KENT COUNTY COUNCIL

KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 23 July 2026.

PRESENT: Mrs G Foster, Mr J Henderson, Mr M Mulvihill, Mr E Waller, Cllr M Blakemore, Dr A Ghosh, Mr R Goatham, Cllr H Perkin and Ms H Woodland

ALSO PRESENT: Dr K Langford (Chief Medical Officer, NHS Kent and Medway)

IN ATTENDANCE: Dr M Gogarty (Strategic Lead Public Health Consultant), Mr R Streatfield (KCC Member - item 9)

UNRESTRICTED ITEMS

74. Membership Update
(Item 1)

It was noted that the following Members had joined the Board:

- Mr Henderson (Cabinet Member for Environment, Coastal Regeneration and Public Health)

- Mrs Foster (Cabinet member for Adult Social Care)

- Mr Webb (Cabinet Member for Children's Services) who will be representing the Leader; and

- Helen Woodland (Corporate Director for Adult Social Care and Health)

75. Appointment of Co-opted Member(s)
(Item 2)

It was RESOLVED that Dr Bob Bowes be re-appointed as a co-opted member of the Kent Health and Wellbeing Board.

76. Election of Chair
(Item 3)

1. Mrs Foster proposed and Mr Mulvihill seconded that Mr Henderson be elected as Chairman of the Kent Health and Wellbeing Board. No Other nominations were received.

2. Following the election of Chair, Mr Henderson took his seat.

3. It was RESOLVED that Mr Henderson be elected as Chairman of the Kent Health and Wellbeing Board.

77. Election of Vice-Chair
(Item 4)

1. Mrs Foster proposed and Mr Mulvihill seconded that Dr Bowes be elected as Vice-Chairman of the Kent Health and Wellbeing Board. No other nominations were received.

2. It was RESOLVED that Dr Bowes be elected as Vice-Chairman of the Kent Health and Wellbeing Board.

78. Apologies and Substitutes
(Item 5)

Apologies were received from Dr Bowes, Councillor Moses and Christine McInness

79. Declarations of Interest by Members in items on the agenda for this meeting
(Item 6)

There were no declarations of interest.

80. Minutes of the Meeting held on 4 March 2026
(Item 7)

It was RESOLVED that the minutes of the meetings held on 4 March 2026 were an accurate record and that they be signed by the Chairman.

81. Director of Public Health Verbal Update
(Item 8)

1. Dr Ghosh, Director of Public Health, provided an update on the following:

   (a) It was advised that, although a heatwave was not currently being experienced, conditions could change and further periods of extreme heat remained possible. He noted that temperatures above 30°C, and particularly those approaching 40°C, posed health risks to all individuals and not only to the very young or older population groups. Members were encouraged to enjoy warm weather responsibly, with key public health messages being to keep cool, stay hydrated and be prepared for periods of extreme heat.

   (b) The Meningitis B (MenB) vaccination programme had commenced following the MenB outbreak in Kent. Dr Ghosh advised that the programme was available to all Year 13 students, irrespective of university plans, individuals under 25 commencing university for the first time in autumn 2026, and those under 25 entering residential further education for the first time. Eligible individuals could book vaccinations through the NHS National Booking Service or participating community pharmacies, with evidence of a university or residential college place required. The first doses were being offered from the week commencing 20th July 2026 until 31 December 2026, with second

doses available until 31 March 2027. He highlighted that two doses, administered at least four weeks apart, were required to achieve full immunity. The current arrangements comprised a one-off vaccination campaign. The Government and the Joint Committee on Vaccination and Immunisation (JCVI) were reviewing the epidemiology of the outbreak and would determine any longer-term vaccination policy, with no further campaign currently announced.

(c) To conclude, Dr Ghosh provided an update on neighbourhood health transformation following a visit to Kent and Medway by Professor Claire Fuller, National Medical Director and national lead for the Neighbourhood Health Model. He noted that Professor Fuller, author of the Fuller Stocktake, had met with system leaders to review progress and future plans.

Dr Ghosh reported that the visit had highlighted the leadership team's strong understanding of both the challenges facing the health and care system and the opportunities presented by neighbourhood health. He observed that the scale of ambition represented a significant transformation across primary, secondary and community care.

The Board was advised that a proactive and anticipatory primary care model was emerging, supported by innovative approaches, strong clinical leadership and a clear commitment to shifting care upstream and closer to communities. Dr Ghosh noted that the system had been challenged to reimagine service delivery and operational arrangements across neighbourhood footprints.

He further highlighted the potential role of Health and Wellbeing Boards in supporting delivery and accountability for the Neighbourhood Health Model through strengthened oversight, alignment across partner organisations and a continued focus on improving outcomes for local communities.

Dr Ghosh also noted that there was a clear implementation timetable in place and highlighted the expectation that, by 1 April 2028, local authority services should be visibly aligned with neighbourhood delivery models, coinciding with local government reorganisation implementation arrangements.

2. Further to questions and comments from Members the discussion included the following:

(a) In response to a question regarding how the NHS was building future resilience to climate change and extreme weather, and recognising that such conditions may increasingly become the norm rather than exceptional events, Mr Waller, Deputy Chief Executive and Chief Strategic Commissioning Officer, advised that the ICB was actively assessing and quantifying the effects of recent heatwaves. He noted

that, should current weather patterns continue, adaptation to extreme heat would need to become an integral part of NHS planning processes. This work encompassed both physical and logistical considerations, including the resilience of healthcare infrastructure, estate facilities and air-handling systems, as well as wider service pressures arising during periods of extreme heat. Examples included the impact on care home residents, the role of primary care in supporting vulnerable individuals within communities and preventing avoidable hospital admissions, and the potential need to manage summer heat events in a similar way to winter pressures through enhanced escalation planning and service responses.

(b) The Chair welcomed the updates provided. In relation to extreme heat, he noted that advances in long-range weather forecasting could support future planning and preparedness by providing greater confidence in predicting periods of sustained hot weather. Regarding the MenB vaccination programme, he highlighted the positive response of schools, citing Dane Court School's proactive action following concerns about a potential case, and expressed reassurance that no case had been identified. Mr Henderson also reflected on meeting Professor Claire Fuller during her visit to Kent and Medway, noting the value of hearing her observations from across the country and discussing Kent's characteristics, including its tourism offer and local context.

3. It was RESOLVED that the verbal update be noted.

82. Kent Health and Wellbeing Board Terms of Reference (ToR) and Priorities
(Item 9)

1. Mr Henderson and Dr Ghosh introduced a report on the report on the future role and operation of the Kent Health and Wellbeing Board, which invited members to consider and endorse proposed revisions to the Board’s Terms of Reference. The proposed changes reflected the Board’s evolving leadership role, particularly in relation to the development of a Local Neighbourhood Health Plan, changes within the NHS, and the increasing importance of partnership working to improve health outcomes and reduce inequalities across Kent.

2. Dr Ghosh advised that the meeting marked the final meeting of the Health and Wellbeing Board in its current form, with a refreshed Board expected to be relaunched at its next meeting in September. He noted that supplementary papers had been provided setting out the findings from workshops and engagement undertaken earlier in the year on the future role and structure of the Board, and that these had informed the revised Terms of Reference where appropriate.

3. The Board was reminded that following the establishment of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) in July 2022, the ICP had become the principal multi-agency strategic forum for health and

wellbeing across Kent, resulting in the Health and Wellbeing Board meeting only annually. Dr Ghosh explained that, with the ICP due to be abolished, the Health and Wellbeing Board would resume a central role as the primary forum for strategic health and wellbeing discussions across Kent.

4. Dr Ghosh highlighted the principal changes proposed within the revised Terms of Reference. These included confirming the Health and Wellbeing Board as Kent's principal strategic health and wellbeing partnership; strengthening its role in overseeing delivery of the Neighbourhood Health Model and Kent's Neighbourhood Health Plan; clarifying its relationship with the Health Overview and Scrutiny Committee; introducing annual priority-setting and performance reporting arrangements; enabling functions to be delegated to sub-committees; refreshing membership to reflect the Board's enhanced strategic role; and increasing the frequency of meetings to at least quarterly. The Board was advised that, as a statutory committee of the Council, the revised Terms of Reference would be required to proceed to the Selection and Member Services Committee and subsequently to Full Council for formal approval.

5. Prior to opening the discussion, Mr Henderson (Chair) highlighted that, in addition to noting the report, members were being asked to endorse the revised Terms of Reference for the Health and Wellbeing Board. He emphasised the importance of ensuring that the proposed arrangements accurately reflected the Board’s role, responsibilities and functions within the evolving health and care system. Mr Henderson invited members to propose and discuss any amendments in turn before determining whether they should be considered for incorporation into the revised Terms of Reference. The Board was reminded that any revisions endorsed at the meeting would be subject to further consideration by the Selection and Member Services Committee before being referred to Full Council for formal approval and adoption.

6. Further to questions and comments from Members the discussion included the following:

   (a) An amendment was proposed to increase elected member representation from Kent district, borough and city councils from three to four members, reflecting anticipated local government reorganisation arrangements and providing representation from each future local authority area

   (b) It was proposed that the membership provisions relating to NHS representation be amended to align with current NHS collaborative arrangements across Kent, with representatives nominated through the relevant provider collaboratives, including the Primary Care Alliance and acute provider collaboratives. This would ensure that Board membership reflected existing NHS partnership structures and ways of working.

(c) It was suggested that the effectiveness of the refreshed Health and Wellbeing Board would be strengthened through a more collaborative approach to agenda setting, reflecting feedback from the earlier workshops. Involving Board members collectively in developing future agendas would help ensure discussions were aligned with strategic priorities and enable the Board to reach stronger conclusions. In response, Dr Ghosh advised that agenda-setting arrangements were already established for committees and suggested that similar mechanisms could be adopted for the Health and Wellbeing Board to provide members with opportunities to contribute to the development of future agendas.

(d) An amendment was proposed to the voting provisions within the Terms of Reference to clarify that decisions of the Health and Wellbeing Board could not override the statutory powers, responsibilities or governance arrangements of individual partner organisations. It was noted that, whilst the Board could reach collective decisions, these could not compel Kent County Council, NHS bodies or other statutory organisations to act outside their own decision-making and accountability frameworks.

(e) Mr Streatfield, with the agreement of the Chair, addressed the Board and welcomed the proposed revisions to the Terms of Reference. He proposed that consideration be given to including a specific focus within the Board's mental health priority on combat veterans' mental health and access to health services. He highlighted concerns regarding the barriers some veterans faced in accessing support and noted the opportunities presented by existing local initiatives and services, including Op Courage and the Valour Hub. Mr Streatfield also indicated his willingness to support this work through future involvement or a dedicated sub-committee structure. The Chair and Members expressed support for the proposal.

(f) A query was raised regarding how proposed amendments to the Terms of Reference, including those of a more substantive nature, would be reflected through the governance process and whether there would be an opportunity for further review before formal approval. Members were advised that the Board's role at this meeting was to endorse the proposed amendments for onward consideration rather than to approve the final Terms of Reference. It was noted that the revised Terms of Reference would be considered through the Council's governance process, including by the Selection and Member Services Committee, and that should significant amendments arise during that process, further discussions would take place and progression to Full Council could be deferred to enable appropriate consideration before formal adoption.

7. The Chair thanked members for their comments and noted that the amendments proposed during the meeting would be considered for incorporation into a revised draft of the Terms of Reference. Members were reminded that the Board was being asked to endorse the proposed Terms of Reference, which would subsequently be considered through the Council's governance process, including by the Selection and Member Services Committee and Full Council, before any changes could take effect.

8. It was RESOLVED that the Kent Health and Wellbeing Board:

(a) Note the evolving national and local context for Health and Wellbeing Boards, including the Board's anticipated leadership role in the development and oversight of the Kent Neighbourhood Health Plan and Better Care Fund arrangements;

(b) Endorse the proposed future role, membership and ways of working for the Kent Health and Wellbeing Board as set out in this report;

(c) Endorse the proposed changes to the Terms of Reference attached at Appendix 1; and

(d) Note that any revisions to the Terms of Reference endorsed by the Board will be subject to consideration by the Selection and Member Services Committee prior to formal approval and adoption by Full County Council

83. Development of the Neighbourhood Health Plan
(Item 10)

Dr Mike Gogarty, Strategic Lead for Public Health, was in attendance for this item.

1. Dr Mike Gogarty introduced the report on the development of the Kent Neighbourhood Health Plan and welcomed the Department of Health and Social Care's recognition of Health and Wellbeing Boards as the key bodies responsible for leading the development and delivery of local approaches to improving health and wellbeing. He advised that this presented both an opportunity and a challenge for the Board.

2. He noted that the current Kent Joint Health and Wellbeing Strategy was aligned with the Kent and Medway Integrated Care Strategy and remained the principal strategic framework for addressing health and wellbeing challenges across Kent. Whilst those challenges had remained largely unchanged, Dr Gogarty highlighted the need to incorporate emerging NHS requirements and develop an approach that balanced national priorities, county-wide challenges and local needs. He emphasised the importance of addressing the wider determinants of health, including socioeconomic, environmental, lifestyle and access-related factors.

3. Dr Gogarty explained that the original neighbourhood health model had been driven largely by the need to reduce avoidable hospital admissions and support people more effectively within community settings. He noted that the national Neighbourhood Health Framework had since broadened in scope to encompass prevention, improved access to primary care, reduced waiting times, population health improvement and action on health inequalities. He highlighted the importance of ensuring that mental health, children, young people and families remained a strong focus within local delivery arrangements.

4. The Board was advised that NHS partners were reorganising services to support more proactive and preventative models of care, identifying those at greatest risk of ill health and intervening earlier to avoid hospital admissions. Dr Gogarty emphasised that the focus on admission avoidance remained central to NHS priorities and aligned closely with the County Council's ambition to support independence and reduce reliance on residential care. He noted that achieving these objectives would require close alignment between health and social care services.

5. Dr Gogarty advised that the Kent Neighbourhood Health Plan, which was required to be in place by April 2027, would set out how the NHS reform priorities of prevention, community-based care and improved access to services would be delivered alongside local priorities relating to health inequalities and wider determinants of health. The Plan would align with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, include arrangements for the Better Care Fund, and set out the contribution of partners including district councils, housing providers, voluntary and community sector organisations and family hubs.

6. He noted that the proposed multi-neighbourhood geographies had been developed prior to local government reorganisation and may require further review as future arrangements became clearer. He also advised that engagement was underway with Health Alliances, district partners, housing organisations and the voluntary and community sector to ensure local priorities informed the development of the Plan.

7. In concluding, Dr Gogarty stressed the importance of progressing the Plan at pace despite local government reorganisation. He advised that the Plan should be concise, practical and focused on delivery, providing a sustainable framework for improving health and wellbeing outcomes whilst remaining sufficiently flexible to operate effectively through future system changes.

8. Further to questions and comments from Members the discussion included the following:

   (a) In response concerns regarding the achievability of delivery by April, given the anticipated September establishment of the Health and

Wellbeing Board and the limited implementation period thereafter, Mr Gogarty confirmed that the timetable remained achievable.

(b) With regard to capacity implications for officers in the context of Local Government Reorganisation, Dr Ghosh acknowledged those concerns and provided reassurance that established neighbourhood health governance arrangements, including a delivery group and steering board, were already in place and would continue to progress work between formal Board meetings. He further noted that additional Health and Wellbeing Board meetings could be held to support delivery of the Plan.

(c) Mr Waller, Deputy Chief Executive and Chief Strategic Commissioning Officer, emphasised that success should be measured by the extent to which outcomes for people receiving services had improved, rather than by the quality of the Plan document itself. He noted that Kent and Medway had become the first area in England to utilise provisions within the GP contract to commission a new model of intervention for complex care cohorts, securing participation from all GP practices across the area. This approach was expected to provide more proactive support for approximately 90,000 residents, helping to improve health outcomes, reduce avoidable hospital admissions, and enable more people to remain living independently at home.

(d) Concern was raised that, whilst the document stated that health needs had not changed, there was evidence of increasing demand for mental health interventions linked to factors including the cost of living, loneliness and digital isolation. It was suggested that these issues were not sufficiently reflected in the document, and clarification was sought on how wider determinants and external influences affecting people's health and wellbeing would be captured. In response, Dr Ghosh acknowledged that health needs had changed and advised that any suggestion in the document that they were static was unintended.

(e) Support was expressed for the Plan as a foundation for developing the neighbourhood model. However, it was suggested that greater emphasis should be placed on non-statutory factors affecting people's lives, including debt and housing, and on how agencies providing these services would be involved. It was noted that influencing outcomes such as hospital admissions and entries into care homes began well before individuals came into contact with statutory health or social care services.

(f) Mr Henderson (Chair)noted that Ashford Borough Council, alongside Kent County Council through the No Use Empty programme, was supporting the creation of housing within town centres to enable residents to live closer to local services and community facilities. He advised that this work aligned with the objectives of the Plan and stated that all relevant portfolios would be ready to support its delivery.

9. It was RESOLVED that the Kent Health and Wellbeing Board commented on and agreed the outlined approach to the development of the Kent Neighbourhood Health Plan.

84. Update on the Marmot Review
(Item 11)

1. Dr Ghosh provided an update on the Marmot Coastal Region programme and noted that Kent was the first Marmot Coastal Region. He advised that the initiative had been informed by research into Marmot regions across the country, engagement with stakeholders, and findings from the Chief Medical Officer's report on coastal inequalities. Further work undertaken by Public Health in 2021 had identified similar inequalities along Kent's coastline, leading to the decision to focus the programme on coastal communities.

2. Dr Ghosh explained that the Marmot approach comprised eight principles and that the initial focus had been placed on work and pathways into employment, as a key wider determinant of health. He noted that this aligned closely with subsequent national policy developments, including the Kent and Medway Connect to Work initiatives, and that the programme was intended to expand to encompass the wider Marmot principles over time.

3. It was noted that the programme covered the coastal districts of Swale, Canterbury, Thanet, Dover and Folkestone & Hythe, together with Ashford due to its links with neighbouring coastal areas. The programme's four objectives were to achieve strategic alignment, identify high-impact actions, promote culture change around wider determinants of health and health inequalities, and build momentum for sustained change.

4. Dr Ghosh outlined the governance arrangements, which included a steering group comprising representatives from local authorities, the NHS, education, VCSE organisations, the Department for Work and Pensions and the Institute of Health Equity. An Expert Advisory Board, chaired by Sir Michael Marmot, provided strategic oversight, supported by a working group responsible for day-to-day delivery. The steering group was accountable for reporting progress to the Health and Wellbeing Board.

5. Members were reminded that the Marmot Coastal Region had been formally launched in Dover in March 2026 by Sir Michael Marmot. Dr Ghosh advised that, as part of the programme, Kent County Council had committed by April 2028 to support at least 200 young people into education, employment or training, assist 150 people on probation into education and employment, and support a further 100 people facing

additional disadvantages, including care leavers, carers and people with mental ill health, into work.

6. Dr Ghosh advised that delivery was being progressed through a three-tier approach comprising long-term culture change, system alignment and the Marmot Accelerator Programme. He noted that the Institute of Health Equity had produced the recently published Kent Report, including a data-led analysis and deep dive into work, income and health. Work was also underway to align existing programmes addressing employment and pathways into work to maximise impact and avoid duplication.

7. The Marmot Accelerator Programme focused on local innovation projects designed to support people with high levels of need into employment and improve work-related skills. Dr Ghosh advised that commissioning would be delivered in two phases, with an initial focus on preventing young people from becoming not in education, employment or training, together with a grant scheme for local organisations. The second phase would focus on projects supporting delivery of the programme pledges relating to probation services and people facing additional disadvantages.

8. Dr Ghosh further reported that the first Marmot Accelerator project had commenced on the Isle of Sheppey in June through the Breaking Barriers initiative. The Sheppey Career Readiness Initiative aimed to support 36 young people who were not in education, employment or training into those opportunities over a 12-month period.

9. Further to questions and comments from Members the discussion included the following:

   (a) Support was expressed for the practical projects being delivered through the Marmot programme, particularly the Sheppey initiative, and it was noted that the partnership workshops had provided valuable opportunities for agencies to work together and consider both existing activity and gaps in provision. It was further noted that one of the Marmot principles related to tackling racism, and concern was raised that there was a perception among some communities that racism was increasing. It was expressed that a more proactive approach be taken to tackling racism within communities and for this to be reflected in the further development of the Marmot programme.

10. It was RESOLVED that the Kent Health and Wellbeing Board noted the key components of the Kent Marmot Coastal Region and discussed how to support the initiative.