From:	Jamie Henderson, Cabinet Member for Public Health Dr Anjan Ghosh, Director of Public Health
To:	**Selection and Member Services Committee**
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 on endorsing 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 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 where discussed at the Kent Health and Wellbeing Board in July. The paper was produced prior to the Local Government Reform announcements. It is therefore proposed that the ToR would benefit from small changes that would better enable alignment with the potential future Unitary Authorities.

Recommendation(s):

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) Endorse the proposed changes to the Terms of Reference attached at Appendix 1; and

d) Note that any revisions to the Terms of Reference endorsed by the Committee will require formal approval and adoption by Full County Council.

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 the recent workshop, a range of initial priorities for the Kent Health and Wellbeing Board have been 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 but would benefit from further small changes to reflect later proposed Unitary boundaries. This will help ensure developed strategies and plans are best owned, and remain relevant, into the future.

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 their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public heath 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. This is the subject of a separate paper to Board. A key issue is the role of the Health and Wellbeing Board in leading the development of the Neighbourhood Health Plan (NHP). This is to be implemented from April 2027 so will need to be developed over the coming year.

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 NHPs 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 DPH and Public Health 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.

6.2 Subsequent to the production of the paper, there has been the opportunity to reflect on proposed LGR boundaries, and to consider potential further changes to membership to best reflect this future.

7 Terms of Reference changes to Membership to optimise working

7.1 The recent workshop considered the need to enhance membership informed by the Boards 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 sections 19.14 to 19.22 in the attaches draft.

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.

7.4 The importance of local place and local partners suggests a 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. Subsequent to LGR

considerations it is proposed that the number of local Health Alliance representatives and the number of Chief Executive Representatives are both increased to four to mirror the planned Unitary boundaries with an Alliance and Chief Executive from each.

7.5 There are currently three local elected members on the Board. In line with the discussion above it is proposed that this be increased to four members, one from each of the planned Unitary areas.

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 become a member of the Board.

7.7 The important role of NHS trusts in delivering healthcare and improving health through wider endeavours is recognised and it is proposed that two provider trust members be appointed.

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.

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 Small subsequent further changes to align membership with evolving LGR Unitary structures have been detailed in this paper for consideration by the Committee.

8.3 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 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 Further membership changes are needed to reflect changes in NHS architecture and the likely impact of LGR.

9.6 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):

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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) Endorse the proposed changes to the Terms of Reference attached at Appendix 1; and

d) Note that any revisions to the Terms of Reference endorsed by the Selection and Member Services Committee will require formal approval and adoption by Full County Council.

11 Contact details

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