From:	Jamie Henderson, Cabinet Member for Public Health Dr Anjan Ghosh, Director of Public Health
To:	**Kent Health and Wellbeing Board** – 30 September 2026
Subject:	Early Draft 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 share progress around the development of the Kent Neighbourhood Health Plan (NHP) including access to the current early draft to allow the Plan to benefit from the input 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 including addressing inequalities. These will be delivered through the NHP with the Board having a critical role in the plan's development and delivery.

5 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 needs to progress within prevailing systems.

Recommendation(s):

The Health and Wellbeing Board is asked to **NOTE** the progress in developing the Neighbourhood Health Plan and **COMMENT** on the attached developing draft at this early stage.

1 Introduction

1.1 The Kent Health and Wellbeing Board (HWB) has a role in leading the development of the required Neighbourhood Health Plan (NHP) for implementation from April 2027. This was discussed in detail at the last meeting.

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 a 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 although it is recognised that some challenges e.g. around the cost of living, have been exacerbated in recent years.

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 The Kent HWB will formally approve the Kent NHP while Medway HWB will approve the Medway NHP. It is planned that these documents closely align where possible to allow a Kent and Medway NHP to be agreed at the ICB.

2 Background to Health in Kent

2.1 This was rehearsed at the last Board meeting. There remain many challenges to improving the health and wellbeing of the people of Kent which are well

outlined within the local Joint Health Needs Assessments. The key challenges 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. The cost of living crisis is currently central to these issues. 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 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.

3.2 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.

3.3 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.

3.4 The NHP will need to include priorities at a Kent level and how these will be addressed as well as clarifying mechanisms to enable local partnerships to best deliver on very local priorities and challenges

4 The Neighbourhood Health Plan

4.1 The NHF states that 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.

4.2 The agreed Neighbourhood Health Plan will be part of the Integrated Care Board's 5 year commissioning plan. This is a nationally required ICB level document that the ICB will develop and approve.

4.3 There is an expectation that the Health and Wellbeing Board will agree and formally approve 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.

4.4 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.

4.5 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.

5. Developing the draft Plan in Kent

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

5.2 A small group of officers from Kent, Medway and the NHS are meeting to collate and coordinate an initial draft of the plan. The draft as it stand is attached (Appendix A) and will benefit from member comment and input.

5.3 The Plan includes current NHS plans around neighbourhood health as well as local structures. NHS priorities and metrices are largely centrally dictated.

5.4 It also includes draft Kent County level priorities with a focus on Adult Social Care. These follow a KCC workshop looking at adult social care and neighbourhood health. It will also include priorities around children services and mental health.

5.5 Meetings around the Plan and Neighbourhood Health have taken place with officers from all city, districts and boroughs with the opportunity to have a subsequent local partnership/alliance focussed workshop. This has allowed the draft to benefit from both current local partnership priorities as well as key potential asks of the partnerships of the wider system in improving health and wellbeing locally.

5.6 A meeting has taken place with Healthwatch to consider how qualitative information they have collated on local resident needs and challenges can best inform the developing work.

5.7 There are additional wider system groups who have a role to play and are being engaged in the NHP. These include the Kent Housing Group and the VCSE Health Alliances.

5.8 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.

5.9 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.

5.10 It is proposed the plan is for three years with more detail around year one and high level actions for years two and three to be further developed.

5.11 It is proposed the NHP be a high level document referencing other more focussed local and system level action plans for more detail.

5.12 The need to develop a plan that remains relevant following LGR is important given the three year timeframe. The plan will therefore be developed at Kent and Medway level with overlapping but distinct outputs for Kent and Medway.

6. The Draft Neighbourhood Health Plan for Kent

6.1 Work on the plan, due for launch in April is at a fairly early stage but it is important that there is every opportunity for it to benefit from input from, and to secure full ownership of, the Board.

6.2 The plan starts with an overview of Neighbourhood Health, followed by the Strategic context driven by the Integrated Care Strategy and the NHS asks within the Neighbourhood Health Framework.

6.3 It then considers key outcomes with Kent wide priorities, city, district and borough priorities and NHS priorities.

6.4 It then describes the local proposed NHS model and proposed actions at a local and system level. It is proposed that the Plan discusses key actions across the system at a local level that will enhance and enable local system objectives as well as key actions to deliver objectives at a Kent level.

6.5 Learning from the pilots will be discussed and will inform the plans.

6.6 Key metrices will be agreed at a system level. The number will be deliberately small but will represent progress in key areas.

6.7 Enablers and Governance will be discussed.

7. Conclusions

7.1 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.

7.2 Work is at an early stage and aims to balance system level asks including around independence and reduced reliance on residential care with local priorities addressing the wider determinants of health and inequalities locally.

7.3 The input of the Board is sought at this early stage in refining content and agreeing next steps and how we can best ensure appropriate ongoing involvement of Members.

8. Recommendation(s):

8.1 The Kent Health and Wellbeing Board is asked to **NOTE** the progress in developing the Neighbourhood Health Plan and **COMMENT** on the attached developing draft at this early stage.

9. Appendices

- Appendix A - Draft Neighbourhood Health Plan

10. Contact details

Author

Dr Mike Gogarty

Interim Strategic Lead for Public Health

Mike.gogarty@kent.gov.uk

Relevant Director

Dr Anjan Ghosh

Director of Public Health

Anjan.ghosh@kent.gov.uk