

## Ashford Health and Wellbeing Partnership

### Terms of Reference

#### Introduction

This document sets out the ways in which the partner agencies that comprise the Ashford Health and Wellbeing Partnership (AHWP) will work together to strategically oversee the delivery of the priorities identified and detailed in the AHWP action plan.

The composition of the AHWP recognises the need for a coordinated, partnership approach to addressing health and wellbeing needs and related problems across the borough.

The AHWP will ensure effective strategic planning and use of resource (including commissioning), a coordinated approach to meeting statutory requirements and timely delivery of activity to deliver priority outcomes.

#### Partnership environment

The AHWP sits within a wider framework of partnerships. See Appendix 1 for further detail.

#### AHWP vision

The AHWP will, through effective partnership working, deliver continuous improvement in health and wellbeing services / outcomes for the people of Ashford. This will include an annual priority setting process, which will inform agreed action plans for delivery.

#### AHWP aims and priorities

The AHWP aims to improve health and wellbeing outcomes in Ashford, ensuring bespoke delivery tailored to our needs and our communities.

The AHWP has the following priorities:

- **Inequalities** - focus is annually reviewed based on Public Health England data (currently includes reducing smoking, reducing obesity, giving every child the best start in life, substance misuse, improving air quality, improving housing to improve health and wellbeing [with a focus on reducing excess winter deaths])
- **Infrastructure** – ensuring we are able to bring care as close to home as possible and that we have a high calibre, fully functioning health workforce
- **Innovation** – including continually improving our flagship One You service offer

Each priority will have a lead (who will chair the sub group meetings, drive delivery and report to the AHWP) and a sponsor (who will champion the work within the partnership and across systems). The leads and sponsors will attend the main meetings of the AHWP – although as non-voting members where they are not otherwise contained in the membership of the terms of reference.

## Membership

The following organisations/departments/roles are represented as the core membership:

Organisation	Position
Ashford Borough Council	Cabinet member for (Chair)
	Head of community safety and wellbeing
Clinical Commissioning Group	Head of Local Care for Ashford
	Lay member for patient and public engagement
	Chair of Ashford GP Federation
Ashford providers	East Kent One You Locality Lead, Kent Community Health Foundation Trust
	William Harvey Hospital representative
Partnerships	Chair of Ashford Local Children's Partnership Group
Service user representation	Patient Participation Group representative

Each member has one vote. The Chair has the casting vote.

There will be a wider invitation list to the meetings of the AHWP for example Kent County Council representatives, the leads and sponsors of the priority action plans and other key officers. These attendees will not have a vote.

Individuals and organisations with known expertise and knowledge may be requested to attend meetings as observers. Observers may participate in meetings but shall have no decision-making powers. If a member would like an observer to attend a meeting, they should seek the permission of the Chair.

## Quorum

A valid quorum for meetings is half of the members with the right to be heard. This is the minimum requirement for a decision to be taken. No decision shall be taken without:

- One local authority representative
- One CCG representative
- One provider representative
- One patient / partnership representative

## Membership expectations

- To attend the meetings of the AHWP and when they cannot attend to send a named deputy who has been briefed prior to their attendance. The named deputy will have full voting rights
- To have authority to be able to take action and make decisions as required
- To commit to developing an appropriate level of understanding around health and wellbeing issues, policy and practice as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities or actions as required

## Chair

The role of the Chair is to ensure:

- The AHWP and related sub groups are delivering agreed activity as outlined in the annual action plan, with quarterly performance reporting by exception and an annual performance report produced
- Priorities are reviewed and refreshed on an annual basis
- Governance, including the delivery groups and related action plans, is annually reviewed

The Chair and the lead officer of the AHWP will attend the EKHIP and it is their role to ensure a two way flow of information between the partnerships to deliver the above.

The lead officer of the AHWP will act as vice chair as required.

### **Confidentiality**

All attendees have a duty of confidentiality regarding all information disclosed, shared and discussed between and during AHWP meetings. There will be occasions when selected information must not be disclosed outside the AHWP. The person disclosing such information is responsible for identifying it as confidential at the time it is given and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information will be referred to the Chair, whose decision on the matter will be final.

### **Administrative support**

The administration of the AHWP shall be managed by Ashford Borough Council.

### **Meeting frequency**

The AHWP will meet three times per annum. The AHWP may request sub-group meetings on particular topics more frequently.

### **Performance indicators**

The AHWP will agree a number of outcome indicators related to the action plans. These will provide a performance framework to capture progress and to identify and tackle emerging issues. They will be reported on by exception at each AHWP meeting and an annual performance report shall be produced.

### **Subgroups**

These are established as required by the action plan priority sponsors. Each sub group should have a full terms of reference and should work on a task and finish basis.

Any other subgroup required can be established at the discretion of the Chair.

### **Urgent matters**

Decisions may be made about urgent matters without a group meeting providing the written consent of the Chair is sought and given. In this case the Chair must ensure that every effort has been made to consult informally with members and report any decisions taken at the next meeting.

### **Representation at EKHIP**

The Chair of the AHWP and the Chief Executive of Ashford Borough Council will attend the EKHIP on behalf of the AHWP. The head of community safety and wellbeing from Ashford Borough Council will attend the EKHIP steering group.

## **Appendix 1**

### Kent and Medway Joint Health and Wellbeing Board

The Kent and Medway Joint Health and Wellbeing Board (KMJHWP) is a statutory body established by the Health and Social Care Act 2012. The Act specifies a minimum membership, which has been extended to include representation of the district councils.

### East Kent Health Improvement Partnership

The East Kent Health Improvement Partnership (EKHIP) is a sub-regional group that feeds into the KMJHWP. The EKHIP will:

- Seek to reflect the updated aims and objectives of the KMJHWP and support sub regional delivery of these in any way possible
- Ensure that the needs and priorities of East Kent residents as identified by EKHIP are adequately reflected within the work and approach of the KMJHWP
- Escalate issues to the KMJHWP, where they cannot be addressed at an East Kent or Local level
- Agree an annual sub-regional priority through the agreed partnership framework process – this will allow for effective sub regional working and exploitation of synergies in order to maximise resources (including co-commissioning) and outcomes
- Focus on health and wellbeing issues that are difficult to address at a local borough level whether that be due to:
  - Geographical focus of some partners
  - Complexity or scale of issue
  - Where a coherent approach is important to achievement e.g. behaviour change campaigns