Direct Dial/Ext: 03000 414043
e-mail: georgina.little@kent.gov.uk
Ask for: Georgina Little
Date: 20.7.2026

Dear Member

KENT HEALTH AND WELLBEING BOARD - THURSDAY, 23 JULY 2026

The following two supplementary documents are for consideration at next Thursday, 23 July 2026 meeting of the Kent Health and Wellbeing Board.

Agenda Item No

9 **Kent Health and Wellbeing Board Terms of Reference (ToR) and Priorities (Pages 1 - 20)**

Yours sincerely

Benjamin Watts
Deputy Chief Executive

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Kent Health and Wellbeing Board

Development session – 4 March 2026

Marcus Warnes, Julia Weldon – LGA Contractors
Cllr Daniel Matchett – Cabinet Member for Health and Wellbeing, Lancashire County Council

Objectives for this session

- To consider the context for health and wellbeing, including national policy, changes, challenges and opportunities
- To share feedback from our 1-1 discussions with HWB members and key stakeholders
- To consider all this and discuss what is working well and what needs to be different to enable successful strategic partnership working for health and wellbeing in Kent
- To agree next steps

Process and methodology

- Invitation to LGA to provide support
- Initial scoping, partner buy-in and support agreement
- LGA team agreed and introductions
- 1:1 non attributable conversations with partners to explore the potential of the Kent HWB
- Themes from conversation and draft feedback sense checked
- Facilitated workshop 4 March 2026 to consider findings and what makes HWBs effective
- Discussion and next steps
- Evaluation of support

Team

- Marcus Warnes, former NHS CEO
- Cllr Daniel Matchett, Cabinet Member, Lancs CC
- Julia Weldon, former DPH and Council Deputy CEO
- Rachel North, former Council Deputy CEO
- Colin Maclean, former VCSE CEO

Agenda

- Welcome and introductions
- Setting the scene – national, system, place and neighbourhoods
- Feedback – what we heard
- What makes an effective HWB
- Discussion
- Next steps

Welcome and introductions

- Name
- Role and organisation
- One thing other people may not know about you

Summary of what we heard - challenges

- Health inequalities across Kent are stark, with significant disparity in life expectancy between East and West of the county
- Coastal communities in particular are described as ‘left behind’ and experience disproportionate ill health and inequality
- Consensus that that the HWB is not functional and needs to change, but not clear where the leadership will come from
- HWB has been paused, is not seen as effective as a strategic partnership, was passive and just a meeting people attended
- HWB a missed opportunity, too transactional, needs the right people having the impactful conversations to effect change
- Role and purpose of the HWB is not clear, with no consensus on what good likes like or what needs to be different
- Lack of purpose within the HWB but some agreement that the wider determinants of health need to shape HWB actions

Summary of what we heard - challenges

- The ICP has stepped into the space the HWB should occupy and has taken the lead in areas the HWB should be leading
- Many elected members are new with little experience of HWBs' role and purpose, and need development and support
- Some think that meetings are too formal with long reports and need to be more focussed with more discussion of priorities
- Too many meetings, partnership landscape is complex with some duplication and not always clear how it all connects
- Potential impact of LGR and NHS/ICB changes on partnerships, relationships, engagement and integration in Kent
- Unresolved, longstanding disagreements between the NHS and councils around funding often impedes partnership working

Summary of what we heard - opportunities

- The dissolution of the ICP offers an opportunity to completely reimagine and redesign the HWB and make a new start
- Recreate the HWB as the strategic partnership to retake leadership around inequalities and health determinants
- The Marmot Coastal and Folkestone and Hythe ICS 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
- Need a compelling narrative and shared sense of purpose with a clear plan and priorities to bring partners along
- Make the economic argument for addressing wider determinants and inequalities that reflects the current political reality
- Whilst LGR is a challenge, elected members appear keen to make a difference to the communities perceived as left behind
- Good feedback about the health alliances in relation to place and system leadership and the opportunity to build on them
- DPH and PH are generally 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

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What makes an effective Health and Wellbeing Board (HWB)

Some preliminary diagnostic questions

1. Have the agenda items, reports, and presentations been seen and discussed in other forums?
2. Are the right conversations being held for health and wellbeing and to effect change based on the JSNA?
3. Do members of the HWB struggle to describe what it does and how it makes a difference beyond statutory responsibilities?
4. Does it sometimes feel like scrutiny or a select committee hearing?
5. Does it operate like a Council committee?
6. Is business only done at the meetings?
7. Is there duplication of agenda items across boards?
8. Is there clarity about how partnership working is driving the health & wellbeing priorities beyond health and social care integration?
9. Is it clear where the HWB fits within other partnership and governance arrangements?
10. Is it clear how partners, other key stakeholders and communities are contributing to HWB priorities?

Role and purpose of HWBs (HCA 2022)*

A strategic partnership that:

- Improves the health and wellbeing of local populations by fostering collaboration among health and care organisations

- Serves as a statutory committee that provides a forum for political, clinical, professional and community leaders to discuss and improve health outcomes, reducing health inequalities and promoting integrated, person-centred care

- Crucial role in setting strategic direction and ensuring effective system and place-based working within the new architecture of the health and care system

*Builds on HCA 2012, which still stands:

- Provide a strong focus on establishing a sense of place
- Set strategic direction to improve health and wellbeing
- Instil a mechanism for joint working and improving wellbeing of their local population

Components of an effective Health and Wellbeing Board

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Group discussion, feedback and action planning

Having heard all of that…

What is needed to ensure partnership working is addressing the priorities agreed for health and wellbeing?

What are the values, behaviours and ways of working that will foster collaboration to impact our shared priorities?

Helpful to think in terms of:

- National, regional, system, geographical and place context
- JSNA and agreed priorities for health and wellbeing
- Challenges and opportunities
- What this means for existing partnership arrangements
- What environment is needed for conducive and safe discussions
- How will we know we are making a difference

Be prepared to feedback from your table.

Considerations for next steps

- What is within our control to change?
- What can we change by negotiation/agreement with others outside of the HWB?
- Anything we need to stop, start, sharpen?

Closing comments

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Considerations for next steps

What is needed to ensure partnership working is addressing the priorities agreed for health and wellbeing?

- Know who your partners are
- What the local authorities are already doing
- Correct membership = Chief Exec, LA Chief Exec, Health Alliance rep, NHS Trusts, VCSE and Non-Exec Directors/ Chair
- Feedback loop from front-line
- Resident voice
- Clear priorities and actionable consequences
- Shared ownership including financial
- Compelling narrative / strapline
- Not spend time on vision but identify a few priorities and work on them, e.g. Mental Health, Better Care Fund, Neighbourhood Health, Marmot
- Co-ownership of priorities – needs to start with co-design and joint agreement (early stages)
- Stop trying to “boil the ocean”
- Start with priorities that small and specific – a shared interest and able to influence
- How to reduce priorities that attract strategic partners (measurable success outcomes).
- Shared agenda setting

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- Needs more “gritty” conversations – are non-public meetings needed, i.e. a closed session
- Need to review Membership

What are the values, behaviours and ways of working that will foster collaboration to impact our shared priorities?

- How to do meetings, e.g. quarterly, in workstreams (use existing ones)
- Life course approach
- Vary the meeting venues, closer to residents, and the place of visit/ an understanding
- Consider a resident assembly / citizen assembly
- Governance with system leaders, GP and ICP Sub-committee, KCC Chief Executive, Leader, Corporate Director, ICB Chief Executive and Chief Operating Officer