Governance Arrangements for the Kent Health and Wellbeing Board (Updated July 2026)

Kent Health and Wellbeing Board (HWB)

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

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.