From:	Jamie Henderson, Cabinet Member for Public Health Dr Anjan Ghosh, Director of Public Health
To:	**Kent Health and wellbeing Board** – July 2026
Subject:	Development of the Kent Neighbourhood Health Plan
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary:

1. The purpose of this paper is to **update, inform,** and **promote** member discussion around Neighbourhood Health**,** the development of the Kent Neighbourhood Health Plan (NHP) and the role of the Kent Health and Wellbeing Board (HWB) in its development.
2. The DHSC Neighbourhood Health Framework details actions required to deliver neighbourhood health from now until 2029. A key element within this is the role of the Health and Wellbeing Board in leading the development of the Neighbourhood Health Plan (NHP). This is to be implemented from April 2027 so will need to be developed over the coming year.
3. Neighbourhood Health is the proposed new system approach to both improving health and preventing the need for hospital admissions. It is based around the NHS Plan ambitions to increase prevention, community based care and digital services. While it initially focussed on helping keep people out of hospital, it has expanded to include access to primary care and reducing waiting times.
4. Importantly, it has also expanded to embrace locally defined, wider health and wellbeing priorities within the local system. These will be delivered through the NHP with the Board having a critical role in the plane development and delivery.
5. There will be new local NHS provider structures based on local geographies. The Board is responsible for confirming these as developed by the System Neighbourhood Health Programme Board.
6. Board membership will need to help ensure the opportunity afforded through the NHP is fully realised. The Board will wish to agree a local mechanism to develop the plan including input from key stakeholders.

7. The Kent NHP should include both County wide priorities as well as mechanisms to ensure that local district level priorities are recognised and can be actioned. The complexity of upcoming Local Government Reform (LGR) is recognised, however the need for the NHP to commence in April 2027 means action need progress within prevailing systems.

Recommendation(s):

The Kent Health and Wellbeing Board is asked to **COMMENT** on and **AGREE** the outlined approach.

1 Introduction

1.1 This paper outlines the important role of the Kent Health and Wellbeing Board (HWB) in leading the development of the required Neighbourhood Health Plan (NHP) for implementation from April 2027.

1.2 The nationally published Neighbourhood Health Framework (NHF) requires local systems to develop a Neighbourhood Health Plan (NHP) that will be overseen by the Health and Wellbeing Board. This represents an opportunity to ensure that all partners can both contribute to, and have their ambitions furthered by, Neighbourhood health to improve local health and wellbeing as well as achieve key partner and system priorities.

1.3 The current Kent Joint Local Health and Wellbeing Strategy (JHWS) is the local iteration of the Kent and Medway Integrated Care Strategy (ICS) which has strong focus on tackling the full range of health determinants using the Robert Wood Johnson model as well as addressing inequalities and focusing on prevention. This strategy, which runs to 2029 remains highly relevant and appropriate to addressing local health challenges.

1.4 Development and delivery in Kent and Medway will require actions that are led at both a system wide and at a very local level. The development of the NHP must reflect this, with a balance of top down centrally defined and locally agreed priorities and actions.

1.5 Work has been undertaken to review the membership and purpose of the health and wellbeing board which will have an increasingly central role in local health following the dissolution of the Integrated Care Partnership (ICP).

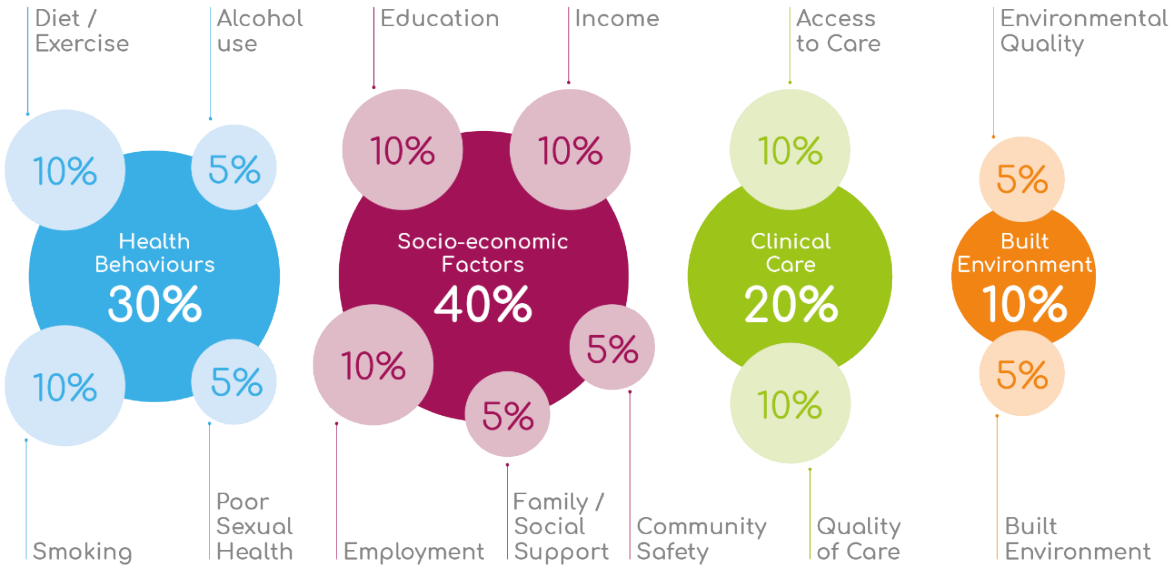
1.6 Following the recent workshop, a range of initial priorities for the Kent Health and Wellbeing Board have been agreed including leadership around mental

health challenges, the Marmot Coastal Region initiative, Neighbourhood Health and the Better Care Fund. Many of these will be embraced within with the NHP

2 Background to Health In Kent

2.1 There remain many challenges to improving the health and wellbeing of the people of Kent. These are well outlined within the local Joint Health Needs Assessments. The key challenges are common to Kent and the developed world and include avoidable early deaths from cardiovascular diseases and cancer as well as mental health challenges, an ageing population and ensuring people reach their potential with a best start in life.

2.2 There is a recognition amongst local partners that to address these challenges our actions must tackle the full range of health determinants including socioeconomic, lifestyle, health and care service and environmental elements. These are captured in the Robert Wood Johnson model embraced locally and shown below. Addressing all these elements will require input and collaboration between the full range of local stakeholders statutory, non-statutory, communities and people themselves.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

2.3 Further key elements of the JHWS include a focus on prevention and a focus on tackling inequalities. It is important that these elements are included within the developed NHP.

3 Background to Neighbourhood Health

3.1 The concept of Neighbourhood Health (NH) arose largely from the need for the NHS to adopt a different approach to helping people remain healthy and to avoid hospitalisation. This both makes sound sense in terms of health and additionally would best ensure system sustainability in the future. It aligns with the key drivers of the NHS plan with shifts from treatment to prevention, hospital to community and analogue to digital

3.2 The initial priority for the NHS in NH is to identify frail people who may be at risk of admission and offer them a range of proactive support services and interventions to help them remain independent. There is also a drive to develop reactive community services able to offer rapid, intense, community based care that would avoid hospital admission in those who might otherwise require it.

3.3 The delivery of these services is to be as close to a person's home as possible with the concept of local NH teams delivering prevention and care. These are discussed further below.

3.4 The thinking was widened considerably within the Neighbourhood Health Framework (NHF) document which expanded the focus to include access to primary care and routine hospital waits as well as the wider role of partners in delivering prevention with the HWB being made responsible for developing the NHP.

3.5 While the NHF does discuss the need to address mental health challenges and the needs of children, young people and families, it is fair to say that these areas do not receive the initial focus and emphasis that is afforded to prevention of hospital admission in frail older people. While the model is largely a medical one, there is the recognition of the role of partners in wider elements of prevention.

4. The Providers of Neighbourhood Health

4.1 There have been changes to healthcare commissioning, with the Integrated Care Board (ICB) assuming a strategic commissioning role and with more emphasis on potential health and social care integration. In terms of delivery, Health and Wellbeing Boards are charged with defining the geography of neighbourhoods through the Neighbourhood Health Plan. The multi-partner NHS led Neighbourhood Health Programme Board has determined a proposed structural geography and needs now to seek the agreement of the Health and Wellbeing Board on this. Broadly NHS Neighbourhood Health

services will be delivered at two levels, Single Neighbourhood Providers (SNPs) and Multi Neighbourhood Providers (MNPs)

4.2 Single Neighbourhood Providers (SNPs) will deliver services through Integrated Neighbourhood Teams in a defined area with a population of around 50 thousand people. Primary care will be able to provide some of these new services in addition to their current contracts, alongside the local Single Neighbourhood Provider contract holder.

4.3 Additionally there will be Multi-Neighbourhood Providers (MNPs) with a clear relation to the Single Neighbourhood Providers providing services to a population of around 250 thousand people where it makes more sense for the services to be delivered at that scale. It is further important that these align with current and future local authorities

4.4 There are also plans to introduce Integrated Health Organisations (IHOs). These will be selected local providers with a whole population health budget for a given geography, covering one or more Multi-Neighbourhood Providers. The Integrated Health Organisation will allocate resources and plan services, and may hold contracts with other local providers. They will develop the infrastructure to shift resources from acute to community. NHS trusts will be designated by the Department of Health and Social Care (DHSC) and NHS England to hold Integrated Health Organisation contracts. These designated trusts can then be commissioned by Integrated Care Boards using a newly developed Integrated Health Organisation contract.

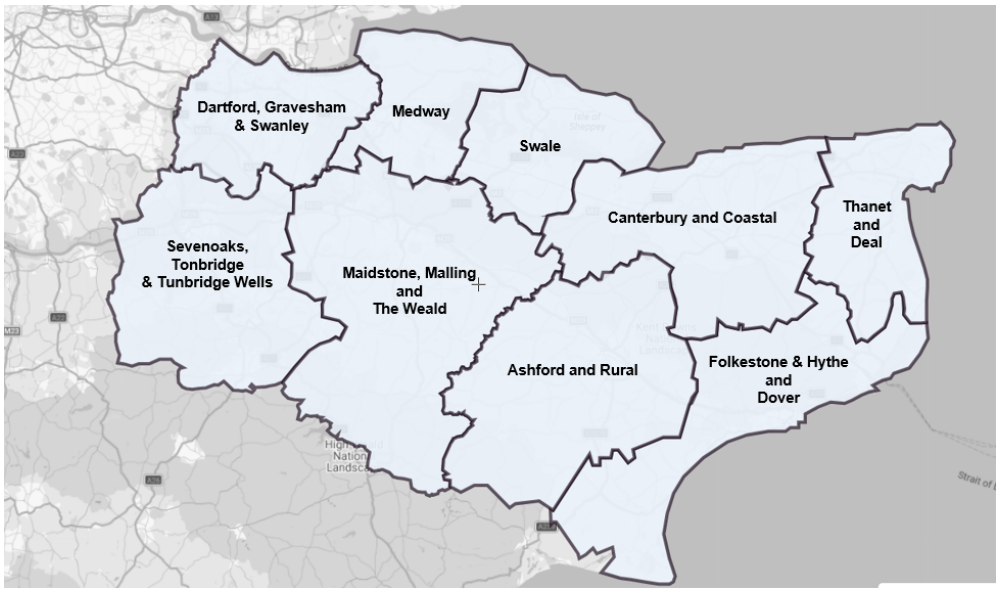
4.5 Kent and Medway ICB have been considering potential footprints for Multi-Neighbourhood Providers locally. There is a clear understanding that the footprints will need to evolve over time and that the “boundaries” of these footprints should not be so fixed that they become a barrier to care and support inequity of service by being too fixed.

4.6 In Kent and Medway, nine multi-neighbourhood footprints have been proposed each ranging from 109,000 to 339,000 residents. These are designed to be large enough to enable collaboration, yet local enough to maintain a strong sense of place and identity, providing the right balance for effective joint planning and delivery. Each footprint brings together several single neighbourhoods to strengthen integration across health, care, and community services, support shared workforce planning, and align resources around local population needs. There are a total of 45 local Single Neighbourhood Providers in Kent and Medway based around existing primary care networks (PCNs).

4.7 It is recognised that Local Government Reform (LGR) is progressing. MHP footprints have been developed within this context with consideration of

possible LGR outputs. It is recognised that if agreed future boundaries do not align with proposed MNPs then the footprints will need to be revisited.

	Multi-Neighbourhood Footprints	Population Count
1.	Dartford, Gravesham & Swanley	c.297,955
2.	Medway	c.338,780
3.	Swale	c.109,030
4.	Canterbury and Coastal	c.221,200
5.	Thanet and Deal	c.205,020
6.	Dover, Folkestone & Hythe	c.180,890
7.	Ashford and Rural	c.216,000
8.	Maidstone, Malling and The Weald	c.297,990
9.	Sevenoaks, Tonbridge & Tunbridge Wells	c.241,660



5 The Neighbourhood Health Plan

5.1 The Neighbourhood Health Framework details actions required to deliver neighbourhood health from now until 2029. As discussed, a key element is the role of the Health and Wellbeing Board in leading the development of the Neighbourhood Health Plan (NHP). This is to be implemented from April 2027 so will need to be developed over the coming year.

5.2 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, VCSE, employment support.

The agreed Neighbourhood Health Plan will be part of the Integrated Care Board's 5 year commissioning plan.

5.3 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.

5.4 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.

5.5 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.

5.6 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.

6 The Kent System Opportunity from the NHP

6.1 It is important that we do not miss the opportunity to align action across the system to best improve health and care outcomes. Our Plan will need to ensure systems and structures are developed at a local and higher level to deliver key evidence based interventions that will deliver defined system priorities. Local clinical leadership, supported by proposed Modern Service Frameworks will be key to this for those elements led by NHS colleagues.

6.2 There are key deliverables that must be included in the NHP that will be defined by partners including the NHS, County, and potentially Districts. We need to agree how we best work together to deliver win-wins for the system and the people we serve.

6.3 It is fair to say that the NHF has expanded in scope from earlier thinking to embrace a far wider range of NHS challenges including around access to elective and primary care. It has also, through the NHP, embraced a wider approach to health and its delivery. This is to be welcomed although the initially cited approach to supporting system sustainability through prevention with a focus on avoiding both hospital and residential care admissions remains critical for the NHS and the County Council.

6.4 District Councils are already building further on their role in improving health including through local health partnerships (in some called Health Alliances) which already engage local NHS and VCSE partners and focus on, often defined local communities. Development of the NHP will benefit from understanding and including their local priorities.

6.5 County Council priorities have been defined and must be included within the NHP. In Kent County Council, the Adult Social Care Prevention Framework defined the need to prevent people losing their independence. Additionally there are agreed Public Health Priorities (attached as Appendix A). The Council will define key opportunities and asks to help deliver its ambitions.

6.6 The NHS asks of NH have been clearly articulated in the NHF and the NHP will need to define how partners will, in turn, play their role in ensuring success in these ambitions.

6.7 There are additional wider system groups who have a role to play and are keen to engage in the NHP. These include the Kent Housing Group and the VCSE Health Alliance.

6.8 While the NHF has more of a focus on Mental Health and Children and Families than the earlier NH publications, there is still a sense that a higher profile is required. It is important that these areas are included specifically in the NHP and agreed actions.

6.9 There are a number of key initiatives underway focussing on the wider determinants of health including Marmot Initiatives. It is important that this work is linked in with NHP development and action.

7 Developing the NHP

7.1 Appendix B provides a draft outline of what the plan might include and how it might be structured. Appendix C is an outline of the tasks defined by the NHS, required within the system between now and April 2027

7.2 The Health and Wellbeing Board will wish to ensure proposed priorities and actions align with the JSNA asks and the JHWS. In Kent and Medway, strategy has been driven by the Kent and Medway Integrated Care Strategy that was developed with wide partner input and has been widely agreed. This Strategy runs until 2029 and has been adopted as the Kent JHWS. Given that the population health challenges have broadly remained the same, and the level of buy in, it is proposed that the current JHWS and ICS Strategy remain relevant.

7.3 The system Clinical Leadership Group has defined key interventions that will prevent hospital admissions. This work, with similar emphasis on avoiding residential care admissions (many interventions enable both) will remain key in aiding future system sustainability which must remain a key driver for the NHP.

7.4 Kent County Council have developed an internal group to ensure both optimal corporate support for NH and that council priorities, asks, actions and metrices are clearly defined. This approach will provide clarity around the role and expectations of the Council.

7.5 Lead officers with responsibility for health across each District are involved in discussions around how best they feel district and local partner priorities and actions can be included in the NHP as well as how they can strengthen links with new NHS structures. The majority of Health Alliances are now arranging initial workshops to better understand NH and to agree how they wish to ensure that NH best benefits local populations.

7.6 Meetings have also been agreed with other partners such as the Kent Housing Group who are keen to play a role. It is important to define how local housing support links to NHS services. This could be at SNP, MNP or acute trust level or a combination of these. There has also been a conference led by the VCSE Health Alliance with further work planned to ensure optimal input from VCSE colleagues.

7.7 It is important that colleagues leading on Mental Health and on Children and Young People are engaged, to ensure opportunities to use NH to improve health in these areas are captured and actioned.

8 Making the NHP work

8.1 It goes without saying there is no value in a detailed, tick box, tome type document unless specifically required by the NHS centre. It is proposed that the NHP be as concise as possible, including a plan on a page.

8.2 It must however drive key actions at a system and local level that will enable sustainability through reduction in acute and residential care admissions.

8.3 The NHP can describe how the local system will work as well as flagging local priorities but detailed action in these areas need to be included within local action plans. These are planned at SNP and MNP level with more work required on how best to play in district level priorities and actions.

8.4 Currently local Health Alliances include Primary Care Networks (PCNs) that will become the SNPs to a variable extent with some PCNs fully engaged and others with less involvement. We need to work with NHS colleagues to agree how best to ensure that these links are strong.

8.5 Linked to the above, it is recognised that LGR will impact on future local structures with some clarity by July. It is proposed that given the need for action from 2027 and the longer timescale for LGR implementation, that current local district level plans are captured at MNP level. Additionally, hyperlocal partnership activity can be included in SNP plans although a mechanism to enable this will need more thought.

8.6 As the proposed plan will be short, following the NHS approach of a few key overarching indicators, it is proposed that the number of wider partnership measures in the plan is small and they are restricted to key metrices that all partners will own.

8.7 It is fair to say that the need to develop the plan within DHSC timescales that overlap with impending LGR adds additional complexity. Currently the Board is responsible for the people of Kent and additionally local Health Alliances are concerned with the specific needs of local populations. Post LGR, we will likely see a different model with large Unitary authorities.

8.8 Health needs and the best interventions to address these will not however change. It is important then that we develop a widely owned and agreed NHP with metrices that make sense at different geographies so that we can start to deliver in April and have some confidence that agreed endeavours will continue regardless of structural change.

9 Delivering the Neighbourhood Plan through the Health and Wellbeing Board

9.1 A separate paper discusses the opportunities to strengthen the HWB.

9.2 To optimally deliver, the recent HWB workshop suggested there may be a need to reconsider membership. This included wider NHS membership to include provider trusts e.g. an acute trust CEO and the community trust CEO and initial conversations suggest these officers are keen to be members.

9.3 There is also a need to consider officer leads to aid the 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, ASC and CYP officers as well as NHS, District Council and VCSE officers with an even smaller group to produce the actual plan. There would need to be strong supportive data analytics.

10 Conclusions

10.1 The Neighbourhood Health Framework details actions required to deliver neighbourhood health from now until 2029. A key element is the role of the Health and Wellbeing Board in leading the development of the Neighbourhood Health Plan (NHP). This is to be implemented from April 2027 so will need to be developed over the coming year.

10.2 The NHP will describe how NHS objectives will be delivered and how Neighbourhood Health will support local goals around inequalities and health outcomes .It will link local objectives to the JSNA, confirm NH geographies and organisational responsibilities and describe how other local initiatives align with Neighbourhood Health e.g. Family hubs, housing, VCSE, employment support

10.3 The NHP offers a local opportunity to improve health through agreeing local priorities and actions, both at county level and at a local level, as well as catalysing stronger partnership working at both a strategic and an operational level.

11. Recommendation(s):

11.1 The Kent Health and Wellbeing Board is asked to **COMMENT** on and **AGREE** the outlined approach.

12. Appendices

- Appendix A: Kent Public Health - six strategic priorities for 2026/27
- Appendix B: Draft Structure of Neighbourhood Health Plan
- Appendix C: NHS Key priorities steps for 2026/27

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