Prevention Group Review

Findings and Discussion Paper
Date: September 2026

Purpose: To support discussion and decision-making regarding the future role, priorities and structure of the Prevention Group.

Background:

At the July 2026 Prevention Group meeting, members participated in a facilitated discussion regarding the future purpose, priorities, governance arrangements and meeting structure of the Prevention Group.

The discussion took place within a rapidly changing system context, including:

- Development of the Neighbourhood Health model.
- Changes to Integrated Care Board (ICB) structures and governance.
- The evolving role of the Kent and Medway Health and Wellbeing Boards.
- Existing prevention, health inequalities and population health programmes across the system.

The purpose of the discussion was to consider whether the current operating model remains fit for purpose and how prevention should be positioned within future system arrangements.

Following the meeting, a review template was circulated to attendees and key stakeholders to validate and expand upon the themes identified during the discussion. Four responses were received and have informed this paper alongside the views expressed at the July meeting.

Key Themes

1. Strong Support for Retaining a Prevention Function

There was broad agreement that prevention should continue to have a visible and identifiable place within Kent and Medway's governance arrangements.

Members recognised the value of having a dedicated forum that brings together partners from Public Health, NHS organisations, Adult Social Care, local authorities, VCSE organisations and wider determinants partners.

Although there was discussion regarding the future structure of the group, there was limited support for disbanding prevention activity altogether. Members felt there remains a need for a forum that can champion prevention, influence strategic priorities and maintain a focus on improving population health and reducing demand on services.

2. Clarification of Purpose is Required

A significant theme throughout the discussion was the need to clearly define the purpose of the group.

Questions raised included whether the future group should primarily:

- Provide strategic leadership.
- Influence policy and system priorities.
- Act as an advisory or reference group.
- Oversee delivery against agreed priorities.
- Support action and implementation across partner organisations.

Members felt greater clarity around purpose would be required before agreeing future priorities, membership and governance arrangements.

3. Attendance, Value and Future Alignment

Members recognised that attendance has reduced over time, reflecting the number of prevention-related meetings and governance forums across the system. There was support for undertaking a mapping exercise to identify overlaps, improve alignment and make best use of partner capacity.

Despite this, members agreed the Prevention Group continues to add value as one of the few forums bringing together partners from health, local government, Adult Social Care, VCSE organisations and wider determinants sectors. Key benefits identified included cross-system collaboration, shared learning, programme alignment and maintaining prevention as a visible strategic priority.

While some members supported streamlining future arrangements, there was little appetite for removing a dedicated prevention forum. Instead, discussion focused on how the group could evolve to improve attendance, increase value and become more action oriented.

4. Prevention and Health Inequalities are Closely Linked

There was considerable support for exploring closer alignment between prevention and health inequalities.

Several members noted that prevention is a key mechanism for reducing health inequalities and improving outcomes, and that both agendas share common objectives and stakeholders.

Suggestions included exploring closer alignment between prevention and health inequalities arrangements, recognising the overlap in objectives, stakeholders and areas of focus

5. Need for a Smaller Number of Priorities

Members felt that the current programme spans a wide range of topics and that greater impact may be achieved through a more focused approach.

Discussion suggested that the future group should concentrate on a limited number of priorities where it can add value and influence change.

Areas highlighted during discussions included:

- Health inequalities and equity.
- Rising Risk populations.
- Cardiovascular disease prevention.
- Wider determinants of health.
- Neighbourhood Health.
- Healthy ageing and population wellbeing.
- There was support for identifying one to three priorities that could form the core focus of the group's work programme.

6. Meetings Should Be More Action-Focused

A consistent message from both the discussion and written feedback was that meetings should focus more strongly on action, outcomes and impact.

Members suggested:

- Clear objectives for each agenda item.
- Specific actions and asks of members.
- Greater accountability for delivery.
- Reduced emphasis on information-sharing updates.
- Clear measures of success linked to priorities.

Several members felt this would improve engagement and attendance and create a stronger sense of purpose.

7. Mapping Existing Groups and Governance Arrangements

Members highlighted the complexity of current governance arrangements and the number of groups operating across the prevention, inequalities and population health landscape.

Several participants indicated that duplication may exist and that responsibilities are not always clear.

There was strong support for undertaking a mapping exercise to:

- Identify existing groups.
- Clarify remits and reporting arrangements.
- Highlight areas of overlap.
- Explore opportunities for alignment or merger.
- Improve efficiency and reduce duplication.

8. Value of Multi-Agency Collaboration

Members consistently highlighted the value of bringing together different sectors and perspectives.

The Prevention Group was recognised as one of the few forums where Public Health, NHS partners, local authorities, Adult Social Care, VCSE organisations and wider determinants partners can consider prevention collectively.

There was support for maintaining this multi-agency approach regardless of the future structure adopted.

Review responses also highlighted the importance of maintaining representation from the VCSE sector and wider determinants partners, recognising that many of the factors that influence health outcomes sit outside traditional health and care services. The Prevention Group was viewed as an important mechanism for bringing these perspectives together and influencing wider system priorities

Emerging Considerations

Based on the discussion and feedback received, the following areas merit further consideration:

Purpose

- What should the primary purpose of the group be?
- Should it be strategic, advisory, influencing, delivery-focused or a combination of these functions?

Priorities

- What are the two to three areas where the group can have the greatest impact over the next 12 months?

Alignment

- Should prevention and health inequalities functions be more closely aligned?
- Are there opportunities to align or merge with existing prevention-related groups?

Governance

- How should the group sit within emerging Health and Wellbeing Board arrangements?
- What reporting and accountability mechanisms are required?

Membership

- Does current membership reflect the partners required to achieve the group's objectives?
- Are there gaps in representation that need to be addressed?

Initial Recommendations

The following recommendations are proposed for discussion:

1. Retain a dedicated prevention-focused forum within Kent and Medway.
2. Review membership, attendance expectations and reporting arrangements to ensure the group adds value, remains representative and makes the best use of partner capacity.
3. Clarify the group's future purpose and function.
4. Focus on a small number of agreed strategic priorities.
5. Explore opportunities to align prevention and health inequalities activity.
6. Undertake a mapping exercise of key prevention-related groups and governance arrangements.
7. Redesign meetings to be more action-focused and outcome-driven.

Next Steps

The September meeting has been cancelled to allow time for members to review the findings set out in this paper and provide any further comments.

The feedback received, alongside the findings of the planned mapping exercise, will be used to inform discussion at the October meeting, where members will be asked to agree:

- The future purpose of the Prevention Group.
- Future priorities.
- Governance arrangements.
- Membership and representation.
- Options for alignment with related groups and programmes.

This paper is intended to support discussion and does not represent a final proposal. Further feedback and discussion will inform future recommendations.