Health and Wellbeing Board

3 September 2026

Work Programme

Report from: Wayne Hemingway, Head of Democratic Services

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Summary

The report advises the Board of the forward work programme for discussion in the light of latest priorities, issues and circumstances. It gives the Board an opportunity to shape and direct the Board's activities.

1. Recommendation

1.1. The Health and Wellbeing Board is asked to agree the work programme attached at Appendix 1 to the report and consider whether any further changes need to be made.

2. Budget and policy framework

2.1. The Health and Social Care Act 2012 places a duty on local authorities to establish a Health and Wellbeing Board for their area.

2.2. On 25 April 2013, the Council established the Board for Medway and agreed its terms of reference. Terms of reference are kept under review, with the most recent changes agreed by Full Council in July 2022.

3. Background

3.1. The work programme is set out in Appendix 1 to the report. It should be noted that the work programme is likely to be subject to frequent changes and additions throughout the year and is for guidance only.

3.2. At the pre- agenda meeting held on 3 August 2026, then agenda items for the meeting were agreed.

4. Actions from meetings

4.1. At Members request, the following table displays a list of actions

Subject	Committee at which request was made	Date circulated to Members	Any additional comment
Briefing paper on progress of the Kinship Pilot	16 April 2026		

5. Development

5.1. A Board development session took place on 4 August 2026 which focused on ICB Commissioning Priorities and Neighbourhood Health.

5.2. Members were informed that the commissioning intentions were being shared to enable feedback and input from partners ahead on implementation date of April 2027

5.3. The Neighbourhood Health Plans (NHP) was being developed on the basis of a whole system approach with core offer of services and foundation of NHS care services. Plans were being developed which were data led to address needs of patients. A Single NH care model would be the first element of delivery followed by Multi NH which would focus on specific needs groups

Key points of discission took place around :

- How pressures would be addressed in other parts of the service, in particular adult social care. The need for modelling to better understand pressures and where services needed to be directed in the first instance.
- Whilst the £10million funding for the first year for buying capacity for GP surgeries was welcomed, it was not clear where this capacity would come from and how intentions would be achieved.
- The need to prioritise and focus on quality.
- There had been issues with progressing the NH plan as the programme Board had not met as intended to provide an update at this meeting, but a meeting was scheduled immediately after this session.
- Consideration was needed on the New North Kent Unitary and how the NH Plan and boundaries would be affected.as a result of LGR.
- Links to the Joint Strategic Needs Assessment to be considered thought-out elements of the Plan.
- Physical locations of the NH hubs and utilising the spaces that were already available.
- Ensuring that the ICB were appropriately represented on Local Government Reorganisation Boards.
- Priorities of single NH Plans needs to be further developed.
- How to ensure that the community were taken along on the journey and NH not just being done to them.
- Utilising the Voluntary Community Social Enterprise sector on delivery of services without adversely impacting them and being mindful of their resources.

- The Local Medical Committee representative commented that following detailed discussions with the ICB on its plans and what this would mean for GP practices across Medway, they welcomed the proposals which included extra funding and freedoms to employ more allied professionals.

5.4. Members concluded that:

- Although there had been reassurance from Deputy Chief Commissioning Officer NHS Kent and Medway that he would be the ICB representative on the Board, following previous concerns raised on the need to regularise the attendee to achieve continuity, it was unclear if he would continue to be the ICB representative on the Board. There would however be continued representation by the ICB at all Board meetings.
- The Board accords with the actions and aspirations of the ICBs Commissioning Intentions Plans. Members however expressed that joint commissioning would be desirable.

6. Risk management

6.1. There are no specific risk implications arising from this report.

7. Financial implications

7.1. There are no specific financial implications arising from this report.

8.. Legal implications

8.1. There are no specific legal implications arising from this report.

Lead officer contact

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Appendices

Appendix 1: Health and Wellbeing Board Work Programme

Background papers

None