TERMS OF REFERENCE FOR CHILDREN'S HEALTH AND WELLBEING BOARD

BACKGROUND

The requirements to promote inter-agency cooperation to improve the welfare of children are set out in section 10 of the Children Act 2004. These duties demand the promotion of cooperation between the local authority, relevant partners and as appropriate other bodies working with children. These duties are to be made with a view to improving the wellbeing of all children in the authority's area.

The duty to have regard to the joint strategic needs assessment and joint health and wellbeing strategy is prescribed in section 7 of the Children and Families Act 2014. Additionally, sections 8 and 9 of the Act confirm that clinical commissioning groups are under duty in section 3 of the Health Service Act 2006 to arrange for the provision of services.

The following governance arrangements have been established in accordance with the statutory obligations.

CONSTITUTION OF THE BOARD

The Board will be called the 'Children's Health and Wellbeing Board'. The Board will report to the Kent Health and Wellbeing Board in pursuit of legal obligations found in the key statutes cited above. The date of the establishment of the Board is 26 March 2014. The Board will function as a working subgroup to the Kent Health and Wellbeing Board focused on children's services.

FUNCTIONS AND RESPONSIBILITIES

- 1) Act as the strategic body that provides a strong influence on children' issues, advising and advocating on key policy and commissioning issues in the county.
- 2) Provide an informed and balanced assessment to the Health and Wellbeing Board and other governing bodies of the likely impact on the health and wellbeing of children and young people; make recommendations for service integration and joint commissioning arrangements that address the needs of the most disadvantaged children and young people.
- 3) Provide expert advice to the Health and Wellbeing Board on the development of the Joint Strategic Needs Assessment (particularly relevant needs assessment), Joint Health and Wellbeing Strategy and appropriate commissioning plans.
- 4) Provide a forum for the development of county-wide strategies and where appropriate engage directly with relevant governing bodies, policy and decision-makers to progress effective strategies, joint commissioning and implementation plans.
- 5) Provide an environment for collaborative working and problem solving, focusing on priority issues that reflect the key challenges facing children's services across the county.
- 6) Provide an informed and balanced assessment to the local Health and Wellbeing Boards, Children's Operational Groups and other advisory bodies of the likely

impact on particular aspects of children's services for those pursuing the delivery of service integration and joint commissioning arrangements that address the specific needs of children and young people.

MEMBERSHIP

Membership of the Board will be drawn from senior representatives of named organisations and individuals described in section 11 of the Children Act 2004 and outlined in the Working to Together 2013 statutory guidance:

Kent County Council

NHS organisations – Clinical Commissioning Groups, NHS Trusts, NHS Foundation Trusts

Kent Police

District Council

Probation Service

Youth Offending Services

Schools and Colleges

Housing authorities

Voluntary and private sectors

Other members as agreed by the Board.

The Children's Health and Wellbeing Board will be chaired by the statutory Director of Children's Services.

REPORTING ARRANGEMENTS

The Children's Health and Wellbeing Board will report to the Kent Health and Wellbeing Board annually and at other reporting cycle as agreed between them.

FREQUENCY OF MEETINGS

The Board will meet every two months to take forward priorities contained in its Forward Plan. The date, time and venue of meetings will be determined for the year – April to March.

SECRETARIAT

The Children's Commissioning Unit in KCC will be responsible for providing administrative support to the Board including the circulation of meeting papers and timely production of minutes. The minutes will be circulated within two weeks of the meeting.

The Secretariat will also be responsible for, and upkeep of, the web site for the Board.

WORKING GROUPS

The Board will establish standing groups to focus on defined themes or needs area. The standing group will be supplemented by Task and Finish groups as required to work within prescribed parameters to advise on different issues, proposed solutions to address certain aspects of practice, development of protocols and implementation of plans.

CONTACT

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