent Pension Fund Governance Reforms (Pages 21 - 28)
- 6 Sealing of Documents: Constitutional Amendments (Pages 29 - 32)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise, the meeting is likely NOT to be open to the public)

Benjamin Watts
Deputy Chief Executive
03000 416814

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KENT COUNTY COUNCIL

SELECTION AND MEMBER SERVICES COMMITTEE

MINUTES of a meeting of the Selection and Member Services Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 8 September 2026.

PRESENT: Mr M Paul (Chair), Mr S Dixon (Vice-Chair), Mr T Prater, Ms L Kemkaran, Mr M Brown, Mr W Chapman, Mrs M Fothergill, Mr M A J Hood, Mrs G Foster, Mr P King, Mr B Collins, Mr H Rayner and Mr M Ellis.

IN ATTENDANCE: Ben Watts (Deputy Chief Executive), Joel Cook (Head of Democratic Services), Tristan Godfrey (Senior Governance Manager), Sharon Thompson (Head of Planning Applications) and Sarah Bonser (Deputy Head of Law).

UNRESTRICTED ITEMS

44. Apologies and Substitutes

(Item 1)

Apologies were received from Mr Kennedy who was substituted by Mr Rayner, Mr Morland who was substituted by Mr Ellis and Ms Morton who was substituted by Mr Collins.

45. Declarations of Interest in items on the agenda for this meeting

(Item 2)

There were no declarations of interest.

46. Minutes of the meeting held on the 2 July 2026

(Item 3)

The Committee RESOLVED that the minutes of the meeting held on 2 July 2026 were accurate and that they be signed by the Chair.

47. Development of the Kent Health and Wellbeing Board and Terms of Reference

(Item 4)

This item was withdrawn from the agenda because many of the changes in the report were linked to expected Local Government Reorganisation arrangements which had been placed on hold.

48. Planning Applications Committee Terms of Reference: Proposed Revisions

(Item 5)

Mrs Thompson introduced the report.

The Committee RESOLVED to:

- a) RECOMMEND to County Council that the proposed amendments to the Planning Applications Committee Terms of Reference be approved.
- b) RECOMMEND to County Council that the name of the Planning Applications Committee be amended to Planning and Regulation Committee.
- c) RECOMMEND to County Council that the proposed amendments to the Appendix to the Constitution incorporating the new planning scheme of delegation be approved.

From: Linden Kemkaran, Leader and Cabinet Member for Public Health
Dr Anjan Ghosh, Director of Public Health

To: **Selection and Member Services Committee – 22 October 2026**

Subject: Development of the Kent Health and Wellbeing Board and Terms of Reference

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Full County Council

Summary

1. The purpose of this paper is to **update, inform, and promote** member discussion around the future role and working of the Kent Health and Wellbeing Board (HWB) with a focus outlining proposed changes to the Terms of Reference (ToR).
2. The Health and Wellbeing Board was established in 2013 to lead on partnership endeavours to improve health and wellbeing, and reduce health inequalities across Kent. Its working is informed by the Joint Strategic Need Assessment (JSNA) detailing the health challenges faced by the people of Kent. Delivery is through the Joint Local Health and Wellbeing Strategy (JHWS).
3. The Department of Health and Social Care (DHSC) Neighbourhood Health Framework places the local Health and Wellbeing Board at the centre of developing a local Neighbourhood Health Plan with the key leadership role. In parallel work has been in train with the Local Government Association to rethink the Kent Health and Wellbeing Board to optimise its value.
4. In view of the enhanced responsibilities of the Board, the increasing recognition of the importance of local partners and their approaches in tackling the wider determinants of health, and the revised NHS architecture, a number of changes to the ToR are proposed with a focus on role and membership.
5. The ToR proposed were discussed at the Kent Health and Wellbeing Board in July. Subsequent to this, the publication and subsequent hold on Local Government Reform proposals allowed the Board to further consider the ToR in September.

Recommendations:

The Selection and Member Services Committee is asked to:

- a) Note the evolving national and local context for Health and Wellbeing Boards, including the Board's anticipated leadership role in the development and oversight of the Kent Neighbourhood Health Plan and Better Care Fund arrangements;
 - b) Endorse the proposed future role, membership and ways of working for the Kent Health and Wellbeing Board as set out in this report;
 - c) Recommend to County Council that the proposed changes to the Terms of Reference (as set out in Appendix 1) be approved.
-

1 Introduction

- 1.1 This paper outlines the increasingly important role that the Kent Health and Wellbeing Board (HWB) will play in the next few years. This will include leadership in the development of the required Neighbourhood Health Plan for implementation from April 2027.
- 1.2 Additionally at a recent workshop for Board members, facilitated by the LGA,, a range of initial priorities for the Kent Health and Wellbeing Board were agreed including leadership around mental health challenges, the Marmot Coastal Region initiative, Neighbourhood Health and the Better Care Fund.
- 1.3 Work has been undertaken to review the purpose and membership of the Health and Wellbeing Board resulting in the revised Terms of Reference attached for discussion and approval. The proposed changes were discussed and endorsed at the July Health and Wellbeing Board. This was followed by a further discussion in September following the publication and subsequent hold on Local Government Reform (LGR) proposals.

2 Background to the Health and Wellbeing Board locally

- 2.1 To remind members, Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of the local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.

- 2.2 Under the Health and Social Care Act 2012, it was required that Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) be developed through Health and Wellbeing Board and that these formed the basis of NHS and local authority commissioning plans, across all local health, social care, public health and children's services, that would both improve the health and wellbeing of the local community and reduce inequalities.
- 2.3 The role of the Health and Wellbeing Board defined within the NHS Neighbourhood Health Framework has become even more important. Neighbourhood Health Plans are a key part of the DHSC expectations around the delivery of Neighbourhood Health and our understanding is that they will be made a statutory requirement in due course..
- 2.4 The time is therefore right for a review of the Kent Health and Wellbeing Board terms of reference and membership to ensure it can optimally lead health improvements in the coming years.

3 The Strategic Approach to Health and Wellbeing In Kent

- 3.1 Given the complexity of the local system in Kent and Medway and the need to develop an Integrated Care Strategy, the decision was taken in Kent that the Kent and Medway Integrated Care Strategy be adopted as the Kent Joint Local Health and Wellbeing Strategy.
- 3.2 The Strategy is driven by a number of key principles. These include the importance of the full range of health determinants, a focus of prevention and the need to address inequalities. There was a strong recognition of the key role of local partnerships and the need to ensure a strong "bottom up" approach.
- 3.3 Additionally the wider role and impact of key local players on improving health was recognised including the role of the County Council around growth, employment and transport and the potential of large NHS trusts both as system anchors and in enabling support around the wider determinants of health.
- 3.4 It is proposed that to ensure the optimal effectiveness of the Board, that membership changes be agreed to best reflect strategic direction and approach.

4 The Neighbourhood Health Plan

- 4.1 The Department of Health and Social Care (DHSC) have produced a Neighbourhood Health Framework detailing actions required to deliver neighbourhood health from now until 2029. A key requirement is that the Health

and Wellbeing Board leads the development of the Neighbourhood Health Plan (NHP) to be implemented from April 2027.

4.2 The Plan will need to:-

- Provide an overview of how NHS objectives will be delivered through the three NHS Reform Agendas (improved routine services, proactive care and alternatives to hospital).
- Describe how Neighbourhood Health (NH) will support local goals around inequalities and health outcomes.
- Link local objectives to the Joint Strategic Needs Assessment (JSNA).
- Confirm geographies for Neighbourhood Health.
- Confirm organisational responsibilities.
- Define governance and operational partnerships to deliver the Plan.
- Describe how other local initiatives align with Neighbourhood Health e.g. Family hubs, housing, VCSE, employment support.

4.3 The Health and Wellbeing Board will additionally have a key role in the development of the Better Care Fund (BCF) plans. These will need to strongly link with the Neighbourhood Health Plan. Pooled funding under the BCF will need to be used in line with BCF 2026/27 guidance with funding decisions consistent with the national conditions for the BCF, including required increases in the Integrated Care Board's minimum contributions to adult social care over the next three years.

4.4 There is an expectation that the Health and Wellbeing Board will agree local targets in the Neighbourhood Health Plan to begin delivery in 2027/8 with local outcome measures covering the whole life course including both health and social needs.

4.5 Neighbourhood health plans are a key part of the DHSC expectations around the delivery of Neighbourhood Health and our understanding is that they will be made a statutory requirement in due course. As the NHP will form part of the short- and medium-term work of the HWB, it makes sense to include this in the terms of reference. As and when the statutory requirements of the HWB are changed, the TOR will be reviewed to ensure it is aligned.

5 Review of the Kent Health and Wellbeing Board

5.1 A review of the Kent Health and Wellbeing Board has taken place led by the Local Government Association (LGA). This included interviews with key stakeholders as well as a workshop.

5.2 There were a range of challenges captured through interviews. These can be summarised:

- Health inequalities across Kent are stark, with significant disparities.
- Coastal communities experience disproportionate ill health and inequality.
- The Board is not functional and needs to change. It is not an effective strategic partnership, being a passive meeting.
- It is a missed opportunity, is too transactional, and needs the right people having impactful conversations to effect change.
- The purpose of the Board is unclear, with no consensus on what good looks like.
- The Integrated Care Partnership has taken the lead in areas the Health and Wellbeing Board should be leading.
- Many elected members are new with little experience of the Health and Wellbeing Board role.
- Meetings are too formal with long reports and need to be more focussed.
- There are too many meetings, the partnership landscape is complex with duplication.
- The potential impact of Local Government Reform and NHS changes in Kent.
- Unresolved, longstanding disagreements between the NHS and councils around funding often impede partnership working.

5.3 A raft of opportunities were also identified:-

- The dissolution of the Integrated Care Partnership is an opportunity to reimagine and redesign the Health and Wellbeing Board.
- Recreate the Health and Wellbeing Board as the strategic partnership to lead around inequalities and wider health determinants.
- The Marmot Coastal Region initiative and the Folkestone and Hythe Neighbourhood Health Pilot are recognised as opportunities to prioritise and galvanise action.
- Tangible focus on the coast aided by Marmot, could be a powerful way to gain traction around neighbourhood planning.
- We can develop a compelling narrative and shared sense of purpose with a clear plan and priorities to bring partners along.
- The Health and Wellbeing Board can make the economic argument for addressing wider determinants and inequalities that reflects the current political reality.
- Good feedback about the health alliances in relation to place and system leadership and the opportunity to build on them.
- The Director of Public Health and the Public Health team are respected across the system and appear to have the authority to lead and support change.

- Make meetings less formal, with fewer papers and create the space for discussion using a workshop format with expert input.

5.4 The workshop then went on to consider next steps for the Health and Wellbeing Board. This included discussion around what is needed to ensure partnership working is addressing the priorities agreed for health and wellbeing. The workshop further considered the values, behaviours and ways of working that will foster collaboration to impact our shared priorities.

6 Terms of Reference changes to reflect enhanced roles and responsibilities

6.1 There are a number of key additional responsibilities the Board is charged with that need to be reflected in the Terms of Reference. These include the central leadership role around the Neighbourhood Health Plan, at sections 19.12 (e) and 19.12 (f) in the attached draft ToR and further duties around the Better Care Fund, at 19.12 (i) ii.

7 Terms of Reference Changes to Membership to optimise working

7.1 The recent workshop considered the need to enhance membership, informed by the Board's strategic approach around the wider determinants of health and the importance of local places in improving local health. A number of changes to the Membership are proposed to better enable this.

7.2 Additionally, membership has been revised to reflect changes to NHS organisation since the last review of the ToR. The proposed membership is detailed in paragraphs 19.13 to 19.27 in the attached draft ToR. The **changes** are outlined in the paragraphs below in this paper. Other membership remains as previously agreed by the Council.

7.3 It is proposed the Kent County Council Corporate Director of Growth, Environment and Transport be a member. This reflects the importance of these wider determinants of health in our strategic approach.(19.14(f))

7.4 The importance of local place and local partners suggests a need for an enhanced local place focus within the Board. It is therefore proposed that three representatives of the local Health Alliances become members and additionally that local district/borough/city Chief Executives are represented.(19.21 and 19.22)

7.5 There are currently three local elected members on the Board and it is proposed that the number is increased to four, again, recognising the importance of local partnerships.(19.23)

- 7.6 The importance of communities in improving health and wellbeing is recognised as a key strategic approach. To reflect this it is proposed that a representative of the VCSE Alliance becomes a member of the Board. (19.21)
- 7.7 Given the importance of safeguarding, membership will include a representative of the Kent and Medway Adult Safeguarding Board (KMASB).(19.24)
- 7.7 The important role of NHS trusts in delivering healthcare and improving health through wider endeavours is recognised and it is proposed that three provider trust members be appointed. One from an acute trust, one from the mental health trust and a third from the Community Health Trust.(19.19)
- 7.8 There will need to be changes to reflect the change in NHS architecture. It is proposed that the current leadership be represented by two Integrated Care Board representatives and a GP representative. These would replace the three current defunct ToR roles relating to Clinical Commissioning Groups and the Local Area Team. (19.15 and 19.16)
- 7.9 In order to ensure the Board benefits from input from front line staff it is additionally proposed that there are three standing non-voting members drawn from adult social care, acute services and the emergency services (ambulance trust). (19.25).

8 Governance

- 8.1 The Health and Wellbeing Board considered the evolving national and local context for Health and Wellbeing Boards, endorsed the proposed future role, membership and ways of working of the Kent Health and Wellbeing Board, and endorsed the proposed revisions to the Board's Terms of Reference.
- 8.2 As the Terms of Reference form part of Kent County Council's governance framework, the revisions endorsed by the Health and Wellbeing Board need to 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.

9 Conclusions and Outputs

- 9.1 The Kent Health and Wellbeing Board is charged with an enhanced role in improving local health and wellbeing with a focus on delivering the Neighbourhood Health Plan.

- 9.2 Internal workshop thinking and a strong set of strategic principles outlined in the Local Joint Health and Wellbeing Strategy (Integrated Care Strategy) help us to consider what further changes to Terms of Reference and Membership are required.
- 9.3 Changes to the role of the Board reflect the new enhanced role around the Neighbourhood Health Plan and the Better Care Fund.
- 9.4 Changes to Membership reflect our strategic principles including the importance of wider determinants of health, the role of community and the need to develop local responses to local issues.
- 9.5 Following endorsement by the Health and Wellbeing Board, the revised Terms of Reference are submitted to the Selection and Member Services Committee for consideration and, if supported, will be referred to Full County Council for formal approval and adoption.

10 Recommendation(s):

Recommendations:

The Selection and Member Services Committee is asked to:

- a) Note the evolving national and local context for Health and Wellbeing Boards, including the Board's anticipated leadership role in the development and oversight of the Kent Neighbourhood Health Plan and Better Care Fund arrangements;
- b) Endorse the proposed future role, membership and ways of working for the Kent Health and Wellbeing Board as set out in this report; and
- c) Recommend to County Council that the proposed changes to the Terms of Reference (as set out in Appendix 1) be approved.

11 Contact details

Author

Dr Mike Gogarty

Interim Strategic Lead for Public Health

Mike.gogarty@kent.gov.uk

Relevant Director

Dr Anjan Ghosh

Director of Public Health

Anjan.ghosh@kent.gov.uk

03000 412633

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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 subsequent merging of the Prevention and Health Inequalities groups into a single workstream.

Membership

18.6 The Chair and Vice-Chairs 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 responsible for 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, the Chair of the Primary Care Collaborative

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 Provider Collaborative arrangements across Kent. This ensures that Board membership reflects 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 (from East, West and North Kent)
- 18.15 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

HWB:
Procedures

- 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 its 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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To: Selection and Member Services Committee – 22 October 2026

From: Corporate Director of Finance

Subject: Kent Pension Fund Governance Reforms

Classification: Unrestricted

Future pathway: County Council, 5 November 2026

Executive Summary:

Kent County Council is the administering authority for the Kent Pension Fund. The Fund operates across the geography of Kent and serves around 500 separate employers and nearly 200,000 members. The County Council delegates all responsibility for the oversight and management of the Fund to the Pension Fund Committee.

The Government has recently announced a range of governance reforms which place new statutory duties on LGPS Fund Administering authorities. These reforms will impact the Fund in four key areas :

1. Stronger knowledge and training requirements
2. The creation of a LGPS Senior Officer role
3. The creation of an Independent Person role
4. A new requirement for Independent Governance Reviews

This paper sets out how the County Council as Administering authority for the Fund will address these issues to ensure compliance.

Recommendation:

The Selection and Member Services Committee is asked to:

- a) Note the designation of LGPS Senior Officer as the Statutory officer for the Kent Pension Fund.
 - b) Note the selection of Kevin McDonald as the Fund's Independent Person.
 - c) Recommend to County Council that the updated Terms of Reference for the Pension Fund Committee be approved.
 - d) Note that the appointment to the LGPS Senior Officer role and its position within the organisational structure are reserved to the Head of Paid Service (Chief Executive)
-

1 Legislative Background

- 1.1 In June 2025, MHCLG announced LGPS governance reforms via the release of statutory guidance: [Local Government Pension Scheme: fund governance - GOV.UK](#).
- 1.2 The guidance was issued by the Secretary of State in accordance with the Local Government Pension Scheme (LGPS) (Amendment) (Governance) Regulations 2026. It relates to Section 5 of the Pension Schemes Act 2026.
- [The Local Government Pension Scheme \(Amendment\) \(Governance\) Regulations 2026](#)
 - [Pension Schemes Act 2026](#)
- 1.3 The legislation came into force on 30th June 2026. There are various deadlines within the legislation that must be adhered to.

2 Overview

- 2.1 This statutory guidance from the Secretary of State sets new governance expectations for Local Government Pension Scheme (LGPS) administering authorities in England and Wales. As such, the governance arrangements for Kent Pension Fund put in place by Kent County Council need to be updated so that the Fund remains compliant. The new requirements put forward by MHCLG are intended to strengthen accountability, governance, skills, oversight and fund management across LGPS funds.
- 2.2 The governance reforms focus on 4 areas :
- e) Stronger knowledge and training requirements for Committee members, and key personnel
 - f) The creation of a statutory LGPS Senior Officer role
 - g) The creation of an Independent Person role
 - h) A new requirement for Independent Governance Reviews
- 2.3 This paper summaries the requirements of each in turn and proposes a series of recommendations to ensure the Fund remains compliant.

3 Stronger Knowledge and Training Requirements

- 3.1 A key theme in the statutory guidance is that everyone involved in managing or overseeing an LGPS fund must have appropriate knowledge and understanding to carry out their responsibilities effectively. This includes:
- i) Pension Committee Members
 - j) Local Pension Board Members
 - k) The LGPS Senior Officer of each Fund
 - l) The Independent Person supporting Pension Fund Committee
 - m) Other Officers with delegated responsibilities
 - n) Independent advisers and other people involved in governance and oversight

- 3.2 The guidance states that administering authorities must maintain a Training Strategy explaining how individuals will gain and maintain the required knowledge and skills. Training must be role-specific, reviewed annually and supported by evidence of attendance and competence.
- 3.3 The Fund already has a Training Strategy, regularly delivers training, maintains a training log and undertakes knowledge assessment. However, it is proposed that the Fund's Training Strategy is comprehensively reviewed against the requirements and that any necessary updates are made.

4 The creation of a LGPS Senior Officer role

- 4.1 A major change brought in by the new legislation is the requirement for every administering authority to appoint a single LGPS Senior Officer, this individual having overall responsibility for pension fund operations. In summary, the LGPS Senior Officer, which will be a statutory role, is expected to :
- o) Lead day-to-day management of the fund
 - p) Ensure compliance with legislation and regulatory requirements
 - q) Oversee administration, funding, investment and governance
 - r) Ensure adequate resources and staffing
 - s) Implement committee decisions
 - t) Manage risks and suppliers
 - u) Support Pension Boards and Committees
 - v) Represent the fund within the host authority's senior leadership structure
- 4.2 (Full details about responsibilities are available in 53A of the Regulations and section 3 of the statutory guidance).
- 4.3 Within administering authorities, the LGPS Senior Officer role cannot be combined with the S.151 role or the Head of Paid Service role. In regard to the appointment, the statutory guidance states that the final decision lies with the Head of Paid Service (Chief Executive) (paragraph 3.16). The appointment of the LGPS Senior Officer must be made by 31 December 2026 and the Chief Executive will make the necessary decisions in this regard.
- #### **5 The creation of an Independent Person role**
- 5.1 Regulation 53A of the LGPS Regulations 2013 requires every administering authority to appoint a single Independent Person to support the LGPS Senior Officer and the Pension Committee.
- 5.2 The Independent Person's responsibilities cover all functions of the Pension Committee including decisions on investment strategy, governance, administration and the role of the administering authority as a shareholder or client of its asset pool company. The duties of the Independent Person include
- o to scrutinise any advice given to the committee, whether from the pool or any other organisation or individual

- to help monitor and assess performance against targets set in LGPS strategies, including administrative performance and the pool's implementation of the investment strategy, and help monitor whether the collective pool oversight process is meeting the requirements of the administering authority
 - to support consideration of the committee's governance arrangements, including any action plans arising from Independent Governance Reviews
 - to contribute in any other way appropriate to the authority's LGPS functions
- 5.3 (Full details about responsibilities are available in 53A of the Regulations and section 4 of the statutory guidance).
- 5.4 An Independent Person can support more than one LGPS Fund. Each Fund must have an Independent Person in post by 31 December 2026.
- 5.5 A competitive interview process was held to appoint an Independent Person to support the Fund. A suitable candidate was identified and Kevin McDonald is due to start with the Fund in November 2026.

6 Independent Governance Reviews

- 6.1 The guidance introduces Independent Governance Reviews (IGRs) as a requirement for all LGPS administering authorities under Regulation 116A of the LGPS Regulations 2013. The purpose is to provide independent assurance that governance arrangements are effective and compliant with legislation, while giving confidence to scheme members, employers and regulators.
- 6.2 The focus is not simply on whether legal requirements are met, but whether governance structures, committee effectiveness, officer capacity, training, decision-making, risk management and oversight arrangements are operating to a high standard. The most significant practical requirement will be ensuring that any recommendations translate into a published and monitored improvement plan, with clear evidence of delivery before the next review.
- 6.3 The first review must be completed between 31 March 2025 and 31 March 2028, with subsequent reviews taking place in future valuation periods. The guidance makes clear that the reviewer must be independent:
- Must not be providing ongoing pension services to the fund.
 - Must not be the fund's actuary.
 - Must not be undertaking other paid pension advisory work for the fund during the period under review.
 - Must have demonstrable independence, with any potential conflicts documented and publicly available
- 6.4 The review is intended to assess the effectiveness of governance arrangements across the fund. It requires the undertaking of a formal process and will result in the production of a formal report which is sent to the Administering Authority and Secretary of State. The Administering Authority must publish the report, develop and publish an Action Plan in response to recommendations.

- 6.5 The Fund has had independent governance reviews in the past, most notably, a broad, in-depth governance review was completed in 2021 by Barnett Waddingham which led to the governance structures which are currently in place. Officers are intending to make arrangements for the Fund's first statutory IGR in 2027, so that all requirements can be met by 31 March 2028. The Terms of Reference for Pension Fund Committee (Appendix 1) has been updated to recognise this new statutory requirement.

7 Proposed Updates to the Terms of Reference

- 7.1 Updates to the terms of reference of the Pension Fund Committee are being proposed. These are designed to recognise the new formal training requirements, along with the new LGPS senior officer and independent person roles.
- 7.2 These changes will ensure we can demonstrate compliance with the new regulations and have clarity on the independent person in relation to the committee. These changes are set out in the Appendix.

8 Conclusion

- 8.1 For administering authorities such as the Kent County Council, the 2026 LGPS governance reforms place significant emphasis on:
- Formal governance structures.
 - Mandatory, evidenced training programmes.
 - Annual assessment of committee, board and officer competence.
 - A clearly accountable LGPS Senior Officer.
 - Stronger documentation, reporting and governance assurance processes.
 - Independent governance reviews and action planning.
- 8.2 In practical terms, the statutory guidance raises expectations around professional standards and governance maturity, making fund governance more comparable to the standards expected of large institutional pension schemes. **The recommendations in this paper are proposed to ensure the Fund is compliant.**

9 Recommendations

The Selection and Member Services Committee is asked to:

- a) Note the designation of LGPS Senior Officer as the Statutory officer for the Kent Pension Fund.
- b) Note the selection of Kevin McDonald as the Fund's Independent Person.
- c) Recommend to County Council that the updated Terms of Reference for the Pension Fund Committee be approved.
- d) Note that the appointment to the LGPS Senior Officer role and its position within the organisational structure are reserved to the Head of Paid Service (Chief Executive)

10 Appendices

Appendix - Proposed revised Terms of Reference for Pension Fund Committee

11 Background Documents

None.

12 Report Author and Relevant Director

Emma Green, Senior Governance and Programme Manager (Pensions)

T: 03000 410761

E: Emma.Green2@kent.gov.uk

Date: October 2026

Brendan Arnold, Corporate Director of Finance

Pension Fund Committee

17.38 Membership: 11 Members; plus, as voting members - District/Borough members (appointed by Kent Leaders Group): 3; Medway Council: 1; and as non-voting members - others: 4.

17.39 The Chair is elected by Members of the County Council only.

17.40 No individual may serve as an ordinary, co-opted, or substitute member of this Committee unless they have the degree of knowledge and understanding appropriate to the proper exercise of its functions as set out in the Training Strategy.

17.41 This Committee discharges the functions of the Council in relation to the control and investment of the Pension Fund, where they are not the responsibility of the LGPS senior officer as set out in regulations or delegated by the Council.

17.42 The Committee is also responsible for oversight of the recruitment and performance of the independent person appointed under 53A(5) of The Local Government Pension Scheme Regulations 2013.

17.43 The Committee may appoint or remove the independent person referred to in 17.40 as a Co-Opted Member. This Co-Opted Member may participate in the business of the Committee in accordance with the rules set out in the Constitution.

~~17.39~~ 17.44 The Committee will determine whether the Co-Opted Member referred to in 17.43 will be a voting or non-voting Member.

~~17.40~~ This Committee discharges the functions of the Council in relation to the control and investment of the Pension Fund.

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From: Petra Der Man, Monitoring Officer

To: Selection and Member Services Committee, 22 October 2026

Subject: Sealing of Documents: Constitutional Amendments

Status: Unrestricted

Future Pathway
of paper: County Council, 5 November 2026

1. Introduction

- a) The common seal of Kent County Council is affixed to deeds and other documents where it is necessary to demonstrate that the council has approved the transaction through the appropriate governance processes and that the officers applying the seal are authorised to do so.
- b) Under the Council's Constitution, the Monitoring Officer has 'custody' of the common seal and maintains oversight of its use. Only officers authorised by the Monitoring Officer may attest that the seal has been properly applied.
- c) This paper is recommending a few procedural amendments to the Constitution to enable the Monitoring Officer to exercise some discretion in the use of the common seal in order to enable more efficient implementation of council decisions. Where the law requires the use of the seal, it will continue to be used.

2. Proposed Changes

- a) The flexibility that the proposed amendment will give is for such situation as individual social care packages under a call-off arrangement. These arrangements will have been established through the council's established key decision process. However, where many or all of the individual care packages could meet the formal criteria for sealing, this could lead to:
 - i. Delays in the implementation of the care package until sealing is undertaken. Sometimes these care packages need to be in place at short notice. There is a risk that care needs to commence before the contract has been formally executed, creating uncertainty about contractual status.
 - ii. Increased costs and administrative burdens. Sealing individual care packages could add hundreds of additional items of sealing each year. As well as preparing the documents for sealing, time is taken up in maintaining seal registers and for the authorised officers to check the documents and affix the seal. There may also be a cost to the service requesting the sealing.
 - iii. Combining the two points above could result in the sealing requirement becoming a bottleneck in the care process.

- b) The proposed changes are set out in the Appendix to this report. The amendments to section 13.13 of the constitution in conjunction with the new section 13.14 give the Monitoring Officer the clear ability to take a proportionate approach to the use of the common seal. The rest are more about adding clarity to the rules on sealing, rather than making substantive changes.

3. Recommendation

The Selection and Member Services Committee is asked to recommend to County Council that the proposed changes to the Constitution are agreed.

4. Appendices

Appendix – Proposed Amendments to the Constitution. Sealing of Documents.

5. Background Documents

None.

6. Report Author and Relevant Director

Petra Der Man, Monitoring Officer
Petra.derman@kent.gov.uk

Tristan Godfrey, Senior Governance Manager
tristan.godfrey@kent.gov.uk

Catherine Cruz, Deputy Head of Law
Catherine.Cruz@kent.gov.uk

Appendix – Proposed Amendments to the Constitution

Sealing of Documents

11.21 (k)

On behalf of the Council and in support of their delegated Executive functions the Monitoring Officer has the following responsibilities:

Custody of the Common Seal of the Council. A decision of the Council, or of any part of it, will be sufficient authority for sealing any document necessary to give effect to the decision. The Common Seal will be affixed to those documents which, in the opinion of the Monitoring Officer, should be sealed. The affixing of the Common Seal will be attested by the Monitoring Officer or some other person authorised by them in writing to do so. The Common Seal of the Council may be affixed either by physical means or by such electronic means as ~~authorised by~~ the Monitoring Officer ~~may from time to time authorise~~. The affixing of an electronic seal shall be of the same legal effect as affixing the Common Seal of the Council physically.

13.13

Any contract with a value in excess of £1m must be ~~made in writing and either:~~

(a) ~~Made in writing; and~~

~~(a)(b)~~ affixed with the common seal of the Council and be attested by at least one authorised Officer (see section 13.16), or

~~(b) signed as a deed by at least one authorised Officer (as defined in 13.15) unless otherwise determined by the Monitoring Officer.~~

~~(New section). 13.14~~

~~Notwithstanding the requirements of 13.13, the Monitoring Officer may, at their discretion and where appropriate in the circumstances, waive the requirement for affixing the common seal of the council.~~

13.15~~14~~

The common seal of the Council shall be affixed to ~~any~~ all deeds (unless a specific statutory provision permits otherwise) and any document or agreement if the Monitoring Officer considers it appropriate for the purpose of transacting the Council's business or safeguarding its interests.

13.20~~19~~

~~Contracts may be signed and sealed via the Council's electronic signature and electronic sealing solution, following the Council's procedures for using this solution. In addition, w~~where the law, and (where applicable) any additional requirements of a public registry (for example, HM Land Registry) allow, electronic signatures may be permitted, and will be accepted as a fair

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representation of a willingness to enter into a contract with the Council, as long as the following apply:

- (a) the Contract will be entered into in relation to being either under seal or under hand,
- (b) the electronic signature is a true representation of the authorised person's written signature, and
- (c) is supported with a contemporaneous document of authenticity and authorisation from the Supplier.