

## **Medway Health and Wellbeing Board**

### **A. Operating principles**

In line with nationally agreed operating principles the Medway Health and Wellbeing Board (HWB) will seek to:

- (i) provide collective leadership to improve health and well-being across the local authority area, enable shared decision-making and ownership of decisions in an open and transparent way;
- (ii) achieve democratic legitimacy and accountability, and empower local people to take part in decision-making;
- (iii) address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the area; and
- (iv) identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes in the short, medium and long term.

### **B. Key functions**

- (i) To prepare the Joint Strategic Needs Assessment (JSNA) which identifies the current and future health and wellbeing needs of the local population and may address needs around wider determinants of health.
- (ii) To prepare a Joint Health and Wellbeing Strategy for Medway to meet the needs identified in the JSNA.
- (iii) To prepare the Medway Pharmaceutical Needs Assessment.
- (iv) To encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Medway.
- (v) To encourage persons who arrange for the provision of any health-related services (ie services that may have an effect on the health of individuals but are not health or social care services) in Medway to work closely with the Board.

- (vi) To encourage persons who arrange for the provision of any health or social care services in Medway and those who arrange for the provision of any health-related services in its area to work closely together.
- (vii) To provide advice, assistance or other support appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 (ie arrangements under which NHS bodies and local authorities agree to exercise specified functions of each other).
- (viii) To keep NHS commissioning plans under review to ensure they are taking into account the JSNA and local HWB Strategy, referring back to the ~~Clinical Commissioning Group~~ Integrated Care Board (ICBGG) or ~~the NHS Commissioning Board~~ England where they do not.
- (ix) To advise Medway Council's Cabinet of its views on whether the local authority is discharging its duty to have regard to the JSNA and Joint Health and Wellbeing Strategy in discharging its relevant functions.
- (x) To involve users and the public in the work of the Board, as appropriate.
- (xi) To play a formal role in the annual assessment of the Kent and Medway Clinical Commissioning Group Integrated Care Board.
- (xii) To undertake any other functions assigned to Health and Wellbeing Boards in legislation.

Governance arrangements for the operation of the Medway Health and Wellbeing Board were agreed by Council on 25 April 2013.

- (i) **Appointment of Chairman and Vice Chairman:** The Chairman and Vice Chairman of the Board will be appointed at the first meeting of the Board after each Annual Council meeting, discounting the Joint Meeting of all Committees on the evening of Annual Council. The Chairman will be appointed from among the councillors serving on the Board.
- (ii) **Meetings:** The Board will meet a minimum of four times a year and be administratively supported by Medway Council's Democratic Services Team. Meetings will take place in public with provision for exclusion of the press and public where confidential or exempt information is likely to be disclosed.
- (iii) **Sub-committees:** The Board may set up advisory sub-committees but any proposal to delegate the functions of the Board to a sub-committee or an officer (or from a sub-committee to an officer) insofar as this is permitted, shall be subject to agreement by the Council.

- (iv) **Attendance:** The quorum for Board meetings will be a quarter of the membership and meetings may only proceed if at least one local authority member and one ~~CCG-ICB~~ representative are present. Substitutions are permitted with notification to the Democratic Services Officer ahead of the meeting.
- (v) **Conduct of meetings:** Meetings will be conducted in accordance with the procedural rules applicable to Council meetings as appropriate.
- (vi) **Voting:** All members of the Board will have the right to vote, subject to the law and procedures for registering and declaring interests which will require non-participation and withdrawal from meetings when conflicts of interest arise.
- (vii) **Programming of business:** the Board will determine its own work programme and pre-agenda processes taking into account statutory requirements relating to notice of meetings and publication and availability of agenda papers and will use the templates and standards in place for reports to other Council committees.
- (viii) **Communications and engagement:** the Board will develop a Communications and Engagement Strategy which will set out how the Board will engage with stakeholders and the public and how communications on behalf of the Board will be managed.
- (ix) **Operational links:** the Board will work collaboratively with other partnership bodies including the Children's Trust, the Medway Safeguarding Children Board, the Adult Safeguarding Board and the Community Safety Partnership, taking into account the need for alignment between the Joint Health and Wellbeing Strategy and other key plans and strategies.
- (x) **Overview and scrutiny:** the Board will be subject to overview and scrutiny and will respond to requests for information and representation at overview and scrutiny committees as appropriate.

**Review:** the terms of reference of the HWB and the governance arrangements will be kept under periodic review

## Membership

### HEALTH AND WELLBEING BOARD

7 Councillors to be nominated by the Leader (who should not also be members of either the HASC or CYP Overview and Scrutiny Committees\*). The requirements of political balance will not apply.

Councillors:

Brake  
Doe  
Etheridge  
Gulvin  
Maple  
Potter  
Tranter

Margaret Cane - Medway Healthwatch (who should not also be a member of either the HASC or CYP Overview and Scrutiny Committees\*)

Director of People - Children and Adults

Director of Public Health

Assistant Director Children's Social Services

Assistant Director, Adults' Social Care

NHS Kent and Medway Integrated Care Board Clinical Commissioning Group (one representative):  
TBC, NHS Kent and Medway Clinical Commissioning Group Integrated Care Board  
TBC, NHS Kent and Medway Clinical Commissioning Group Integrated Care Board (named substitute)

Primary Care Network, Medway and Swale (one representative):  
Dr Farnaaz Sharief, MBE – Medical Director, Medway and Swale Integrated Care Partnership,  
Medway Community Healthcare  
Dr Satvinder Lall, GP Partner and Trainer, Reach Healthcare, Clinical Director, Medway South  
Primary Care Network (named substitute)

Medway and Swale Integrated Care Partnership, Senior Responsible Officer (one representative):  
Martin Riley, Managing Director Medway Community Healthcare  
Dr George Findlay, Chief Executive Medway NHS Foundation Trust (named substitute)

NHS England – South (South East) (one representative):  
Vacancy  
(Vacancy - substitute)

**(Note\* -** Substitutes appointed to attend meetings of the HWB may not also be members of the Health and Adult Social Care or Children and Young People Overview and Scrutiny Committees).

**(Note –** Please note that Council agreed on 25 April 2013 that the Chairman will be appointed from among the Councillors serving on the Board. Council also agreed that the Chairman and Vice-Chairmen will be appointed at the first meeting of the Board after every Annual Council meeting).