

From: Jamie Henderson, Cabinet Member for Environment,
Coastal Regeneration and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet
Committee – 6 May 2026

Subject: Development of the Kent Health and Wellbeing
Board

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Kent Health and Wellbeing Board

Summary

The purpose of this paper is to **update, inform, and promote member discussion** around the future role and working of the Kent Health and Wellbeing Board (HWB).

The Health and Wellbeing Board was established in 2013 to lead on partnership endeavours to improve health and wellbeing, and reduce health inequalities across Kent. Its working is informed by the Joint Strategic Need Assessment (JSNA) detailing the health challenges faced by the people of Kent. Delivery is through the Joint Local Health and Wellbeing Strategy (JHWS).

NHS driven system reforms led to the establishment of the Kent and Medway Integrated Care Partnership (ICP) in 2022 and the Integrated Care Strategy. Pragmatically it was agreed that the Integrated Care Strategy should be the Kent Joint Local Health and Wellbeing Strategy with the Integrated Care Partnership becoming the key partnership forum.

However Integrated Care Partnerships are now ending and there is a specific request that the local Health and Wellbeing Board leads on developing a local Neighbourhood Health Plan. In parallel work has been in train with the Local Government Association to rethink the Kent Health and Wellbeing Board to optimise its value.

A workshop of key Kent leaders proposed potential priority areas for Health and Wellbeing Board focus over the coming year. These include the Neighbourhood Health Plan and Better Care Fund (BCF), the Marmot Coastal Region initiative and Action around Mental Health. Additional changes to membership and working were proposed.

Recommendations

The Adult Social Care and Public Health Cabinet Committee is asked to NOTE the report and COMMENT on the outlined approach.

1 Introduction

- 1.1 This paper outlines the important role that the Kent Health and Wellbeing Board (HWB) will play in the next few years. This will include leadership in the development of the required Neighbourhood Health Plan for implementation from April 2027.
- 1.2 Work has been undertaken to review the membership and purpose of the health and wellbeing board which has played a less central role in recent years while the Integrated Care Partnership (ICP) played a key role in leading local partnerships.
- 1.3 A range of initial priorities for the Kent Health and Wellbeing Board have been agreed including leadership around mental health challenges, the Marmot Coastal Region initiative, Neighbourhood Health and the Better Care Fund.

2 Background to the Health and Wellbeing Board locally

- 2.1 Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.
- 2.2 Under the Health and Social Care Act 2012, it was required that Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) be developed through Health and Wellbeing Board and that these formed the basis of NHS and local authority commissioning plans, across all local health, social care, public health and children's services that would both improve the health and wellbeing of the local community and reduce inequalities.
- 2.3 Following the implementation of the Health and Care Act 2022 on 1 July 2022, the NHS infrastructure changed with the introduction of Integrated Care Partnerships. Health and Wellbeing Boards continued to be responsible for the development of joint strategic needs assessments and joint local health and wellbeing strategies. However, they then needed to have regard to the Integrated Care Strategy when preparing their joint local health and wellbeing strategies.
- 2.4 Given the complexity of the local system in Kent and Medway and the need to develop an Integrated Care Strategy, the decision was taken in Kent that the Kent and Medway Integrated Care Strategy be adopted as the Kent Joint Local Health and Wellbeing Strategy.

- 2.5 This in turn led to a higher profile role for the Integrated Care Partnership relative to the Health and Wellbeing Board. Additionally, some of the Health and Wellbeing Board work has been undertaken by the local Health and Care Partnerships (HCPs), the local Wellbeing and Health Improvement Partnerships (WHIPs) and the local Health Alliances, although the approach varies across Kent.
- 2.6 The Integrated Care Partnership and local Health and Care Partnership functions are likely to decline while the role of the Health and Wellbeing Board defined within the NHS Neighbourhood Health Framework will become more important. The time is therefore right for a review of the Kent Health and Wellbeing Board to ensure it can optimally lead health improvements in the coming years.

3 Review of the Kent Health and Wellbeing Board

- 3.1 A review of the Kent Health and Wellbeing Board has taken place led by the Local Government Association (LGA). This included interviews with key stakeholders as well as a workshop.
- 3.2 There were a range of challenges captured through interviews. These can be summarised:
- Health inequalities across Kent are stark, with significant disparities.
 - Coastal communities experience disproportionate ill health and inequality.
 - The Board is not functional and needs to change. It is not an effective strategic partnership, being a passive meeting.
 - It is a missed opportunity, is too transactional, and needs the right people having impactful conversations to effect change.
 - The purpose of the Board is unclear, with no consensus on what good looks like.
 - The Integrated Care Partnership has taken the lead in areas the Health and Wellbeing Board should be leading.
 - Many elected members are new with little experience of the Health and Wellbeing Board role.
 - Meetings are too formal with long reports and need to be more focussed.
 - There are too many meetings, the partnership landscape is complex with duplication.
 - The potential impact of Local Government Reform and NHS changes in Kent.
 - Unresolved, longstanding disagreements between the NHS and councils around funding often impede partnership working.
- 3.3 A raft of opportunities were also identified:
- The dissolution of the Integrated Care Partnership is an opportunity to reimagine and redesign the Health and Wellbeing Board.
 - Recreate the Health and Wellbeing Board as the strategic partnership to lead around inequalities and wider health determinants.

- The Marmot Coastal Region initiative and the Folkestone and Hythe Neighbourhood Health 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.
- We can develop a compelling narrative and shared sense of purpose with a clear plan and priorities to bring partners along.
- The Health and Wellbeing Board can make the economic argument for addressing wider determinants and inequalities that reflects the current political reality.
- Good feedback about the health alliances in relation to place and system leadership and the opportunity to build on them.
- The DPH and Public Health are 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.

3.4 The workshop then went on to consider next steps for the Health and Wellbeing Board. This included discussion around what is needed to ensure partnership working is addressing the priorities agreed for health and wellbeing. The workshop further considered the values, behaviours and ways of working that will foster collaboration to impact our shared priorities. A brief report is appended at Appendix A.

4 The Neighbourhood Health Plan

4.1 The Department for Health and Social Care (DHSC) have produced a Neighbourhood Health Framework detailing actions required to deliver neighbourhood health from now until 2029. This is the subject of a separate paper to this cabinet committee. A key issue is the role of the Health and Wellbeing Board in leading the development of a Neighbourhood Health Plan (NHP). This is to be implemented from April 2027 so will need to be developed over the coming year.

4.2 The Plan will need to:

- Provide an overview of how NHS objectives will be delivered through the three NHS Reform Agendas (improved routine services, proactive care and alternatives to hospital).
- Describe how Neighbourhood Health (NH) will support local goals around inequalities and health outcomes.
- Link local objectives to the Joint Strategic Needs Assessment (JSNA).
- Confirm geographies for Neighbourhood Health.
- Confirm organisational responsibilities.
- Define governance and operational partnerships to deliver the Plan.
- Describe how other local initiatives align with Neighbourhood Health e.g. Family hubs, housing, Voluntary Community Social Enterprise (VCSE), employment support.

- 4.3 The agreed Neighbourhood Health Plan will be part of the Integrated Care Board's five year commissioning plan. Systems can go further if they wish, for example around Neighbourhood Health and prevention.
- 4.4 The Health and Wellbeing Board will additionally have a key role in the development of the Better Care Fund (BCF) plans. These will need to strongly link with the Neighbourhood Health Plan. Pooled funding under the BCF will need to be used in line with BCF 2026/27 guidance with funding decisions consistent with the national conditions for the BCF, including required increases in the Integrated Care Board's minimum contributions to adult social care over the next three years.
- 4.5 There is an expectation that the Health and Wellbeing Board will agree local targets in the Neighbourhood Health Plan to begin delivery in 2027/8 with local outcome measures covering the whole life course including both health and social needs.
- 4.6 It is suggested by the DHSC, that the Health and Wellbeing Board might use the [Local Outcomes Framework](#) in defining local objectives and metrics. It is proposed that the Health and Wellbeing Board look at how neighbourhood health can help deliver objectives around numbers of people in care homes by age, and user and carer satisfaction, as well as objectives around Best Start in Life and Family Hubs.
- 4.7 There is further an expressed desire from the centre to link the Neighbourhood Health Plan to wider local public service reform including around access to work, to housing and to community initiatives.
- 4.8 Although it is likely that system change will not be in place for some time, it may make sense for officers to work closely with Medway Unitary colleagues in terms of a unified system wide approach to best secure future action.

5 Membership and Working of the Health and Wellbeing Board

- 5.1 Current Health and Wellbeing Board membership includes a balance of elected members and senior officers. It includes the County Council Leader and key portfolio holders for Adult Social Care and Health (ASCH), Public Health and Children, Young People and Education (CYPE) as well as the Corporate Directors for ASCH, CYPE as well as the Director of Public Health. It additionally includes elected members from three districts and two Integrated Care Board officers, a GP and a Healthwatch representative.
- 5.2 To optimally deliver, the workshop suggested there may be a need to reconsider membership. This might include wider NHS membership to include provider trusts e.g. an acute trust Chief Executive Officer (CEO), the mental health trust CEO, the community trust CEO. NHS Chair or Non-Executive Director membership was also proposed. The Board might wish to consider a more geographical spread of district council representatives and to include senior officers from some districts as well as local Health Alliance representation. Consideration might be given to including Growth Environment

and Transport (GET) leadership from KCC as well as VCSE representation. The workshop suggested a need for a resident voice which might extend to a citizen assembly.

- 5.3 There is also a need to consider officer attendees to aid action required between meetings or an officer led operational delivery subgroup. This will be needed to optimally deliver the Neighbourhood Health Plan. It could include KCC public health, ASCH and CYPE officers as well as NHS, District Council and VCSE officers. There would need to be strong supportive data analytics.
- 5.4 Additionally, the workshop proposed that the Health and Wellbeing Board needs consider how to get feedback from frontline staff. Ownership of a manageable number of priorities was key with clear actions and outcome measures. The key priority areas proposed were mental health, the Marmot Coastal Region initiative, Neighbourhood Health and the Better Care Fund.
- 5.5 It was felt effectiveness would be enhanced with some private discussion to allow more challenging conversations. It was proposed that meetings might be quarterly and at rotating venues closer to residents. Governance with links to existing working groups was also discussed.

6 Conclusions and Outputs

- 6.1 It is timely that the role of the Kent Health and Wellbeing Board be revisited. NHS plans to disband the Integrated Care Partnership means that the Health and Wellbeing Board will again become the key strategic system partnership board considering health and wellbeing.
- 6.2 Additionally, the DHSC drive to develop neighbourhood health has a key local leadership role for the Health and Wellbeing Board in developing a local Neighbourhood Health Plan (NHP).
- 6.3 System leaders have been inputting to a Local Government Authority led review of the Health and Wellbeing Board that will help it to effectively discharge its functions including development and subsequent delivery of the Neighbourhood Health Plan. It is likely that this will require some revision of membership. It will also be essential that system officer capacity is focussed on servicing the Health and Wellbeing Board to ensure delivery of the agreed priorities.

7. Recommendation

- 7.1 The Adult Social Care and Public Health Cabinet Committee is asked to NOTE the report and COMMENT on the outlined approach.

8. Background documents

[Kent and Medway Integrated Care Strategy](#)

9. Contact details

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