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Ask for: Georgina Little  
Date: 8<sup>th</sup> July 2024

Dear Member

**CABINET - THURSDAY, 11 JULY 2024**

Please find enclosed, for consideration at the Thursday 11 July 2024 meeting of the Cabinet, the following reports which were not viable for publication in advance of the General Election.

**Agenda Item No**

- 5            **Medium Term Financial Plan (MTFP) Update** (Pages 1 - 6)
- 7            **Annual Governance Statement Update** (Pages 7 - 10)
- 8            **Kent and Medway Integrated Care Strategy/Kent Joint Local Health and Wellbeing Strategy Delivery Plan** (Pages 11 - 106)
- 9            **Financial Hardship Programme** (Pages 107 - 118)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a light blue horizontal line.

Benjamin Watts  
General Counsel

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From: Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services

To: Cabinet 11<sup>th</sup> July 2024

Subject: **Medium Term Financial Plan (MTFP) Update**

Classification: **Unrestricted**

### **Summary:**

This paper sets out the proposed process and timetable for updating the Medium Term Financial Plan (MTFP) presented to full Council on 19th February 2024 including consultation, scrutiny and final approval by full Council in February 2025. The proposed timetable and process was developed before the announcement of UK general election, although it was acknowledged that this would occur at some stage during the process, and the plan remains sufficiently adaptable.

The current 2024-27 plan shows a balanced three-year position based on forecast spending growth, funding, and savings/income estimates for each year. The forecasts are based on best intelligence and have varying levels of details. The savings plans include £39.7m in 2025-26 and £38.5m in 2026-27 from Securing Kent's Future (SKF) objective 2 to put spending on adult social care, children in care and home to school transport onto a sustainable trajectory; £19.8m of policy savings in 2025-26 to replace one-offs to balance 2024-25 (although at the time the plan was presented it was accepted full details were still to be developed) and £13.4m from other SKF objectives where plans are not yet fully developed.

### **Recommendations:**

Cabinet is asked to NOTE and COMMENT on the proposed process and timetable to update the MTFP.

Cabinet should also note the following, from the 2024-25 full Council budget recommendations:

- i further potential economic volatility and the uncertain financial outlook for later years in the absence of a multi-year settlement from government from 2025-26 onwards as well as uncertain impact of the delayed social care reforms and reforms to local government funding arrangements;
- ii that the planned use of reserves still ensures sufficient reserves are available in the short term with no immediate concerns triggering a S114 notice provided the use of these reserves is replaced with sustainable savings over the medium term; and
- iii the rate of recent drawdown from reserves and increase in risk is cause for serious concern and reserves need to be strengthened, particularly general reserve and the draft budget includes a strategy to restore the general reserve to 5% by 2025-26. Further unplanned drawdowns would weaken resilience and should only be considered as a last resort with an agreed strategy to replenish reserves at earliest opportunity (even if that means restricting spend into 2024-25 below the levels assumed in budget plan).

## 1. Existing 2024-27 Plan

1.1 Table 1 summarises the existing plan for core funded activities (that is, excluding services funded from external sources). This shows a gap of £82.7m between forecast funding and spending (£81.4m including externally funded) in 2025-26, this gap equates to 5.8% of net budget for 2024-25 and will need to be closed through savings and income. A significant proportion of the savings will need to come from the objectives outlined in Securing Kent's Future (SKF).

Table 1 – Summary of 2024-27 Plan

	2024-25		2025-26		2026-27	
Spending Growth		£209.6m		£147.3m		£132.2m
Cost Drivers	£85.3m		£83.8m		£82.3m	
Prices	£49.6m		£30.5m		£22.6m	
Other	£74.7m		£33.0m		£27.3m	
Funding		£113.9m		£64.6m		£69.6m
Council Tax	£58.9m		£61.4m		£65.5m	
Government Grants	£53.4m		-£0.6m		£3.2m	
Business Rates/Other	£1.6m		£3.8m		£0.9m	
Saving/Income		£88.9m		£88.6m		£51.8m
Adults/Children Transformation	£36.5m		£39.7m		£38.5m	
Plans under development			£33.2m		£1.5m	
Other new plans	£14.7m		£14.4m		£2.8m	
Multi-year/Income	£26.7m		£9.2m		£8.7m	
Financing	£11.0m		-£7.9m		£0.3m	
Net Change in Reserves		-£6.8m		+£5.9m		-£10.8m
Balance		£0.0m		£0.0m		£0.0m

1.2 There are a number of features worth noting within spending growth:

- a) Cost drivers in adults and children's are currently forecast to increase at a fairly constant level year on year, partly offset by transformation savings. Planned growth and savings would mean these services continue to account for an increasing share of the budget from 66% in 2023-24 to 71% in 2026-27.
- b) Prices growth is forecast to decline in line with inflation forecasts (the rate of inflation has been declining steadily in recent months), but the risk remains that there could be economic shocks causing further volatility.
- c) The "Other" category includes base budget changes in 2024-25 to reflect the full year effect of forecast 2023-24 variances and pay provision in all years. The pay provision needs to be updated to include the new pay strategy for annual pay award and pay progression/transition agreed by the County Council in May 2024.

1.3 There is little to go on, in terms of the national government's assumptions around the ongoing funding of local authorities. Our assumptions are currently as follows:

- a) Council Tax referendum threshold to remain at 5% (3% general +2% adult social care precept);
- b) Council Tax base growth of 1.5% (this has been historical level);

- c) Revenue Support Grant and business rates (including top-ups and compensation) increase in line with inflation;
- d) Other grants remain flat cash<sup>1</sup>; and
- e) No business rate growth other than inflation.

1.4 Any reduction in assumptions about growth and any increases in assumptions around funding, reduce the overall need for savings. Conversely any increased spending growth, under delivery of existing savings plan or reduced funding would require additional savings/income to balance the budget. The assumptions in the existing plan are prudent and reflect the most likely scenario.

## **2. Updating the Existing Plan**

2.1 The existing plan will be updated by the end of July. This update will include the following:

- a) identify unavoidable price increase estimates but apply greater scrutiny and challenge as part of the budget development process;
- b) identify costs drivers for spending growth based on recent trends;
- c) not include any other cost increases; and
- d) consider building in an assumption that some spending will be absorbed or avoided.

2.2 Following the July update directorates will be issued with revised targets to balance each year 2025-26 to 2027-28. The allocation of targets will be based on a combination of the Council's strategic objectives, benchmarking of current spend against outcomes and best value, and an assessment of the capacity to deliver further savings over and above those already in the plan. The overall target will be set at a level that is higher than that required to achieve a balanced budget to allow scope for policy choices, capacity to deal with subsequent changes from existing assumptions, and scope to improve reserve balances at the earliest opportunity. Options to deliver revised targets will be completed by end of September ahead of proposed scrutiny of the budget proposals in November.

2.3 It is proposed that scrutiny in November focuses on the policy choices within the budget proposals relevant to each Committee, rather than the overall assumptions on which budget proposals are based. This will mean each Committee receiving a tailored report with an overall budget plan as background information, rather than the standard report that has been published in recent years.

2.4 We will be building on presentation of information through the BI dashboards introduced last year. These were generally well received, although there were areas for further improvement identified during last year's scrutiny process. We will review whether the dashboards will still need to be supplemented with the very large appendices produced in previous year's budget reports.

2.5 All key decisions will need to be completed before the pre-election period for County Council elections, which begins on 15 March 2025. The planned date for full Council approval of the 2025-26 budget is 13 February 2025. A more detailed timetable is included as appendix A to this report.

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<sup>1</sup> other than workforce element of market sustainability which as announced is only two-off in 2023-24 and 2024-25

### **3. Budget Consultation**

3.1 Consultation on the overall budget strategy was launched on 13 June 2004 <https://letstalk.kent.gov.uk/budget-consultation-2025-26>. The consultation is open for 8 weeks until 7 August 2024. The consultation has been launched a month earlier than recent years to enable budget submissions required by end of September to reflect responses. The consultation has been presented in a more accessible format with enhanced graphics.

3.2 The consultation includes a high-level summary, an interactive quiz (designed to help respondents understand more about the Council's funding and spending priorities), an accompanying consultation document (setting out key facts, strategic priorities and financial challenge), questionnaire and equality impact assessment. The consultation seeks views on Council Tax, spending priorities and areas for further savings/income. The consultation has been publicised through press release, social media and in KCC public access buildings.

3.3 Consultation and engagement events are planned to be held with staff, and voluntary and business sector representatives. Separate detailed service consultations will be necessary over the coming months as the budget consultation relates to the overall strategy rather than individual proposals within the budget.

### **4. Contact details**

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	<b><u>Timetable for Agreeing the 2025-26 Budget and 2025-28 MTFP</u></b>
June	Directorates to commence reviewing and, where necessary, updating 2025-26 (and the following two years) spending and savings proposals
	Launch public consultation (w/c 10 June)
July	Deadline (mid July) for directorates to provide an update on 2025-26 (and following two years) pressures and saving
	If budget gap, issue updated savings targets informed by member priorities - directorates to work up ideas/proposals by mid September
September	Cabinet report on proposed budget setting approach and timetable
	Deadline (mid Sept) for updated templates reflecting ideas/proposals to meet updated savings targets
October	Report to Cabinet on the Quarter 1 Financial Monitoring (impact on budget)
	Publish Cabinet Committee reports
November	Report to Cabinet on the Quarter 2 Financial Monitoring - consider implications for budget
	Report to Cabinet on the draft budget proposals, MTFP, capital strategy and reserves
December	December Provisional Local Government Finance Settlement
	Finalise information to be used in setting the budget Report to Cabinet
January	Receipt of Council Tax and business rates information from the districts/boroughs
	Key decisions in principle considered by Cabinet committees
February	Final draft budget endorsed by Cabinet
	Budget set - Deadline for publication of budget papers for County Council is 5th February (meeting is scheduled for the 13th February)

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From: Ben Watts, General Counsel  
To: Cabinet – 11<sup>th</sup> July 2024  
Subject: Annual Governance Statement Follow-Up  
Status: Unrestricted

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## 1. Introduction

- a) There are many aspects to good governance within a local authority. Done properly, they are mutually reinforcing. The Code of Corporate Governance for example has its roots in financial governance but has wider implications. The Constitution as a document sets out the formal governance rules but also establishes side-constraints for the use of informal governance mechanisms. Even were the Annual Governance Statement not required by law, it would be a useful control mechanism and enable a full judgment to be made on whether the different components are working in an aligned way.
- b) Since 2018, KCC has been materially changing the way that it completes the Annual Governance Statement. The Leader and statutory officers, with advice from the Head of Internal Audit have been improving the way in which we collect responses and build up the Annual Governance Statement.
- c) It is important that the Annual Governance Statement and the process to generate it are done in the spirit of continuous improvement. It is vital that an honest and open assessment of where things can be done better can be shared to support that improvement and we do so in draft to ensure that Members of the Committee are sighted on developments. We use the Annual Governance Statement as a key whole organisation discussion on governance and it applies to all Members and all Officers. The spirit in which this open process is undertaken is central to the robust statements we have provided in recent years and will continue to provide. This year's statement has been made available to Cabinet Members via Teams and is available publicly at [Kent County Council - Annual Governance Statement 2022-23](#) and the statement was agreed by the Governance and Audit Committee in January. Accordingly, the content of this paper is not new.
- d) We are self-aware in relation to the need to continuously improve both the way in which the Council operates and the way in which we manage and monitor that. That is an ongoing challenge and the way in which the statement was drafted and the information collated once again reflects the challenging operating position for the Council. The current programme of actions and activity is unprecedented and reflective of the commitment to continuously improve and to seek to address the challenges faced and key findings identified.

- e) The purpose of this paper is to deliver an action within the statement to ensure that Cabinet Members were sighted on areas where statutory compliance had been identified as a risk. It is accepted that for some items this replicates some of the discussions held as part of performance monitoring at the last meeting.

## **2. Report of the Monitoring Officer**

- a) Section 5 of the Local Government and Housing Act 1989 designates the Monitoring Officer as having a range of responsibilities regarding the lawful conduct of the County Council. These responsibilities include a duty to provide a report to all Members in circumstances where a contemplated decision, act or omission by or on behalf of the Executive leads (in their view) to maladministration or a contravention of the rule of law. This statement has already addressed the issuing of further Section 5 reports within the relevant periods.
- b) In any given year, there is always the possibility that circumstances lead to situations where the Council may be said or may be found to have acted contrary to its statutory duties without this having been done deliberately or with full awareness of this being the case. Where there are such decisions, there is always an impact on individuals or groups of individuals.
- c) The Annual Governance Statement identifies the operating environment and the challenges faced by the Council and the broader local government sector. The issuing of a Section 5 report is intended to be used only as a last resort. To mitigate the risk of needed to do so in the future, there are a number of matters that the Monitoring Officer recorded in the statement, and which inform both the findings and the consolidated actions of the AGS.
- d) There continue to be at any given time, a number of people who are not receiving the services to which they are entitled. This is, in part an inevitability of the challenges faced or on occasion because of mistakes made. It is important to note that this not because of a deliberate decision to avoid providing the services although it is recognised that the genesis of this does not alter the effect felt.
- e) Notwithstanding the efforts made within the resources available, in relation to the following areas the Council continues to face challenges in meeting duties in all circumstances:
  - a. Deprivation of Liberty Safeguards
  - b. Children presenting as in need within our area
  - c. Services to Children and Young People with SEND
  - d. Compliance with timescales for Education, Health and Care Plans, Freedom of Information and Subject Access Requests
  - e. Use of unregistered placements for children

### **3. Recommendations**

Cabinet is asked to:

- a) NOTE and COMMENT on the report

### **4. Background Documents**

None.

### **5. Report Author and Relevant Director**

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From: Anjan Ghosh, Director of Public Health

To: **Cabinet, 11 July 2024**

Subject: **Kent and Medway Integrated Care Strategy/ Kent Joint Local Health and Wellbeing Strategy Delivery Plan**

Classification: Unrestricted

**Summary:**

This report provides Cabinet with an update on the development of the Integrated Care Strategy Shared Delivery Plan which in turn encompasses the Delivery Plan for Kent's Joint Local Health and Wellbeing Strategy (JLHWS). The Strategy sets out shared outcomes for the health and wellbeing of our population that all partners in the Kent and Medway Integrated Care System will work together to deliver and as such also performs the role of the Kent Joint Local Health and Wellbeing Strategy.

In order to capture what actions are in train, and are required, across the whole system to deliver the outcomes agreed, a system wide Shared Delivery Plan has been developed outlining the key actions and approaches that partners will take to land the improvements in health and wellbeing that we need to achieve. The document, while not comprehensive, endeavours to capture key areas of action and delivery over the next two years. While much of the content is focussed on health gains in Kent, it does, in line with the Integrated Care System footprint, also include actions in Medway.

This paper discusses the range of partners who have a key role in improving health and wellbeing, through tackling the full range of determinants, and describes the process used to develop the plan, as well as how it might provide assurance alongside the measures being developed and included in the associated logframe matrix. Crucially, delivery and its ownership must sit with sovereign organisations and local systems **with the Shared Delivery Plan being a composite of actions owned by partners across the system.**

The Kent County Council input to the strategy has been developed from existing directorate strategies and divisional plans as well as through discussion and feedback with key officers. It is intended that the full range of county council activities that will deliver improved health and wellbeing, as well as key identified priorities, is the subject of a further internal document currently being developed.

The attached plan has further benefitted from discussion with Cabinet Members.

**Recommendation(s):**

Cabinet is asked to:

- 1) Note the process used in developing the Shared Delivery Plan for the Integrated Care Strategy.
- 2) Agree the Shared Delivery Plan, subject to any further comment, to support assurance on delivery of the Integrated Care Strategy.

- 3) Note and support ongoing activity to define fully the role of KCC in improving health and wellbeing.

## **1. Introduction**

- 1.1 Following partner agreement and commitment to the Integrated Care Strategy refresh which was completed in early 2024, there is a need to capture and understand partner actions that will contribute to its delivery and will in turn drive improved health and wellbeing.
- 1.2 A Shared Delivery Plan has therefore been developed to set out how partners will deliver the Integrated Care Strategy, recognising that it is also the Kent Joint Health and Wellbeing Strategy, and to additionally meet the requirements of the NHS Joint Forward Plan. The plan is attached as Appendix 1. The plan has been developed in conjunction with the logframe matrix which identifies strategic indicators to measure the key health improvements we wish to see. The logframe is largely complete with a small number of measures requiring further development and final agreement. These include areas where there is a need to align with work in train elsewhere, including the development of NHS measures nationally and around local strategies such as that of the Kent and Medway Economic Partnership, as well as where final sign off sits with external partnerships, such as in the case of the Kent Housing Group. The current draft version is attached as Appendix 2.

## **2. The Shared Delivery Plan**

- 2.1 The Shared Delivery Plan spans two years (2024-26), after which it will be refreshed to take account of progress and any national or local changes.
- 2.2 The plan follows the format of the agreed Integrated Care Strategy/Joint Local Health and Wellbeing Strategy. For each outcome it highlights key areas of joint working and then signposts to existing or developing strategies and plans, and who is leading them, which will deliver the commitments made in the strategy.
- 2.3 Ensuring delivery of these plans, and monitoring of progress towards this, will remain with the identified lead partners and sovereign organisations. Progress towards the measures in the log frame will allow partners to understand overall system success in landing our outcomes.
- 2.4 The final section of the plan focuses on the conditions for successful delivery of the strategy, such as partnership working, commissioning infrastructure, governance and system led oversight, and states our ongoing commitment to financial sustainability.
- 2.5 The plan builds on the key recognition that we need to address the full range of health determinants and with that the key role of wider partners including districts, parishes and communities as well as key stakeholders including the

Kent Housing Group, the VCS Alliances and the Office of the Police and Crime Commissioner.

### **3. Development of the Plan**

3.1 The project group that coordinated the Integrated Care Strategy refresh was re-purposed to focus on the Shared Delivery Plan. Following discussions with stakeholders the following areas were highlighted for development:

- Health and Care Partnership (HCP) input. Health and Care Partnerships have been setting their annual priorities which both deliver the Integrated Care Strategy and respond to their local population need. These plans and the assurance approach to them, have been included. The role of the NHS in tackling the wider determinants of health in addition to clinical services is key.
- District and borough health and wellbeing plans. These are in development with substantial progress in identifying key priorities and ongoing local work in defining action plans. Their development is being led by local district level health alliances supported by allocated KCC Public Health specialists and Consultants in Public Health. Priorities identified at District level have been included in the Shared Delivery Plan.
- Voluntary sector services. Discussions with voluntary sector representatives and HCP Voluntary Community and Social Enterprise (VCSE) alliance leads has informed how their contribution to the delivery of the strategy is reflected in the plan.
- Kent County Council internal business plans and input from key officers have informed the document.
- Inputs from the Police and Crime Commissioner, Kent Housing Group and the Kent Association Local Councils (KALC) have further benefitted the Shared Delivery Plan.

3.2 Following reflections from the Integrated Care Partnership, the project team further shared the draft plan with a wide range of stakeholders to seek input, feedback and support for the plan. The final version is now being brought to Cabinet for KCC approval and will be separately approved by the Integrated Care Board (ICB) and by Medway Council. The final draft will be presented to the Integrated Care Partnership on 27 August for endorsement.

### **4. Action by Kent County Council to improve Health and Wellbeing**

4.1 Given the importance of tackling the full range of wider determinants of health and the comprehensive impact of Council activity on these determinants, it is planned that an internal document is produced to define the full range of impact and to consider key areas for priority working.

4.2 Public Health officers are therefore working with officer colleagues across the council to share thinking and capture activity that will impact on health and wellbeing and aid delivery of the Integrated Care Strategy/Joint Health and Wellbeing Strategy.



4.3 This work will be shared with Members for consideration when completed. It will help focus agreed council action on improving health and wellbeing.

## **5. Monitoring Delivery**

5.1 The logframe (or Logical Framework) is an extensive collection of strategic indicators designed to reflect the priority areas within the Integrated Care Strategy to provide a way of quantifying progress. The delivery of key improvements to health and wellbeing will be demonstrated at system level through improvements in these metrics. It will allow stakeholders to see progress against the outcomes we have committed to working towards in the Strategy. Progress in delivering these actions will be measured by those organisations who have committed to their delivery. The logframe development was led by local authority and NHS health analysts across the system with input from relevant officers.

5.2 The process by which the logframe has been developed was robust and inclusive:

1. Symposium meetings of key stakeholders took place across the ICS in 2022 and 2023 to set strategic priorities.
2. An Expert working group was established with representation from ICB, Medway Council and KCC to identify Logframe indicators to help us monitor if these priorities are being met.
3. Initial consultation took place with subject matter experts including service leads, and senior public health managers.
4. Wider consultation with colleagues took place across the ICS in January and February 2024. This has provided a sense-check and helped with engagement / recognition of the IC Strategy overall.
5. Engagement with other programmes and groups has taken place to align indicators wherever possible. For example Kent and Medway Economic Partnership, Kent Housing Group, and indicators related to the Environment.
6. The detailed methodology for choosing each measure exists and can be shared if required.

5.3 Guidance on ICPs state that they will create a forum in which partners should hold each other mutually to account for delivering the priorities set out in its Integrated Care Strategy, including over the longer term.

5.4 The Shared Delivery Plan will be a useful tool for the ICP to get oversight and assurance of delivery across the system. However, in a large and complex system, there is a balance to be struck between providing information to demonstrate progress and having capacity to meaningfully discuss and add value to an area of the strategy delivery. Each organisation will wish to monitor the delivery of their contributing strategies / activities set out in the Shared Delivery Plan through their own established governance routes.

5.5 A number of mechanisms are being set up to support the ICP in their assurance role, which will additionally provide system partners and the Kent Health and Wellbeing Board assurance:

- The ICP will receive annual updates on the strategic indicators developed through the logframe matrix. In many cases updates will only be available with this frequency.
- Additionally, thematic discussions / deep dives on particular areas of interest or concern within the shared outcomes will be held at every ICP meeting. This will ensure that challenging areas are brought to the attention of members and allow for a full discussion with subject-matter experts to identify causes and possible solutions.
- Members will note that many of the measures will additionally be subject to closer consideration in the more focussed groups leading on those specific strategies and actions, while the ICP will take a system-wide strategic view of progress.

## **6. Cabinet Members Input**

6.1 The draft Shared Delivery Plan and logframe matrix has further benefitted from discussions and feedback from Cabinet Members;-

- Issues were raised relating to financial challenge and the threats to the affordability of many of the included services and opportunities. This real concern has been highlighted in the final version.
- The lack of specific detail around the highlighted plans was noted. The document now states more clearly that detail will need to be addressed within the identified plans themselves and it is to these that the reader needs to refer.
- The status of those logframe measures within the plan was clarified in the document. These are just examples and carry no more weight than others within the logframe.
- Concern was raised around the use of “grow” our workforce given that this may not be appropriate. The Plan now clarifies that this refers to growing skills and individuals rather than simply numbers.

6.2 Additionally, Members raised issues related to the logframe matrix:

- There was a question as to whether some measures, such as that around childhood obesity, were sufficiently ambitious. Officers developing the metrics had considered what was appropriate in each instance. The level of ambition around obesity was to reverse recent increases and reduce obesity to pre-pandemic levels.
- This was related to a wider question around the use of trend data to help the reader’s understanding of why given measures had been chosen. Trend data had indeed been used to inform measures and a clearer narrative around the choices made will be used in future reports to demonstrate progress.

- There was a specific concern about the way in which sickness absence data was portrayed and the working group have agreed to revisit this.

## **7. Financial Implications**

- 7.1 The Integrated Care Strategy Delivery Plan sets out the key actions underway and planned within the system to improve meet health and wellbeing.
- 7.2 It is recognised that this work is taking place against a background of serious financial challenges and increasing need for services and support.
- 7.3 Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

## **8. Legal implications**

- 8.1 KCC, the local NHS and Medway Council are statutory members of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

## **9. Equalities implications**

- 9.1 An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and has been shared previously with the Board. This was led by colleagues at NHS Kent and Medway with input from KCC.
- 9.2 The Integrated Care Strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. Subsequently, the assessment identifies that there is potential for positive impact for all protected characteristic groups, to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a protected characteristic, and therefore meets the requirements of the Public Sector Equality Duty. These benefits will be reflected in the Shared Delivery Plan.
- 9.3 The assessment additionally sets out an action to ensure that detailed equality analysis and mitigation is put in place for specific service changes or projects that happen as a result of the strategy. These will be undertaken by lead partners in delivering their contributions to the delivery plan.

## **10. Conclusion**

- 10.1 As noted above the Shared Delivery Plan aims to include significant and appropriate areas of joint working, rather than an exhaustive list of activities. It is intended to provide assurance on progress alongside the logframe matrix.

## **11. Recommendation(s):**

Cabinet is asked to:

- 1) Note the process used in developing the Shared Delivery Plan for the Integrated Care Strategy.
- 2) Agree the Shared Delivery Plan, subject to any further comment, to support assurance on delivery of the Integrated Care Strategy.
- 3) Note and support ongoing activity to define fully the role of KCC in improving health and wellbeing.

## **12. Appendices**

- Appendix 1: Kent and Medway Integrated Care Strategy Shared Delivery Plan
- Appendix 2: Kent and Medway Integrated Care Strategy Logframe Matrix

## **13. Contact details**

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# **Kent and Medway Integrated Care Strategy**

## **Shared Delivery Plan 2024 - 2026**

**12 June 2024**

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## Introduction and purpose

'We will work together to make health and wellbeing better than any partner can do alone.' This is our vision for the Kent and Medway Integrated Care System, which brings together all our system partners to make a significant difference, improving local services and supporting healthier living.

Our refreshed Integrated Care Strategy, which is also the Joint Local Health and Wellbeing Strategy for Kent, sets the shared outcomes that we will work as a system to achieve to improve the health and wellbeing of the Kent and Medway population. The Strategy is owned by the Integrated Care Partnership (ICP) which has a role to ensure that progress is being made against the shared outcomes. Successful delivery will require all partners in the system to play their part.

This Shared Delivery Plan will support the ICP in its assurance role. It supports the principle of subsidiarity and provides a system-level view of some of the main strategies and activities in place that will make a significant impact in delivering the shared outcomes. Some of the strategies and activities are owned by individual partners and others are being delivered in partnership as we progress on our journey as an integrated system. Delivery of these strategies and activities remains the responsibility of the partner organisation or group that owns it but bringing them together in this Shared Delivery Plan allows for greater understanding and visibility of key activity across the system. It will allow the ICP to be assured that activity is in progress against the commitments we have made in the Strategy and will signpost to where further information can be sought if needed for the shared outcomes. Should the reader wish to explore the detailed actions being undertaken, they should refer to the relevant cited plan.

### Monitoring delivery through strategic indicators

The Integrated Care Strategy is supported by a set of strategic indicators which have been developed through a logical framework (logframe) matrix. The indicators will provide the ICP with information to know whether the desired impact of the shared outcomes is being realised for the population of Kent and Medway.

An illustrative selection of these indicators is included in this plan. These are examples only, and do not carry additional weight over others in the more comprehensive set within the logframe.

The Integrated Care Partnership will receive annual updates on the indicators. Where the indicators suggest that more progress is needed, the Shared Delivery Plan will support the ICP to understand the strategies and activities around a particular issue so it can receive more detailed assurance through themed or deep dive discussions.

This is the first time we have come together to jointly deliver a set of shared priorities at this scale. Effective partnership working, joint commissioning, governance and system-led oversight are all essential to the successful delivery of our strategy. This document describes our ambition for these areas and key steps to achieve this.

This document acts as the Joint Forward Plan which the NHS in Kent and Medway is required to produce, bringing together our delivery planning as a system.

The Shared Delivery Plan will be refreshed in two years to reflect the latest plans in place to deliver the strategy.

















## Delivering together

Kent and Medway is a large and diverse area, and the Integrated Care Strategy recognises that delivery of the shared outcomes will need to be tailored to local places and specific needs. This plan sets out only the main system-level strategies and activities that will drive work to deliver the outcomes.

Our Integrated Care System is made up of many other partners who also lead strategies and activities that will play an important role in improving the health and wellbeing of the Kent and Medway population. It would be impossible to capture all of these, and it is important that local areas and partners have the flexibility they need to meet the needs of the people they support. However, this activity is a vital part of the success of our system and the ICP will continue to develop its connections with partners across places and sectors.

The voluntary, community and social enterprise sector is an integral part of our system at every level and helps shape strategy and activity as well as providing vital support in our communities.

There are four Health and Care Partnerships comprised of local government, health, NHS and VCSE representatives. They design and deliver services to meet the needs of everyone they serve based on their local population. They can focus services on areas of greatest need, helping to reduce health inequalities and improve life expectancy.

 <b>1.9 million</b> people	 <b>2</b> Healthwatch organisations	 Approx <b>4,000</b> registered charities	 <b>90,000</b> staff working across health and care
 <b>13</b> housing authorities	 Over <b>74,000</b> businesses and enterprises	 <b>14</b> councils 1 county, 1 unitary, 12 districts	 <b>184</b> GP practices in <b>41</b> Primary Care Networks
 <b>694</b> schools and <b>1,713</b> nurseries/early years settings	 <b>4</b> Health and Care Partnerships	 <b>325</b> pharmacies	 <b>1</b> medical school and <b>3</b> universities
 <b>7</b> NHS provider trusts and <b>1</b> Integrated Care Board	 <b>642</b> care homes	 <b>321</b> parish and town councils	 <b>1</b> Police Force and <b>1</b> Fire and Rescue Service

## Role of Health and Care Partnerships and District & Borough Councils

Health and Care Partnerships and District & Borough Councils have a key role in improving health and wellbeing through local action involving key local partners including the local VCSE to deliver the priorities for their place supported by appropriate programmes of work and action plans. Together, these place-based plans will have significant impact on the overall delivery of our shared strategy. Place-based priorities and plans have been reflected in this shared delivery plan.



## Service user story / vignette

### *Drafting notes*

- *To support our communities to understand the outcomes in Kent and Medway's Integrated Care Strategy and Shared Delivery Plan, and what it means to them and their everyday lives, we are developing 'a family' that will be used to bring ambitions in the six outcomes to life.*
- *The family will consist of a grandparent, two parents, a young child and a young person under 16. The idea is to demonstrate what could happen when actions in the strategy and delivery plan become reality, similar to the Dorothy/Esther model that was used some time ago.*
- *The interactions will support services available in a relevant local area and how accessed*
- *Scenarios the family would go through will feature in the communications we do to support understanding and support for what we are working to collectively achieve.*
- *The family will strongly feature in the second phase of the communications and engagement plan after the strategy and delivery plan have been launched in April, together with real-life case studies.*

## Statements from Health and Wellbeing Boards

### **Kent**

Our strongest endorsement for the Integrated Care Strategy and this Delivery Plan is that we embrace it as the Kent Joint Health and Wellbeing Strategy and Delivery Plan for Kent. We recognise the challenges to the health of those we serve and the need to adopt, at scale, system wide approaches that tackle the whole range of wider determinants of health. This must include a central role for districts, for local communities and for people themselves in improving wellbeing as well as the County Council and NHS playing a full role in tackling the Wider determinants. We believe the actions prioritised by system stakeholders, and outlined in this Delivery plan, represent our best opportunity to improve local health and wellbeing, and reduce health inequalities.

### **Medway**

Medway Health and Wellbeing Board fully endorses the Integrated Care Strategy and associated delivery plan, recognising their vital role in enhancing the health and wellbeing of Medway residents. We welcome the synergies between the ICS strategy and our new Medway Joint Local Health and Wellbeing Strategy, with a strong common focus on health inequalities and the building blocks of health. By explicitly outlining responsibilities and mapping these to existing work across the system, this delivery plan will help us to work seamlessly across organisations towards our common goal of a healthier and more equitable Kent and Medway.

# Overview of the Integrated Care Strategy

Our vision:

We will work together to make health and wellbeing better than any partner can do alone

Together we will...

Give children and young people the best start in life

Tackle the wider determinants to prevent ill health

Support happy and healthy living for all

Empower patients and carers

Improve health and care services

Support and grow our workforce

What we need to achieve

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Support families and communities so children thrive

- Strive for children and young people to be physically and emotionally healthy
- Help preschool and school-age children and young people achieve their potential

- Address the social, economic and environmental determinants that enable people to choose to live mentally and physically healthy lives
- Address inequalities

- Support people to adopt positive mental and physical health
- Deliver personalised care and support centred on individuals providing them with choice and control
- Support people to live and age well, be resilient and independent

- Empower those with multiple or long-term conditions through multidisciplinary teams
- Provide high quality primary care
- Support carers

- Improve equity of access to services
- Communicate better between our partners when changing care settings
- Tackle mental health issues with the same priority as physical illness
- Provide high-quality care to all

- Grow our skills and workforce
- Build 'one' workforce
- Look after our people
- Champion inclusive teams

**Enablers:**

We will drive research, innovation and improvement across the system  
We will provide system leadership and make the most of our collective resources including our estate  
We will engage our communities on our strategy and in co-designing services

# Shared outcome 1: Give children and young people the best start in life

We will ensure that the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future.

## What we heard:

- Improve support for those with Special Educational Needs and Disabilities (SEND) and their families
- Support families with all aspects of the wider determinants of health including mental wellbeing, finance and childcare
- Safeguarding particularly the most at risk children
- Accessible Evidence Based Parenting support
- Ensure local access to support for families

*Everyone plays a role in keeping children safe. Across the system we bring together our collective information, skills and resources to strengthen our early help and safeguarding arrangements and work together to identify and tackle safeguarding priorities in our communities.*

## Priorities to deliver this outcome:

### Together we will...

#### Support families and communities so children thrive

We will take a whole-family approach, coproducing with children, young people and families, and looking at all elements that families need so their children can thrive, with support in safe, strong communities that addresses poverty, housing, education, health and social care. We will use our Family Hub model, bringing together universal children's services to include midwifery, health visiting, mental health, infant feeding, early help and safeguarding support for children and their families, including children with Special Educational Needs and Disabilities (SEND). We will transform how we help families access the right support, in the right place at the right time, and ensure the support they receive is joined up across organisations. We will improve the transition to adult services.

#### Strive for children and young people to be physically and emotionally healthy

We will set high aspirations for the health of children and young people and make this everyone's responsibility. This will include a preventative approach to keep children physically healthy, promoting healthy eating, high levels of physical activity and improving air quality. We will address health inequalities including smoking in pregnancy, breastfeeding, immunisation and childhood obesity. Children who are more likely to experience poorer outcomes, including children in care and care leavers, refugees and those who have offended, will receive more support. We will work together to help individuals, families, communities and schools build emotional resilience, tackle bullying and loneliness and provide opportunities for children, young people and families to form supportive networks and take part in social and leisure opportunities. Children and young people at most risk of significant and enduring mental health needs will receive timely and effective interventions. We will protect young people from criminal harm and exploitation, tackle the challenges caused by domestic abuse and support victims.

#### Help preschool and school-age children and young people achieve their potential

We will support families so that children are ready for school through co-produced, evidence-based support, including parenting support, and high-quality early years and childcare. With families we will tackle low school attendance, provide equal access to educational opportunities and ensure that young people are skilled and ready for adult life. We are committed to working with families on our collective responsibility to support children with SEND. We will strengthen the capability of mainstream early years and education settings and universal services to ensure children with SEND are included, their needs are met and they can thrive. Where specialist help is required, this will be identified early and seamlessly coordinated.

## Indicators for this outcome include:

By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2% to no more than 6%.

By 2028, the % of children in Year 6 who are healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.

By 2028 pupil absence rates will have fallen from 7.9% to below 5%.

By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% to at least 70%.

By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two groups will be 5 points lower than the national average.

I am happy and secure at school and at home

I am working hard to get the qualifications I need to achieve my ambitions

# Shared Outcome 1: Shared Delivery Examples

Children and Young People Vision Statement	Children and Young People Counselling Service	Family Hubs	SEND Improvement Plan	Healthy weight
<p>The Vision Statement has been co-produced with children and young people in Kent, including the Youth County Council. Engagement sessions took place in January 2024, and it is hoped that the draft statement and tagline will be circulated in April.</p> <p>The Statement is part of a wider refresh of the Strategic Framework for Children and Young People in Kent. NHS Kent and Medway have led the project in collaboration with Kent County Council. Medway Council have also been consulted to see if they would like to adopt the Vision Statement.</p>	<p>The Children and Young People Counselling Service is available to children aged 5 – 18 (including those not in education) and is part of the wider Children &amp; Young People’s Mental Health Services pathway. The service is delivered countywide by Kent Community Health NHS Foundation Trust (KCHFT) and consists of a workforce of qualified counsellors. The intervention includes up to six individual 1-1 counselling sessions and helps children and young people to maintain their resilience throughout recovery.</p>	<p>We are in the process of implementing a Family Hub model across Kent and Medway. Family hubs will bring services for families and CYP from age 0 to 19 under one roof.</p> <p>The proposal is to integrate children’s centre services, health visiting and community-based midwifery care and youth services with other key community services. This will bring services and organisations together to provide a single point of access for families.</p> <p>The programme is due to be launched in June 2024, with wider partnership integration and sustainability planning taking place later in the year.</p>	<p>We are undertaking various initiatives to improve Special Educational Needs and Disability (SEND) services as part of the Accelerated Progress Plan (APP). For example, surgeries /workshops have been put in place to support the strengthening of health input in Education Health and Care Plans (EHCP), while a dedicated SEND Enquiries Hub has been set up to provide a consistent point of contact for parents, carers and families.</p> <p>Significant progress has also been made in specialist health services such as speech and language therapy and neurodevelopment pathways. Together with Parents is a co-produced service that offers support to parents and carers whose child has received / is awaiting a diagnosis for Neurodiversity. The service is jointly funded by Kent County Council and the NHS Kent and Medway Integrated Care Board.</p>	<p>Dartford, Gravesham and Swanley HCP is prioritising Children &amp; Young People. Together the Health and Care Partnership are working to address health inequalities and improve the health and wellbeing of children and young people in the area. Based on their population health data there is a particular focus on obesity as a causal factor in increased levels of type 2 diabetes.</p>
<p><b>Vision Statement co-produced, agreed and shared May 2024</b></p>	<p><b>Continue delivery of the CYP counselling service Ongoing</b></p>	<p><b>Launch Family Hub programme June 2024</b></p>	<p><b>Delivery of Accelerated Progress Plan (APP) March 2025</b></p>	<p><b>DSG HCP Board to agree delivery plan June 2024</b></p>

# Shared outcome 1: Give children and young people the best start in life

Priority: Support families and communities so children can thrive

Whole family approach, co-producing with children, young people and families

Strategies / plans in place to deliver	Led by / responsible
The Children and Young People Programme Board will be developing joint areas of focus for 2024/25.	K&M Children and Young People (CYP) Programme Board
Children and Young People's Plan 2023-25	Medway Health and Wellbeing Board

## Reduce the percentage of children living in poverty

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Economic Framework	Kent and Medway Economic Partnership (KMEP)
Kent County Council Financial Hardship Programme	Kent County Council (KCC)
Framing Kent's Future	
Kent Association of Local Councils (KALC) cost of living initiatives	Kent Association of Local Councils (KALC)
Medway Continuous Improvement Plan	Medway Children's Improvement Board
Medway Cost of Living Crisis Response Plan	Medway Council

## Improve and join up access to local support for families

Strategies / plans in place to deliver	Led by / responsible
Family Hub Programme	KCC and Medway Council Codesign with partners in districts
Neglect Strategy	Medway Safeguarding Children Partnership (MSCP)
Medway Cost of Living Crisis Response Plan	Medway Council

# Shared outcome 1: Give children and young people the best start in life

Priority: Support families and communities so children can thrive

## Ensure access to benefits for families

Strategies / plans in place to deliver	Led by / responsible
Financial Hardship Programme	KCC
Family Hub Programme	KCC and Medway Council

## Improve transition to adult services

Strategies / plans in place to deliver	Led by / responsible
Mental health transition	NHS Provider Trusts
Long term condition focus	NHS Provider Trusts
Adult Social Care Strategy	Medway Council

# Shared outcome 1: Give children and young people the best start in life

Priority: Strive for children and young people to be physically and emotionally healthy

## Address Health Inequalities

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Learning Disability and Autism (LDA) Strategy [in development]	Learning Disability and Autism Delivery Partnership
Smoking in pregnancy, breastfeeding, immunisation, obesity Reduce the proportion of women who smoke in pregnancy Deliver perinatal equity and equality action plan and commission for and monitor implementation of personalised care	Local Maternity and Neonatal Systems Board
Reduce the percentage children who are obese and overweight	Kent and Medway Children and Young People Programme Board, Dartford, Gravesham and Swanley Health and Care Partnership
<p>Code 20PLUS5 project</p> <ul style="list-style-type: none"> <li>• National Institute for Health and Care Excellence (NICE) Guidance NG18: Diabetes in CYP: Diagnosis &amp; Management</li> <li>• Implementation of Diabetes Technology Appraisal (Hybrid-closed systems)</li> <li>• NHSE CYP Epilepsy National Bundle of Care</li> <li>• NHSE CYP Asthma Bundle of Care</li> </ul>	<p>NHS Kent and Medway</p> <p>K&amp;M Children and Young People Programme Board</p>
Libraries Business Plan	KCC – GET
Developer Contributions Guide	KCC - GET
Literacy Strategy (in development)	Medway Council – Education Team
Range of VCSE provisions and peer support initiatives	VCSE organisations
Cultural Strategy	Medway Council Culture and Communities

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# Shared outcome 1: Give children and young people the best start in life

Priority: Strive for children and young people to be physically and emotionally healthy

**Give more support to those more likely to experience poorer outcomes**

Strategies / plans in place to deliver	Led by / responsible
Children in Care Strategy Interest Company (CIC) Chapter Update	KCC Public Health Team
Children and Young People Strategy 2023-25	Medway Health and Wellbeing Board
Children in Care Strategy Medway	Medway Corporate Partnering Board
Continuous Improvement Plan Medway	Medway Continuous Improvement Board
Kent and Medway Domestic Abuse Strategy Domestic Abuse Strategy Medway	Multi agency including KCC, Medway Council and NHS Medway Health and Wellbeing Board
Medway Joint Strategic Needs Assessment (JSNA) Community	Medway Public Health Team
Refugee resettlement programmes	ICB Asylum Accommodation Working Group Kent County Council
Looked After Children project area	K&M Children and Young People Programme Board

**Improve access to services to support young people with mental health issues to build emotional resilience and ensure timely and effective support for those with the highest mental health needs**

Strategies / plans in place to deliver	Led by / responsible
CYP Mental Health transformation and procurement project CYP Mental Health Long Term Plan and Local Transformation Plan workstreams CYP Crisis and Complex Pathway project	K&M Children and Young People Programme Board
Kent and Medway Domestic Abuse Strategy	Multi agency including KCC, Medway Council and NHS
Medway Children in Care Strategy	Medway Corporate Partnering Board
West Kent Health and Care Partnership children's mental health programme	West Kent Health and Care Partnership

# Shared outcome 1: Give children and young people the best start in life

Priority: Strive for children and young people to be physically and emotionally healthy

## Protect young people from exploitation and criminal harm

Strategies / plans in place to deliver	Led by / responsible
Serious Youth Violence	Violence Reduction Unit, Police and Crime Commissioner
Prevent Duty	Kent and Medway Safeguarding Boards
Community Safety Plans Kent Community Safety Agreement and Action Plan	Kent Community Safety Partnership (CSP)
Medway Contextual Safeguarding Strategy	Medway Joint Exploration Group

## Improve levels of physical activity in young people

Strategies / plans in place to deliver	Led by / responsible
Move Together – Active Kent and Medway Strategy	KCC Public Health and Medway Public Health Teams
Country Parks Strategy	Active Kent and Medway
Playground National Portfolio Organisation	Active Kent and Medway
Developer Contributions Guide	KCC – GET
Local Parish Initiatives	Kent Association of Local Councils initiatives around physical activity
Local Transport Plan	KCC – GET
Sports Strategy (TBC)	Medway Council

## Reduce the proportion of women who smoke in pregnancy

Strategies / plans in place to deliver	Led by / responsible
Local Maternity and Neonatal System Delivery Plan	Local Maternity and Neonatal System Board
Children and Young People's Plan 2023-2025	Medway Health and Wellbeing Board

# Shared outcome 1: Give children and young people the best start in life

Priority: Strive for children and young people to be physically and emotionally healthy

Reduce the percentage of children who are obese and overweight

Strategies / plans in place to deliver	Led by / responsible
Inequalities, Prevention and Public Health Committee (IPPH) - Prevention Subcommittee Action Plan	NHS K&M
Whole System Obesity Plans	Kent Public Health Medway Public Health Team Medway Healthy Weight Network, Physical Activity Alliance and Food Partnership
DGS HCP children and young people health improvement	DGS HCP – Children and Young People Committee

Take a preventative approach to keeping children healthy including oral health and Immunisation

Strategies / plans in place to deliver	Led by / responsible
IPPH Prevention Subcommittee Action Plan	NHS K&M Kent Public Health Team
Medway Oral Health Strategy	Medway Public Health Team Medway Oral Health Strategy Group
Trading Standards & KSS Business Plan & Community Wardens	KCC – GET

Safeguarding

Strategies / plans in place to deliver	Led by / responsible
Deliver Safeguarding priorities	Kent Children Safeguarding Multiagency Partnership (KSCMP)
Deliver the NHS Kent and Medway Safeguarding Strategy	MSCP
Medway Safeguarding Children Partnership Business Plan	MSCP
Children and Young People’s Plan 2023-25	Medway Health and Wellbeing Board
Continuous Improvement Plan Medway	Medway Continuous Improvement Board

# Shared outcome 1: Give children and young people the best start in life

Priority: Help preschool and school age children and young people achieve their potential

**Support families so that children are ready for school**

Strategies / plans in place to deliver	Led by / responsible
KCC Early Years and Childcare strategy in development	KCC – Children Young People and Education (CYPE)
Family Hubs	KCC and Medway Council
Medway Children in Care Strategy	Medway Corporate Partnering Board
Early Help Strategy	Early Help Partnership Board

**Support access to high quality nursery education**

Strategies / plans in place to deliver	Led by / responsible
KCC Early Years and Childcare strategy in development	KCC – CYPE
Children / Early Years Sufficiency Assessment	Medway Council – Education and Access

**Improve proportion children achieving a good level of development at end Early Years Foundation Stage including through evidence- based parenting support to all who would likely benefit**

Strategies / plans in place to deliver	Led by / responsible
KCC Early Years and Childcare strategy in development	KCC – CYPE
Family Hubs	KCC and Medway Council
Libraries Registrations and Archives Business Plan	KCC – GET
Early Help Strategy	Early Help Partnership Board

**Tackle low school attendance reducing pupil absence**

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan	KCC
Attendance Action Plan	Medway Council – Education and SEND Teams

# Shared outcome 1: Give children and young people the best start in life

Priority: Help preschool and school age children and young people achieve their potential

**Provide equal access to educational opportunities**

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan	KCC
Medway School Place Planning Strategy	Medway Council – Education and Access

**Ensure young people are skilled and ready for adult life**

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan	KCC
Framing Kent's Future	KCC
Libraries Registrations and Archives Business Plan	KCC
Medway Children in Care Strategy	Medway Corporate Parenting Board
Medway Skills and Employability Plan	Medway Council

**Improve pupil attainment measured through average attainment 8 scores**

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan	KCC

# Shared outcome 1: Give children and young people the best start in life

Priority: Help preschool and school age children and young people achieve their potential

**Strengthen capability of mainstream settings and universal services to meet the needs of CYP with SEND**

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway SEND Strategy	Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board
Home to school transport	Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board, KCC, Medway Council
Medway Local Area SEND Strategy	Medway SEND Partnership Board

**Work with families with children & young people with SEND**

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway SEND Strategy	Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board
Medway Local Area SEND Strategy	Medway SEND Partnership Board

**Provide specialist SEND support with early identification and good coordination**

Strategies / plans in place to deliver	Led by / responsible
Kent SEND Strategy	Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board
Medway Local Area SEND Strategy	Medway SEND Partnership Board
Supporting parents and children and seeking feedback on referral letters	Healthwatch Kent

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Address the wider determinants of health (social, economic and environmental), to improve the physical and mental health of all residents, tackle inequalities, and focus on those who are most vulnerable

### What we heard:

- Target prevention activities for each community group, making the most of VCSE expertise and community assets
- Longer duration for prevention programmes
- Support for cost of living – housing, transport, food
- Extend use of social prescribing
- Improve transport access to services, jobs and social opportunities

### Priorities to deliver this outcome: Together we will...

#### Address the economic determinants that enable healthy lives including stable employment

We will attract and support new businesses and encourage all large employers to develop as anchor organisations within their communities including all public sector organisations, procuring and employing locally in a way that optimises social value. We will support people and small businesses with the cost-of-living crisis. We will help individuals fulfil their potential by achieving secure employment through education and skills development and by supporting businesses.

#### Address the social determinants that enable healthy lives including social networks and safety

We will build communities where everyone belongs. We will work with communities, building on their assets to empower people to address key health and social issues including loneliness, community safety and the economic burdens from misuse of drugs & alcohol. We will further develop social prescribing and local voluntary and community capacity to meet these challenges. The importance of Active Travel, access to services, work and leisure, and best use of local Libraries, Community Hubs, music, arts and heritage opportunities are recognised. In partnership we will promote community safety, tackling crime and preventing and reducing serious violence, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

#### Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment

We will plan, develop and regenerate in a way that improves quality of life for new and existing communities – across built and natural infrastructures including housing, transport and the local environment. We will incorporate the impact of climate change in all planning. We will explore how we can help people adopt sustainable ways of living and working and make best use of all our resources. We will work to provide accessible homes for life and services for all, through planning and with housing providers. We will plan to improve safety, air quality and promote physical activity.

#### Address inequalities

We will ensure people who need them will have access to benefits, housing, services and support through identification, signposting and a directory of local support as well as opportunities to access work through skills development and local transport. We will focus on prevention and help people, including those with mental health issues, learning disabilities and neurodiversity, to enter, re-enter and be retained in the workplace, to have secure homes, benefits and social networks and opportunities, maximising their independence.

### Indicators for this outcome include:

By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% to no more than 5% across Kent and Medway.

By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will increase from 8% to above 10% in Kent and Medway.

All NHS organisations and local authorities will make progress towards their net-zero targets.

By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) is similar to, or better than, the national average.

There is lots to do around here and I feel safe

I have been diagnosed with depression. My employer has been great working with services so I can still manage work

## Shared Outcome 2: Shared Delivery Examples

Work and Health Strategy	'Move Together': Active Kent and Medway Strategy	Serious Violence Duty	Environmental Sustainability	Population Health Management and Addressing Inequalities
<p>Working in partnership with Kent and Medway Economy Partnership (KMEP) we will co-develop a Work and Health Strategy during 2024/25, which will report to the ICP. As part of this, we will also form a Health and Economy Group. KMEP is made up of businesses and local authority leaders which drives forward and monitors an economic plan for Kent and Medway.</p> <p>Activities already include a joint bid across partners for the Work Well Vanguard, a pilot service which aims to better integrate local employment and health support for disabled people and people with health conditions to start, stay and succeed in work.</p>	<p>'Move Together' is Kent and Medway's 2023 – 2027 strategy for sport and physical activity. The core vision is to get <i>more people, more active, more often</i>.</p> <p>The strategy sets out how system partners are working together to support children and young people to exercise more regularly, while also tackling the inequalities that currently prevent some young people from being more active. For example, 'The Daily Mile' is a free activity available to all schools which sees children run or jog, at their own pace, for 15 minutes a day to improve their physical, social, emotional and mental health.</p>	<p>The Duty requires specified authorities to work together through an agreed partnership arrangement to prevent and reduce serious violence.</p> <p>Kent have received an allocation of £292k for 2023/24, with the Police and Crime Commissioner (PCC) working with partner organisations including the ICB to set out a strategy which will be agreed by the new Serious Violence Prevention Board. Community Safety Partnerships are then the local partnership model for discharging the duty.</p>	<p>Kent and Medway Strategic Environment and Sustainability Steering Group support the ICS towards our shared actions. They are currently reviewing the delivery of the Green Plan to cover four key areas of procurement supply chain, primary care, estates and medicines.</p> <p>The group are exploring options for developing joint proposals to commission and fit electric vehicle charging points across our estates to best serve our fleets and staff. Additionally, they will be creating a System Wide Adaptation Strategy to help partners understand the need to plan for the impacts of climate change.</p>	<p>Each of the HCPs a uses population health management approach to segment its population and target resources accordingly to help address health care inequalities. Each HCP has a series of funded projects that seek to address an aspect of health inequalities which include: social prescribing, condition specific projects, health and housing, and mental health.</p> <p>During 24/25 working in partnership, we will refresh our plans to enable us to continue to build our knowledge and capabilities to fully embed a population health management approach for improving Core20PLUS5 outcomes across our system.</p>
<p><b>Co-produced Work and Health Strategy March 2025</b></p>	<p><b>Deliver 'Move Together' action plan March 2026</b></p>	<p><b>Serious Violence Prevention Board and Strategy established March 2025</b></p>	<p><b>System Wide Adaptation Strategy agreed March 2025</b></p>	<p><b>Deliver health inequalities funded projects and refresh population health delivery plan March 2025</b></p>



## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the economic determinants that enable healthy lives including stable employment

### Attract and support new businesses

Strategies / plans in place to deliver	Led by / responsible
K&M Economic Framework	Kent and Medway Economic Partnership (KMEP)
Framing Kent's Future-Priority 1 Levelling up	Kent County Council (KCC) Inward Investment Commission
Libraries, Registration & Archives (LRA) Business and Intellectual Property Centres (BIPC) Trading Standards Business Advice	KCC – Growth, Environment and Transport (GET)
Medway 2040	Medway Council - Regeneration

### Encourage all large employers to develop as anchor organisations

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Economic Framework	KMEP
Medway 2040	Medway Council - Regeneration

### Optimise our role as public sector anchors including around procurement and employment

Strategies / plans in place to deliver	Led by / responsible
People Strategy	NHS Kent and Medway, KCC HROD
Green Plan	KCC – GET
Procurement Policies, Social Value	KCC Procurement and Commissioning
Procurement Strategy	Medway Council – Legal and Governance
Workforce Strategy	Medway Council - HR

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the economic determinants that enable healthy lives including stable employment

### Cost of living support

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Economic Framework	KMEP Medway Council Benefits and Financial Welfare Team
IPPH Prevention Sub-Committee	NHS K&M
KCC Financial Hardship Programme	KCC
Framing Kent's Future	KCC
Cost of living initiatives	KLAC Local District Councils Local Health Alliances Voluntary sector
Libraries, Community Wardens	KCC – GET
Energy and Low Emissions Strategy	KCC – GET
Medway Cost of Living Crisis Response Plan	Medway Council
VCSE support programmes	VCSE organisations

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the economic determinants that enable healthy lives including stable employment

### Education and skills development for employment

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Economic Framework	KMEP
Local Skills Improvement Plan	KCC – GET
Framing Kent's Future-Priority 1 Levelling up	KCC – GET
Medway Skills and Employability Plan	Medway Council

### Increase percentage of the population who are in paid employment and are in contact with secondary mental health services or who have long term support for a learning disability

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Economic Framework Local Skills Improvement Plan	KMEP

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the social determinants that enable healthy lives including social networks and safety

### Reduce Loneliness

Strategies / plans in place to deliver	Led by / responsible
Social Prescribing Strategy	NHS Kent and Medway (IPPH Inequalities Subcommittee) KCC Adult Social Care Medway Social Isolation and Loneliness Action Alliance
Research on loneliness	Health Determinants Research Collaboration Medway
Focus on key districts and partnerships	District Councils and Alliances, Community Hubs
KALC loneliness initiatives	KALC and Parishes
Libraries, Community Wardens	KCC – GET
Kent Karrier	KCC – GET
Kent Cultural Strategy	KCC – GET
Range of programmes focused on reducing loneliness	VCSE organisations
Cultural Strategy	Medway Council – Culture and Communities

### Community safety including tackling crime, serious violence, anti-social behaviour and discrimination

Strategies / plans in place to deliver	Led by / responsible
Kent Community Safety Partnership Action Plan	Kent Community Safety Partnership (CSP) District CSPs, Office of Police and Crime Commissioner
Medway Community Safety Partnership Action Plan	Medway Community Safety Partnership
Kent Community Safety Strategy	Kent Community Safety Partnership (CSP), District CSPs, Office of Police and Crime Commissioner (OPPC)
Violence Reduction Unit	OPCC
Trading Standards Action	KCC Trading Standards
Kent Design Guide	KCC – GET
Medway Youth Justice Plan	Medway Council – Youth Justice

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the social determinants that enable healthy lives including social networks and safety

### Deliver on Serious Violence Duty

Strategies / plans in place to deliver	Led by / responsible
Kent Community Safety Partnership Action Plan	Kent Community Safety Partnership (CSP)
Medway CSP Action Plan	Medway CSP
Violence Reduction Unit	OPCC
Medway Youth Justice Plan	Medway Council – Youth Justice

### Reduce level of substance misuse

Strategies / plans in place to deliver	Led by / responsible
Kent CSP Action Plan	KENT CSP
Medway CSP Action Plan	Medway CSP
Kent Drug and Alcohol Strategy	Kent Substance Misuse Alliance
VCSE programmes	VCSE organisations
Review of people reporting difficulties accessing mental health services due to drug and/or alcohol use	Healthwatch (Kent and Medway) and Kent and Medway Safeguarding Adults Board

### Reduce level of alcohol misuse

Strategies / plans in place to deliver	Led by / responsible
Inequalities Prevention and Population Health Committee (IPPH) Prevention Subcommittee Action Plan	NHS K&M
Kent Drug and Alcohol Strategy	Kent Substance Misuse Alliance
VCSE programmes	VCSE organisations
Trading Standards	KCC

# Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the social determinants that enable healthy lives including social networks and safety

## Social Prescribing

Strategies / plans in place to deliver	Led by / responsible
Social Prescribing Strategy	NHS Kent and Medway (IPPH Inequalities Subcommittee) KCC Adult Social Care
Medway and Swale Social Prescribing 5 Year Plan	Medway and Swale Social Prescribing Strategy Group
Community Wardens	KCC – GET
Green Social Prescribing Network	KCC – GET
Kent Cultural Strategy	KCC – GET
Libraries	KCC – GET
Positive Wellbeing	KCC – GET
Cultural Strategy	Medway Council – Culture and Communities

## Voluntary and community capacity

Strategies / plans in place to deliver	Led by / responsible
Build Resilient Communities	KCC – SPRCA, Public Health, ASC and GET, Districts, KALC and VCSE
Micro-providers	KCC – Strategy, Policy, Relationships and Corporate Assurance (SPRCA)
Framing Kent's Future- Priority 2 Infrastructure for Communities	KCC
Community Wardens	KCC – GET
Heritage Conservation & Countryside Partnerships Volunteer programmes	KCC – GET
Voluntary sector alliances	VCSE alliances in each Health and Care Partnership
Volunteering Opportunities	Voluntary sector including Medway Voluntary Action (Medway Council commissions support capacity), VCSE Alliances, KCC – SPRCA, Kent Coast Volunteering, Kent Volunteer Partnership
Local Flood Risk Management Strategy-Volunteer Flood Wardens	KCC – GET
Community transport grant scheme	KCC – GET
KALC and role parishes	KALC

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the social determinants that enable healthy lives including social networks and safety

### Active Travel

Strategies / plans in place to deliver	Led by / responsible
Framing Kent's Future- Priority 2 Infrastructure for Communities	KCC – GET
Medway Active Travel Group for strategies/plans in place	Medway Council Transport Service
Local Transport Plan (LTP 5) (Kent Cycling & Walking Infrastructure Plan)	KCC – GET
NHS Kent and Medway Green Plan	NHS Kent and Medway
Vision Zero Road Safety Strategy	KCC – GET
Rights of Way Improvement Plan	KCC – GET
Kent and Medway Energy and Low Emissions Strategy	KCC – GET
Kent Environment Plan (2024 onwards)	KCC – GET
Kent Design Guide, Neighbourhood Plans & Strategic Planning Applications	KCC – GET

### Best use of music, arts and leisure

Strategies / plans in place to deliver	Led by / responsible
Framing Kent's Future- Priority 2 Infrastructure for Kent Cultural Strategy	KCC – GET
Heritage Strategy	KCC – GET
Creative Estuary	Essex/Kent Partnership, Arts Council England
District led initiatives	District Councils
Cultural Planning Toolkit	Creative Estuary and Kent County Council
Priority Places	Arts Council
Creative Health and Wellbeing Working Network	KCC - GET

# Shared outcome 2: Tackle the wider determinants to prevent ill health

[Acronyms](#)

Priority: Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment  
**Improve quality of life across built and natural infrastructures (including transport)**

Strategies / plans in place to deliver	Led by / responsible
NHS K&M Estates & Infrastructure Interim Strategy	NHS Kent and Medway
Kent Design Guide	KCC – GET
Neighbourhood Plans	District Council Planning teams
Local Plans – Medway & districts	District Council Planning teams
Local Regeneration Plans	District Council Planning teams
Framing Kent’s Future-Priority 3 Environmental Step Change	KCC – GET
Kent County Council Local Transport Plan	KCC – GET
Local Flood Risk Management Strategy	KCC – GET and District Council Planning teams
Kent Waste Disposal Strategy	KCC – GET
Medway Housing Strategy	Medway Council – Culture and Community
Medway 2040	Medway Council - Regeneration

## Tackle climate change including sustainable ways of living and working and air quality

Strategies / plans in place to deliver	Led by / responsible
NHS K&M Green Plan	NHS Kent and Medway
K&M energy and low emissions strategy	KCC – GET
Medway Climate Change Action Plan	Medway Council
Framing Kent’s Future-Priority 3 Environmental Step Change	KCC – GET
Local Transport Plan 5	KCC – GET
Local Flood Risk Management Strategy	KCC – GET
Kent Waste Disposal Strategy	KCC – GET
The Kent and Medway Energy and Low Emissions Strategy priority 5-existing buildings	KCC- GET



## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment

### Accessible homes

Strategies / plans in place to deliver	Led by / responsible
NHS K&M Estates & Infrastructure Interim Strategy	NHS Kent and Medway
Kent and Medway Housing Strategy “A Place People Want to call Home”	Kent Housing Group
Better Homes – Kent County Council	KCC
Developer Contributions Guide	KCC – GET
Kent Design Guide	KCC – GET
Infrastructure Mapping Platform	KCC – GET
Local Authority Housing Strategies	Local Housing Authorities
Medway Housing Strategy	Medway Council – Culture and Community
Medway and KCC Accommodation Strategies	KCC GET and Medway Council
Identify needs for accessible homes including older people and those with disabilities	KCC and Medway Council
Ensure health professionals and others aware of disabled facilities grants	Kent Housing Group and Local Housing Authorities

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Priority: Address inequalities

Ensure access to services people need

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts
Health and Wellbeing Plans	County, District, Borough & Medway councils
Locality Operating Model in ASC	KCC Adult Social Care
Framing Kent's Future- Priority 4 New Models of Care and Support	KCC Adult Social Care
Mental Health Together Plus programme	MHLDA Provider Collaborative
Adult Social Care Strategy	KCC Adult Social Care Medway Council Adult Social Care
Community Wardens	KCC – GET
Local Transport Plan 5	KCC – GET
Libraries	KCC – GET
Developer Contributions Guide	KCC – GET
Medway Culture Strategy	Medway Council – Culture and Community
Children's Sufficiency Strategy and Commissioning Strategies	Medway Council – Children's Social Care and Public Health
Healthwatch work programme - Older people and the impact of the wider determinants of health on their wellbeing. Also projects focused on social isolation in under 25s, the armed forces and veterans and digital barriers to healthcare access.	Healthwatch Kent
Home Improvement Agencies, handyman schemes and advice to occupiers and landlords around Housing Health and Safety Rating and remediation	KCC and Medway Council

# Shared outcome 2: Tackle the wider determinants to prevent ill health

## Priority: Address inequalities

### Maximise independence of those with mental health issues, learning difficulties and neurodiversity

Strategies / plans in place to deliver	Led by / responsible
MHLDA Provider Collaborative Work Plan	MHLDA Provider Collaborative
Health Checks	NHS Kent and Medway Medway Council Public Health
Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health	NHS Kent and Medway, Kent and Medway NHS and Social Care Partnership Trust Board
Mental Health Together programme	MHLDA Provider Collaborative
Learning Disability and Autism work plan	Learning Disability and Autism Delivery Partnership
Libraries	KCC – GET
Move Together – Active Kent and Medway Strategy	KCC Public Health and Medway Public Health Teams

### Improve employment rates in people with mental health issues

Strategies / plans in place to deliver	Led by / responsible
Work and Health Strategy (to be developed)	KMEP and ICP
Individual Placement and Support service	MHLDA Provider Collaborative
Live Well Kent and Medway	KCC and Medway Council (delivered by Shaw Trust and Porchlight)
Employment Advisors in NHS Talking Therapies	NHS Kent and Medway

### Improve employment rates in people with Learning difficulties

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway LDA Strategy	Mental Health, Learning Disability and Autism Provider Collaborative

# Shared outcome 3: Supporting happy and healthy living

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

**Priorities to deliver this outcome:  
Together we will...**

**Indicators for this outcome include:**

## What we heard:

- Improve the transition between services – communication, user experience, timeliness
- Engage with communities to tailor communications and support for each community
- Joined up services to support people who are at risk including survivors of domestic abuse and people who are homeless
- Support veterans
- Focus on adult safeguarding

### **Support people to adopt positive mental and physical health behaviours**

We will deliver evidenced based support to individuals at an appropriate scale to enable them to choose healthy weight, healthy diet choices, physical activity, good sexual health, and minimise alcohol and substance misuse and tobacco use to prevent ill health. We will work with communities to develop community led approaches and local active and sustainable travel to support this. We will increase the use of 'making every contact count' and social prescribing to signpost and offer bespoke support where needed to help tackle inequalities using a proportionate universal approach. Additionally, by addressing socioeconomic determinants and aiding mental wellbeing we will help people adopt healthy lifestyles. We will improve health through a system wide approach to crime reduction with victim and offender support; tackling drugs, domestic abuse, exploitation and harm and violence against women and girls.

### **Deliver personalised care and support centred on individuals providing them with choice and control**

We will use data to identify those most at risk and ensure all care is focussed on the individual with seamless transition between services, good communication, timely care and understanding of user needs and experience so they remain in control of their health and wellbeing. People living with dementia will be supported to live as well and as independently as possible with high quality, compassionate care from diagnosis through to end of life. We will improve the support we offer for women's health issues such as menopause. We will develop joined up holistic support for at risk groups including survivors of domestic abuse, people who are homeless, who misuse substances, who have mental health issues, who are veterans or who have offended.

### **Support people to live and age well, be resilient and independent**

We will promote people's wellbeing to prevent, reduce or delay the need for care, focussing on the strengths of people, their families, their carers and their communities, enabling people to live independently and safely within their local community including by using technology. We will ensure accessible joined up multi agency working between services across health, social care, housing, criminal justice, the voluntary sector and others. With clear pathways and ongoing support for those with complex needs and overcoming barriers to data sharing. We will ensure people receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing. Further we will as a system work to ensure people, especially those who are most at risk are safe in their homes and communities.

By 2028, the % of adults in Kent and Medway who are physically inactive will have fallen from 22.3% to 20%.

By 2028, the % of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% to 62%.

By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 to 395 per 100,000.

By 2028, the rate of emergency admissions for those who are frail will be similar to 2024, despite significant population growth.

By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will be below the rate for 2024.

By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.

I lost weight with peer support from a local group I learnt about when I visited the hospital for something else

I have care and support that enables me to live as I want to

# Shared Outcome 3: Shared Delivery Examples

Tackling Tobacco and Smoking	Healthy Weight	Dynamic Support Arrangements	Prevention of suicide and self-harm	Frailty and Ageing Well
<p>We have a comprehensive action plan embracing both short and long-term initiatives to combat smoking prevalence. These actions involve collaborative efforts with partners to increase referrals from demographic groups with high smoking rates, including routine and manual workers and specific ethnicities by 2025. In addition, there is an aim to increase GP referrals by 10% while establishing clear communication channels for schools, parents/carers, and young individuals. Targeted campaigns addressing vaping and its ramifications on youth will be launched, alongside the implementation of measurable metrics such as reach, impressions, and conversions to evaluate the efficacy of these actions. Alongside these actions the Tobacco Dependency Treatment Services Programme will continue to be implemented focusing on service and data quality.</p>	<p>Whole Systems Approach to Obesity programmes are operational across Kent and Medway. A Whole Systems Approach to Obesity Coordinator is assigned to each of the Health and Care Partnership geographical footprints to support implementation of the whole systems approach tailored to Place. A range of activities is underway in each Place related to food and healthy eating, infant feeding and physical activity.</p>	<p>The Kent and Medway Dynamic Support Arrangements are for children and young people with learning disabilities and/or autism who exhibit behaviours of distress and challenge that leave them at risk of current placement breakdown, admission to specialist hospital and detention or prosecution.</p> <p>Arrangements so far for Tier 4 hospitalisation and length of stay has been dramatic, with there now being only one or two young people occupying Tier 4 beds for a few months, compared to 2020 where over 20 young people were typically in Tier 4 beds at any given time, sometimes for many years.</p>	<p>There is a Kent and Medway suicide and self-harm prevention strategy 2021-2025. Kent and Medway ICS is an official signatory to national Prevention Concordat for Better Mental Health.</p> <p>The Kent and Medway Suicide prevention team (3x team members based in KCC Public Health) work with the Kent and Medway Suicide Prevention Strategic Oversight Board who oversee the programme, set direction and make financial decisions. There is also 3x quarterly Network meetings (Adults, CYP and Better Mental Health).</p>	<p>Frailty and supporting individuals to age well is a focus for each of the Health and Care Partnerships.</p> <p>Ageing and dying well is a key priority for Dartford, Gravesham and Swanley HCP working closely all local system partners to develop local pathways and service improvements to strengthen the support offered to individuals as they age.</p> <p>Medway &amp; Swale HCP are focusing on community frailty.</p> <p>West Kent HCP are focusing on frailty and complex care.</p> <p>Healthwatch Kent are holding care home manager interviews to understand training needs and service interactions.</p>
<p><b>Increase GP referrals by 10%</b>  <b>Launch of targeted campaigns e.g. vaping</b>  <b>March 2025</b></p>	<p><b>Deliver Whole Systems Approach to Obesity programmes</b>  <b>March 2025</b></p>	<p><b>Begin to work with the Criminal Justice System</b>  <b>2024/25</b></p>	<p><b>Deliver Kent and Medway suicide and self-harm prevention plan</b>  <b>March 2025</b></p>	<p><b>Deliver HCP led frailty and ageing well programmes</b>  <b>March 2025</b></p>

## Shared outcome 3: Supporting happy and healthy living

Priority: Support people to adopt positive mental and physical health behaviours

Evidenced based support to help people choose healthy lifestyles including through bespoke support

Strategies / plans in place to deliver	Led by / responsible
Health and Wellbeing Plans	District, Borough & Medway councils
Medway Joint Local Health and Wellbeing Strategy (JLHWS)	Medway Public Health Team
IPPH Prevention Subcommittee Action Plan	NHS K&M
Drug and Alcohol Strategy	Kent Substance Misuse Alliance
Social Prescribing Strategy	NHS Kent and Medway (IPPH Inequalities Subcommittee) Kent County Council (KCC) Adult Social Care
Population Health Management delivery plan	NHS K&M
NHS Long Term Plan (LTP) Tobacco Dependence Treatment Service Programme	NHS K&M, Public Health teams
Stop smoking services	NHS K&M, Public Health teams
A Better Medway	Medway Healthy Weight Network, Medway Physical Activity Alliance, Medway Infant Feeding Strategy Group and Medway Food Partnership
Kent Association of Local Councils (KALC) Physical Activity initiatives	KALC
KALC weight loss initiatives	KALC
Move Together – Active Kent and Medway Strategy	Kent County Council (KCC) Public Health and Medway Public Health Teams
Trading Standards Activity	KCC– Growth, Environment and Transport (GET)
Explore Kent	KCC – GET
Public Rights of Way	KCC – GET
Country Parks & Countryside Partnerships	KCC – GET
Safer Active Journeys (part of Road Safety & Active Travel)	KCC – GET

## Shared outcome 3: Supporting happy and healthy living

Priority: Support people to adopt positive mental and physical health behaviours

### Increase use of Making Every Contact count

Strategies / plans in place to deliver	Led by / responsible
Making Every Contact Count programme	Kent Public Health Team, Medway public Health Team NHS Providers and NHS Kent and Medway
Libraries, Positive Wellbeing, Community Wardens	KCC – GET
Housing Associations, District Housing officers	Kent Housing Group

### Increase physical activity, strength and balance in older people

Strategies / plans in place to deliver	Led by / responsible
NHS K&M Ageing Well Strategy	NHS Kent and Medway
One You Kent	KCC Public Health Team
A Better Medway	Medway Public Health Team
Move Together – Active Kent and Medway Strategy	KCC Public Health and Medway Public Health Teams
Physical activity and universal wellbeing initiatives	VCSE organisations, for example Age UK
KALC Physical Activity initiatives	KALC

### Victim and offender support. Tackle domestic abuse, exploitation and violence against women and girls

Strategies / plans in place to deliver	Led by / responsible
Kent CSP Action Plan	Kent Community Safety Partnership (CSP) District CSPs, Office of Police and Crime Commissioner (OPCC)
Medway CSP Action Plan	Medway Community Safety Partnership
K&M Domestic Abuse Strategy	Domestic Abuse Partnership Board
Police and Crime Safety Strategy and Outcomes	OPCC Kent Police
Tackling Violence Against Women and Girls Strategy	Kent Police
Domestic Abuse Strategy	Medway Safeguarding Children Partnerships (MSCP)

## Shared outcome 3: Supporting happy and healthy living

Priority: Deliver personalised care and support centred on individuals providing them with choice and control

Work together to ensure all care is focused on the individual including sharing data, seamless transition between services, good communication, understanding user needs

Strategies / plans in place to deliver	Led by / responsible
Kent County Council Adult Social Care Commissioning Strategy and Delivery Plan	KCC Adult Social Care
KMCR	All Health and Care Partnerships
Data sharing agreements	All Health and Care Partnerships
Integrated Neighbourhood teams	All Health and Care Partnerships
Personal Health Budgets (PHB's)	All Health and Care Partnerships
Engagement	All Health and Care Partnerships
Medway Adult Social Care strategy and Peoples Strategy	Medway Adult Social Care
Community Wardens	KCC – GET
Healthwatch Kent work programme – Accessible Information standard and reviewing if people felt their communication needs had been met in hospital outpatient departments	Healthwatch Kent

### People with dementia are supported to live as well and independently as possible

Strategies / plans in place to deliver	Led by / responsible
Dementia Friendly Communities	Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative KCC Adult Social Care
Local Dementia Café Work	MHLDA Provider Collaborative KCC Adult Social Care
Community Wardens, Libraries	KCC – GET
Local dementia charities to support individuals, families/carers	VCSE sector
KALC Dementia and Carer Initiatives	KALC



## Shared outcome 3: Supporting happy and healthy living

Priority: Deliver personalised care and support centred on individuals providing them with choice and control

### Improve support for Women's health issues

Strategies / plans in place to deliver	Led by / responsible
Response to national strategy – consultation phase in progress	NHS Kent and Medway
Healthwatch Kent work programme – women's health engagement	Healthwatch Kent

### Holistic support for at risk groups (Homeless/ Gypsy, Roma, Traveller communities/ veterans/offenders/substance misuse etc.)

Strategies / plans in place to deliver	Led by / responsible
Military Covenants (Medway health fair)	Medway Council and KCC
Gypsy, Roma and Traveller Service	Gypsy, Roma and Traveller Service – KCC GET
Kent and Medway Gypsy, Roma and Travelers, Community of Practice (COP) Group	KCC
Medway Youth Justice Plan	Medway Youth Justice Partnership Board

### Adult safeguarding

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway Safeguarding Adults Board Strategic Plan 2022-25	Safeguarding Adults Board
NHS Kent and Medway Safeguarding Strategy	KCC Adult Social Care Medway Council Adult Social Care
District Safeguarding Policies	KENT Designated Safeguarding Lead (DSL) Group

## Shared outcome 3: Supporting happy and healthy living

Priority: Support people to live and age well, be resilient and independent

Promote wellbeing to prevent, reduce or delay need for care

Strategies / plans in place to deliver	Led by / responsible
Kent County Council Adult Social Care Strategy and Actions	KCC Adult Social Care Kent Public Health
IPPH Prevention Subcommittee action plans	NHS K&M
Social Prescribing and Community Navigation Strategy	NHS Kent and Medway (IPPH Committee Inequalities Subcommittee), KCC – ASC, SPRCA and GET
Medway Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Move Together - Active Kent and Medway Strategy	KCC Public Health and Medway Public Health Teams
Kent Cultural Strategy	KCC – GET
Positive Wellbeing	KCC – GET
Community Wardens	KCC – GET
Libraries – Reading well collections	KCC – GET
Explore Kent	KCC – GET
Country Parks & Countryside Partnerships	KCC – GET
Safer Active Journeys	KCC – GET
Kent Karrier	KCC – GET
Support offers from local charities	VCSE sector
Medway Culture Strategy	Medway Council – Culture and Community
Housing based initiatives to ensure safe, secure, healthy and adapted homes	Kent Housing Group

## Shared outcome 3: Supporting happy and healthy living

Priority: Support people to live and age well, be resilient and independent

Enable people to live safely in their community including through technology

Strategies / plans in place to deliver	Led by / responsible
Locality based Commissioning Model	NHS K&M, providers and Health and Care Partnerships, Kent Adult Social Care
Kent County Council Adult Social Care Commissioning Strategy and Delivery Plan	KCC Adult Social Care
Dementia Friendly communities	KCC Adult Social Care and SPRCA KALC, VCSE alliances and Districts
Technology enabled care	KCC Adult Social Care
Digital pathways and digital front door	KCC Adult Social Care
Ageing Well Strategy	NHS K&M and providers
Health and Wellbeing Plans	District, Borough & Medway councils
Medway Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Supporting Better Broadband	KCC – GET
Community Wardens	KCC – GET
Libraries	KCC – GET
Developer Contributions Guide	KCC – GET
KALC dementia initiative	KALC

Ageing and dying well with reduced deaths in hospital and death in a place of choice

Strategies / plans in place to deliver	Led by / responsible
Ageing Well Strategy	NHS K&M and providers

## Shared outcome 3: Supporting happy and healthy living

Priority: Support people to live and age well, be resilient and independent

**Multi agency working with clear pathways and ongoing support for those with complex needs**

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts
Health and Wellbeing Plans	District, Borough & Medway councils
Integrated Commissioning	KCC Adult Social Care
Care and Support Pathways	KCC Adult Social Care
Kent and Medway Care Record (KMCR)	NHS K&M and providers
K&M Domestic Abuse Strategy	Multi agency including KCC, Medway Council and NHS
Medway Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Fracture pathway redesign	NHS K&M and HCPs

### Reduce self-harm and suicide

Strategies / plans in place to deliver	Led by / responsible
K&M Suicide Prevention Strategy	Kent and Medway Suicide Prevention Strategic Oversight Board
Mental Wellbeing Concordat	NHS Kent and Medway, Kent County Council and Medway Council
Mental Health Together	Mental Health, Learning Disability and Autism Provider Collaborative
Kent and Medway suicide and self-harm prevention strategy 2021-2025	Kent and Medway Suicide Prevention Strategic Oversight Board
Suicide Prevention Strategy	KCC

### Deliver prevention with a focus on multi-morbidity in line with major conditions strategy/CMO report

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan 2024/25	NHS K&M and provider trusts

# Shared outcome 4: Empower people to best manage their health conditions

Support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.

## What we heard:

- Increase involvement of patients and carers in care plans
- Improve access to and consistency of primary care including general practice, dentistry and pharmacy provision.
- Increase offer of support and provide flexibility for carers

*"We are not always superhuman. Someone to support us to support our child."*

## Priorities to deliver this outcome: Together we will...

### Empower those with multiple or long-term conditions through multidisciplinary teams

We will support individuals to holistically understand and manage their conditions (such as cancer, cardiovascular disease, diabetes, dementia, respiratory disease and frailty) by using Complex Care Teams and Multi-Disciplinary Teams. This will help reduce or delay escalation of their needs. We will use a model of shared information and decision-making to empower individuals to only have to tell their story once and make informed choices about how, when and where they receive care, which will support individuals to achieve their goals. We will utilise developing technologies including telecare and telehealth, direct payments, personal health budgets, care packages and social prescribing where appropriate to support people to achieve their goals and live the life they want in a place called home.

### Provide high quality primary care

We will work towards a system focused on prevention, health protection and early intervention to reduce the need for hospitalisation through ensuring people can readily access the services they need to manage their health. We will ensure all pharmacies are supporting people with health care, self-care, signposting and healthy living advice. We will improve and increase access to dentist and eye health services. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway. This means improving timely access to a health care professional with the skills and expertise to provide the right support and guidance, this could be a physiotherapist, doctor, nurse, podiatrist or other primary care health and care professional. We will work across the system to support the provision of primary care, responding to the needs of new, and growing, communities and making the most of community assets.

### Support carers

We will value the important role of informal carers, involve them in all decisions, care planning and provide support for their needs. We will make a difference every day by supporting and empowering carers with ready access to support and advice. We recognise the potential impact of their responsibilities on young carers and commit to reducing these challenges.

## Indicators for this outcome include:

By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% to at least 71%.

There will be an increasing number of patients with high or very high needs being supported through integrated teams by 2028.

By 2027 we will have implemented our organisational carers strategies

By 2028, the proportion of carers who report that they are very satisfied with social services will have improved from 32.3% to at least 45%.

I can access the healthcare I need and know what options are available to me

I know what my rights as a carer are and can get timely information that is accurate, carer training and education and advice on all the possible options for my health and wellbeing, support needs and finance and housing

# Shared Outcome 4: Shared Delivery Examples

Multidisciplinary Teams	Technology Enhanced Lives	Social Prescribing and Community Navigation	Carer Support Services	Primary Care and Long-Term Condition Management
<p>The Fuller Stocktake sets out a detailed vision for Integrated Neighbourhood Teams which should include NHS community services, VCSE partners, urgent care providers and primary care services.</p> <p>In order to implement this approach we aim to work at multiple levels: individual practices, Primary Care Networks and across Health and Care Partnerships. The transition to a new care model and approach will take time to fully implement and deliver the desired outcomes.</p> <p>However, it will enable integrated urgent care and care for complex needs or long terms conditions. It is key to improving population health and wellbeing outcomes and mitigating health inequalities and funding has been secured to link the development of these teams across Health and Care Partnerships.</p>	<p>In November 2023, Kent County Council introduced its Technology Enhanced Lives service – a single, countywide service which supports hospital patients to be discharged to their own home through access to and use of a range of assistive and digital technology. Moving forward, Kent County Council will work with partners across the system to maximise integration opportunities.</p> <p>With funding provided by NHS England, we are also piloting a programme to drive digital across the adult social sector to improve quality, safety and personalisation of care. Working with five facilitators across Kent, we will offer the right package of care that supports people in a more flexible and efficient way.</p>	<p>Social Prescribing and Community Navigation supports people to connect with community groups and services in their local area to support mental and physical health. This helps to improve outcomes, supporting people to stay well, independent and resilient and reduce social isolation.</p> <p>Following a rapid increase in the profile and investment in these areas in recent years we developed the Kent and Medway Social Prescribing and Community Navigation Strategy which identifies a number of actions to improve the provision and quality of these services. This includes addressing inequality in access, training and competencies for staff making the referrals, and improving evaluation, with the ambition to deliver over 31,000 referrals per year by 2023/24. Implementation will be led by the four HCPs, working with the established VCSE alliances, to ensure there is a local focus.</p>	<p>The Carers’ Short Breaks Service is currently delivered by Crossroads Care Kent and is jointly funded by Kent County Council and the NHS Kent &amp; Medway Integrated Care Board. The service provides replacement / respite care for carers so that they can take a break from their caring responsibilities.</p> <p>This service sits alongside several other commissioned services with the purpose of supporting carers, preventing people’s needs from escalating and promoting people’s well-being and independence. To improve integration across these services, work is already underway to align the Carers’ Short Break Service with the Community Navigation Service as part of a revised model. It is expected that the new model will be launched next year.</p>	<p>DGS HCP is prioritising primary and community care transformation, with Integrated Neighbourhood Teams a key component of this for 2024/25.</p> <p>Medway &amp; Swale HCP is prioritising end to end pathway improvement across ambulatory care services as well as self-harm, frailty, INTs, cancer and dentistry.</p> <p>WKHCP is prioritising Long-Term Condition management over the next five years</p> <p>Each of the HCPs will support the implementation of the Primary Care Strategy</p>
<p><b>Integrated Neighbourhood Teams programme board and plan established September 2024</b></p>	<p><b>Complete pilot programme – digital in adult social care March 2025</b></p>	<p><b>Implementation of the Social Prescribing and Community Navigation Strategy March 2025</b></p>	<p><b>Launch new model of Carers’ Short Break Service aligned with Community Navigation Service April 2025</b></p>	<p><b>Delivery of HCP programmes and Primary Care Strategy March 2025</b></p>

## Shared outcome 4: Empower people to best manage their health conditions

Priority: Empower those with multiple or long-term conditions through multidisciplinary teams

Use Complex Care Teams and Multi- Disciplinary Teams to support people to manage their conditions

Strategies / plans in place to deliver	Led by / responsible
Integrated commissioning	Kent County Council (KCC) Adult Social Care
Locality Based commissioning model	KCC Adult Social Care, NHS Kent and Medway
Integrated Neighbourhood Teams (INT)	NHS Kent and Medway and HCPs
NHS Operational Plan 2024/25 – including secondary prevention	NHS K&M and provider trusts
Ensure links social landlords and housing providers and mental health support services	Kent Housing Group

### Shared decision making to support individuals to achieve their goals

Strategies / plans in place to deliver	Led by / responsible
Self-Directed Support	KCC Adult Social Care
Community Wardens	KCC – Growth, Environment and Transport (GET)
Positive Wellbeing	KCC – GET

### Utilise developing technologies, personal health budgets, direct payments and social prescribing to support people to achieve their goals

Strategies / plans in place to deliver	Led by / responsible
Digital Pathways, Digital front door, Technology Enabled Care	KCC Adult Social Care
Libraries	KCC – GET
Developer Contributions Guide	KCC – GET
Social Prescribing Strategy	NHS Kent and Medway (IPPH Inequalities Subcommittee) KCC Adult Social Care
Adult Social Care Strategy	Medway Council – Adult Social Care
Healthwatch Kent work programme – review of the digital front door in a primary care network	Healthwatch Kent

# Shared outcome 4: Empower people to best manage their health conditions

Priority: Provide high quality primary care

**Access to preventative, early intervention services to prevent admission to hospitals**

Strategies / plans in place to deliver	Led by / responsible
Primary Care Strategy	NHS K&M Primary Care Strategic Oversight Group and HCPs
Mental Health Together	Mental Health, Learning Disability and Autism Provider Collaborative
Long term condition management	HCPs
Community Wardens	KCC – GET
Positive Wellbeing	KCC – GET

**Ensure pharmacies support people with self-care, healthy living advice etc.**

Strategies / plans in place to deliver	Led by / responsible
Primary Care Strategy	NHS K&M Primary Care Strategic Oversight Group and HCPs

**Improve and increase access to dentist and eye health services**

Strategies / plans in place to deliver	Led by / responsible
Primary Care Strategy	NHS K&M Primary Care Strategic Oversight Group and HCPs

**Consistent high quality primary care service including access to the right professional**

Strategies / plans in place to deliver	Led by / responsible
Primary Care Strategy	NHS K&M Primary Care Strategic Oversight Group and HCPs

**Support the provision of primary care to meet community needs**

Strategies / plans in place to deliver	Led by / responsible
Primary Care Strategy	NHS K&M Primary Care Strategic Oversight Group and HCPs
DGS HCP priority area	DGS HCP



# Shared outcome 4: Empower people to best manage their health conditions

## Priority: Support carers

Support carers, involve them and provide for their

Strategies / plans in place to deliver	Led by / responsible
Triangle of Care action plans	NHS provider organisations
Kent Adult Carers' Strategy	KCC Adult Social Care
Medway Joint Carers Strategy	Medway Council – Adult Partnership Commissioning
Libraries, Community Wardens	KCC – GET
Local charities support for carers	VCSE sector
Kent Association of Local Councils (KALC) dementia and carer initiatives	KALC

## Focused support for young carers

Strategies / plans in place to deliver	Led by / responsible
Triangle of Care action plans	NHS provider organisations
Local charities support for young carers	VCSE sector

## Shared outcome 5: Improve health and care services

Improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care where that improves quality, safety and sustainability

### What we heard:

- Broaden to incorporate all aspects of health care not just hospital services
- Timely access to all parts of health care particularly primary care services
- Improve communication and transition between all parts of health and care services
- Increase the services offered in the community and by social care

### Priorities to deliver this outcome: Together we will...

#### Improve equity of access to health and care services

We will seek to improve the accessibility of all our services. We will ensure the right care in the right place providing care closer to home and services from a broader range of locations by making better use of our collective buildings and community assets. By taking services to individuals and continuing to offer digital help and advice, we hope to mitigate some of the social and economic reasons (such as travel costs, time off work and time out of education) why individuals do not seek (or attend) health and care services.

#### Communicate better between our partners especially when individuals are transferring between health and care settings

We will improve flow through the system by utilising end to end care and support planning, minimising hand offs and ensuring safe discharges by better supporting individuals leaving acute care settings when transferring to another location, sure that all partners (including individuals, carers and families) are aware of the care plan and by working as a team to minimise delays. We aim to ensure people are discharged to their home as a priority and linked to timely appropriate reablement, recovery and rehab services. Our ambition is that system partners jointly plan, commission, and deliver discharge services that maintain flow and are affordable pooling resources where appropriate and responding to seasonal pressures.

#### Tackle mental health issues with the same energy and priority as physical illness

We will support people of all ages with their emotional and mental wellbeing. We will improve how we support those with mental health conditions with their overall health and wellbeing, providing the integrated support they need from the right partner (such as housing, financial, education, employment, clinical care and police) when they need it and in a way that is right for them. We will work with VCSE partners to creatively support those at risk of suicide.

#### Provide high-quality care

We will continually seek to provide high quality of care by working in a more integrated way; expanding the skills and training of our staff; reducing the time waiting to be seen and treated and supported; streamlining our ways of working; improving the outcomes achieved; ensuring advocacy and enriching the overall experience of individuals, their carers and their families.

### Indicators for this outcome include:

By 2028, waits for diagnostics will meet national ambitions.

By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% and in Medway to be in line with the national average.

By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.

Inappropriate out of area mental health placements will be at or close to zero.

My family/carers and I knew when I was being discharged from hospital and what my care plan was

My appointment was by video call but there was an option to attend in person if I needed to

# Shared Outcome 5: Shared Delivery Examples

Hospital Discharge Pathways	Community Equipment Service	Better Care Fund	Mental Health Support	Transforming flow and discharge; transforming community services
<p>Partners continue to work across the System to find ways to manage demand on our services. For example, two new wards – offering up to 30 rehabilitation and reablement beds – were opened in East Kent last winter, thanks to a partnership between Kent Community Health NHS Foundation Trust (KCHFT), Kent County Council and East Kent Hospitals University NHS Foundation Trust, as part of East Kent’s provider collaborative.</p> <p>The first 15-bedded ward opened in December at Westbrook House in Margate and was followed by an additional 15 beds in West View in Tenterden in January. The beds will be open until April while a more integrated model of rehabilitation, recovery and reablement care is implemented.</p>	<p>Kent County Council, in collaboration with the NHS Kent and Medway Integrated Care Board, has recently commissioned a revised Community Equipment Service. The contract was awarded in October 2023 and will become operational in April. The contract covers the purchase, delivery and repairs/servicing of equipment into people’s homes. The service enables people to live more independently for longer and supports timely discharge from hospital.</p>	<p>Money from the Better Care Fund (BCF) has been used to develop ‘Transfer of Care Hubs’ across the county to improve joint working across the acute, community health, social care and voluntary and community sectors in relation to discharge planning. Weekend multi-disciplinary discharge teams have also been created to help ease flow through the system. The BCF has also been used to set up a ‘Physio / Occupational Therapy (OT) in-reach and Drop and Stop Service’. This service has helped speed up discharges and has enabled an increased number of Physio / OT assessments to be undertaken in the patient’s own home.</p>	<p>Live Well Kent will continue to be jointly funded by Kent County Council, the Kent &amp; Medway Integrated Care Board and Medway Council. The service forms a key part of an integrated pathway across the voluntary sector and primary care mental health services, providing support for specific conditions such as depression and anxiety, as well as support with financial pressure and relationship stress. There is also a 24-7 telephone and online support service known as the Release the Pressure helpline.</p> <p>The Kent and Medway Suicide Prevention Programme also funds services and projects with the aim of reducing the risk of suicide and self-harm, including free suicide prevention training for anyone living or working in Kent and Medway.</p>	<p>Transforming flow and discharge is an area of focus for each of the HCPs. They are aiming to improve access to the right service at the right time, including urgent and emergency care.</p> <p>Improvements to urgent and emergency care aim to support people to access the right care at the right place (including through Integrated Neighbourhood Teams (INTs)). This work includes same day emergency care, urgent treatment centre use, urgent community response team model, UEC navigation and winter planning.</p> <p>Community services transformation is a shared priority for the HCPs. This also supports flow.</p>
<p><b>Integrated model of rehabilitation, recovery and reablement care developed March 2025</b></p>	<p><b>Revised Community Equipment Service launched May 2024</b></p>	<p><b>Continue to seek opportunities to develop joint commissioning March 2025</b></p>	<p><b>Deliver Live Well Kent programmes March 2025</b></p>	<p><b>Deliver Community transformation programme March 2025</b></p>

## Shared outcome 5: Improve health and care services

Priority: Improve equity of access to health and care services

Improve access to services

Strategies / plans in place to deliver	Led by / responsible
Locality Operating Model	Kent County Council (KCC) Adult Social Care
Care and Support pathways	KCC Adult Social Care
Community Diagnostic Centres	NHS Kent and Medway
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Community Transport Grant	KCC – Growth, Environment and Transport (GET)
Developer Contributions Guide	KCC – GET

**Making best use of community assets to provide more local care**

Strategies / plans in place to deliver	Led by / responsible
Build Resilient Communities	KCC SPRCA, Adult Social Care, Public Health and GET. Kent Association of Local Councils (KALC), VCSE Alliances
Micro-providers	KCC SPRCA
Social Prescribing Strategy	NHS Kent and Medway (IPPH Inequalities Subcommittee) Kent County Council (KCC) Adult Social Care
Self-directed support	KCC Adult Social Care
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Transforming community services programme	NHS Kent and Medway
Green Social Prescribing	KCC – GET
Libraries	KCC – GET
Community Wardens	KCC – GET
Developer Contributions Guide	KCC – GET
Community Centres	KCC – GET

## Shared outcome 5: Improve health and care services

Priority: Improve equity of access to health and care services

### Digital health and advice

Strategies / plans in place to deliver	Led by / responsible
Digital Pathways	KCC Adult Social Care
Digital Front Door	KCC Adult Social Care
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Libraries E resources	KCC – GET
Healthwatch Kent work programme – review of Electronic Referral Optimisation System (EROS)	Healthwatch Kent
Primary Care Strategy	NHS K&M Primary Care Strategic Oversight Group and HCPs

### Increase early cancer diagnosis in line with Core 20plus5

Strategies / plans in place to deliver	Led by / responsible
Inequalities, Prevention and Population Health Committee (IPPH) Prevention Subcommittee action plan	NHS K&M
VCSE led cancer prevention programmes	VCSE sector
NHS Operational Plan 2024/25	NHS K&M and provider trusts, Kent and Medway Cancer Alliance

### Identify and address any inequalities in access to elective care

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan 2024/25 – including improving completeness of ethnicity data recording	NHS K&M and provider trusts

# Shared outcome 5: Improve health and care services

Priority: Communicate better between our partners especially when individuals are transferring between health and care settings

## Improve flow through health and care system

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts, Health & Care Partnerships (HCPs), Provider Collaboratives
Joint Commissioning	NHS Kent and Medway, HCPs, KCC and Medway ASC, Public Health and Joint Commissioning Management Groups (JCMG)
Urgent and Emergency Care programmes	HCPs

## Well-coordinated discharge and care planning

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts, HCPs, Provider Collaboratives KCC Adult Social Care
Healthwatch Kent – Discharge case study in East Kent	Healthwatch Kent

## Discharge to their home with relevant reablement, recovery and rehab services

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts, Health & Care Partnerships, Provider Collaboratives KCC Adult Social Care
Housing related support to enable discharge and potentially enabling people to remain at home	Kent Housing Group

## System winter planning, making use of collective resource

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts, Health & Care Partnerships, Provider Collaboratives KCC Adult Social Care
Better Care Fund	NHS Kent and Medway, KCC and Medway Council
Resilience and preparedness	KCC – GET

## Shared outcome 5: Improve health and care services

Priority: Tackle mental health issues with the same energy and priority as physical illness

**Support CYP and adults with emotional health and wellbeing**

Strategies / plans in place to deliver	Led by / responsible
Mental Health Together	Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative and K&M CYP Programme Board
Kent and Medway Local Transformation Plan for Children and Young People	K&M Children and Young People's Programme Board
West Kent HCP Adult Mental Health programme	West Kent HCP

**Support those with mental health conditions with their health and wellbeing through integrated support**

Strategies / plans in place to deliver	Led by / responsible
Mental Health Together	NHS K&M
Mental Health delivery plan	MHLDA Provider Collaborative KCC Public Health Medway Public Health
Mental Health Concordat	NHS Kent and Medway, Kent County Council and Medway Council
Kent and Medway Local Transformation Plan for Children and Young People	K&M Children and Young People's Programme Board MHLDA Provider Collaborative
Mental Health Voice	Healthwatch (Kent and Medway)

**Support those at risk of suicide**

Strategies / plans in place to deliver	Led by / responsible
K&M Suicide Prevention Strategy	Kent and Medway multi-agency suicide prevention steering group
Kent and Medway Local Transformation Plan for Children and Young People	K&M Children and Young People's Programme Board

## Shared outcome 5: Improve health and care services

Priority: Provide high quality care

**Work in a more integrated way**

Strategies / plans in place to deliver	Led by / responsible
Locality Based Commissioning Model	Provider Collaboratives, KCC Adult Social Care, HCPs
Integrated Commissioning	HCPs, KCC Adult Social Care and JCMG
Kent and Medway Care Record	NHS providers
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care

**Expand skills and training of our staff**

Strategies / plans in place to deliver	Led by / responsible
NHS People Strategy	NHS K&M

**Reduce waiting time to be seen and treated**

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and provider trusts
Establish Community Diagnostic Centres	NHS K&M

**Improve Outcomes and Experience**

Strategies / plans in place to deliver	Led by / responsible
NHS Strategy 2024/25 – 2029/30	NHS K&M, provider trusts and primary care
NHS Operational Plan	NHS K&M and provider trusts
Quality improvement plans	NHS K&M and providers
Person's Voice Plan	Kent County Council Adult Social Care



# Shared outcome 6: Support and grow our workforce

Make Kent and Medway a great place for our colleagues to live, work and learn

## What we heard:

- Improve volunteering opportunities for staff
- Benefits for staff:
  - financial support
  - offers with local businesses
  - health and wellbeing support for example leisure facility membership offers
- Strengthen links and opportunities with education – schools, colleges and universities

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## Priorities to deliver this outcome: Together we will...

### Grow our skills and workforce

We will work as a system to plan and put in place a workforce with the right skills, values and behaviours to keep our services sustainable. We will attract people to live, study and work in Kent and Medway, promoting all that our area has to offer. We will work with education and training providers to develop and promote exciting and diverse career and training opportunities, provide talented and capable leadership and offer flexible and interesting careers to reduce long-term unemployment and support people to return in work.

### Build 'one' workforce

We will implement a long-term workforce plan which supports integration across health and care services, enabled by digital technology, flexible working and cross sector workforce mobility. We will work in true partnership with our vital and valued volunteer workforce by seeking their input to shape, improve and deliver services.

### Look after our people

We will be a great place to work and learn, with a positive shared culture where people feel things work well and they can make a real difference. We will ensure staff feel valued, supported and listened to. We will support our workforce, including helping them as their employer, to proactively manage their health and wellbeing.

### Champion inclusive teams

We will foster an open, fair, positive, inclusive and supportive workplace culture that promotes respect. We will grow and celebrate diversity to be more representative of our communities, empower and develop colleagues from underrepresented groups.

## Indicators for this outcome:

Shared workforce indicators will be developed by partners working across the system and are likely to include measures around:

- Vacancies
- Staff wellbeing
- Sickness absence
- VCSE workforce
- Supporting employment in under-represented groups

I feel valued by my team and believe my employer cares about my health and wellbeing

I hadn't realised how many opportunities there were in health and social care, and I've been able to complete further qualifications since joining

## Shared Outcome 6: Shared Delivery Examples

Health and Care Academy	Workforce Sharing Agreement	Financial Wellbeing	Reducing Staff Harassment	Workforce planning
<p>We have launched the Health and Care Academy website in February 2024, with a partnership of organisations dedicated to making Kent and Medway a great place to live, learn and work. In 2024/25 we will develop the Academy as a Community Interest Company (CIC), leveraging resources such as the apprenticeship levy and wider funding channels. Additionally, we will create partnerships with colleges to ensure a better transition for students pursuing health and care T-Levels into relevant job opportunities. We are also collaborating closely with schools to create enthusiasm among students for future roles in health and care, as well as broader positions within the system.</p>	<p>We will create a partner Workforce Sharing Agreement that will support working as one in various system initiatives, such as the establishment of Home First Teams in East Kent. Further initiatives are coming that will need a unified 'one workforce' approach, which include the introduction of Family Hubs and Family First in children's services.</p> <p>In promoting professional growth, partners are committed to supporting rotational roles, facilitated by tools like the NHS Digital Staff Passport. We are embracing development sprints, enabling staff to collaboratively enhance their skills and progress in their career development across health and care roles.</p>	<p>We will create a shared space about how our organisations are supporting staff and volunteers. Building on from the Health and Wellbeing Website, we will help colleagues who find themselves under financial strain with the advice and support they need.</p> <p>Partners will help to promote the website and any new material to their staff. We will explore the possibility of a Financial Wellbeing week, giving people the chance to have more open conversations about their money and get expert advice.</p>	<p>Partner organisations will work together to create an environment that reduces the conditions in which staff experience harassment. Using good practice from other systems, we will develop a system wide understanding of the impact on the health and wellbeing of our colleagues and will ensure a collaborative approach to preventing violence and abuse.</p> <p>We will encourage staff to report all incidents, making sure their cases are effectively managed and reviewed with clear support plans in place. Reporting is vital to the understanding of the issues faced by the members of our workforce.</p>	<p>Planning for the workforce for tomorrow is a priority for each of the Health and Care Partnerships over the coming year. Whilst the skills gap may differ across the county, each HCP is facing a workforce challenge.</p> <p>Workforce is one of the foundations of the EKHCP strategy as the HCP with the largest coastline which is evidenced to impact on workforce availability.</p> <p>Each of the HCPs recognise workforce as a key enabler to achieving their priorities.</p>
<p><b>Develop the Health and Care Academy as a Community Interest Company March 2025</b></p>	<p><b>Create a partner Workforce Sharing Agreement March 2025</b></p>	<p><b>Develop the Health and Wellbeing website offer and promotion to staff March 2025</b></p>	<p><b>Use good practice examples to improve the reporting and response to staff harassment March 2025</b></p>	<p><b>Deliver HCP workforce plans March 2025</b></p>

## Shared outcome 6: Support and grow our workforce

Priorities:

Grow our skills and workforce\*

Build 'one' workforce

Look after our people

Champion inclusive teams

Strategies / plans in place to deliver	Led by / responsible
KCC People Strategy	KCC Human Resources & Organisation Development (HROD)
Medway Council Workforce Strategy	Medway Council Human Resources
K&M ICS People Strategy	NHS Kent and Medway People Directorate
HCP Specific Plans	HCPs
Primary Care Strategy	NHS Kent and Medway
NHS Strategy 2024/25 – 2029/30	NHS K&M, provider trusts and primary care

\*Growing the workforce is not necessarily about more people but about the personal growth and development of our staff.

## Enabler: We will drive research, innovation and improvement across the system

We will empower our workforce to use research evidence and develop and test innovative approaches to their work, both to improve services and to develop new knowledge. We will establish better ways to collaborate between all partner organisations and with academia for service improvement, research and innovation. This will include safely sharing data and embracing digital innovation.

What we have committed to	Ways we may deliver this	Led by
<b>Empower our workforce to use research evidence</b>		
	Develop Research and Innovation Hubs	Kent Research Innovation and Improvement, KCC
	Create new integrated research roles that traverse different sectors	Kent Research Innovation and Improvement, KCC
	Develop new Research Innovation & Improvement Unit	Kent Research Innovation and Improvement, KCC
Page 74	Continuous improvement approach led by our workforce	NHS K&M, ICB Improving Outcomes and Experience Committee
	Develop Kent Research Network for Education and Learning (KERNEL)	NHS K&M, ICB Information and Technology Board
	Develop an ICB research strategy to guide system partners to focus on research that addresses key needs in Kent and Medway	Kent and Medway ICB
	Develop a culture of conducting research and using the results of research to inform policy development and ways of delivering services	NIHR Health Determinants Research Collaboration (HDRC) Medway, Medway Council
<b>Establish better ways to collaborate</b>		
	Develop a common operating model for data sharing and linkage for analytics, including research	
	Develop a common operating model by Information Governance leads	
	Bring research communities together to work in partnerships	Kent and Medway Joint Research & Innovation Collaborative
	Continue to build share care records and care plans with the contribution of multi-disciplinary teams and patients	NHS Kent and Medway ICB Digital and Data Board
	Electronic Patient Record Optimisation to ensure that all organisations across Kent and Medway ICS have an EPR in line with National Standards	NHS Kent and Medway ICB Digital and Data Board

## Enabler: We will provide system leadership and make the most of our collective resources

We will embed sustainability in everything we do through our green plan by ensuring our strategies and decision-making support social, economic and environmental prosperity now and for future generations. We will make the most of our collective resource including our estate and play our role as ‘anchor institutions’. The principle of subsidiarity will ensure our places and neighbourhoods lead the development and implementation of delivery plans for this strategy (see Chapter 11, Conditions for Successful Delivery for further information).

What we have committed to	Strategies / plans in place to deliver	Led by
<b>Environmental sustainability</b>		
Net zero carbon emissions by 2030	NHS Green Plan KCC Net Zero Action Plan Climate Change Action Plan (Medway Council)	NHS K&M KCC Medway Council Environmental Services
<b>Best use of our estate</b>		
Act as anchor institutions by using our assets and resources to benefit our communities e.g. through procurement, employment/training opportunities, how we use our estate, environmental sustainability, retain wealth in the region.	NHS K&M Estates and Infrastructure Interim Strategy Procurement plans (KCC, Medway Council, NHS K&M) NHS Green plan / Climate Change Action Plan (Medway Council) / Net Zero Action Plan (KCC)	NHS K&M Medway Council Kent County Council
Make best use of our collective and high-quality estate by adopting a “one public estate” approach to flexibly use our estate and optimise opportunity for co-location of services to drive greater integration	NHS K&M Estates and Infrastructure Interim Strategy Kent County Council Asset Management Strategy	NHS K&M and each of the four HCPs  Kent County Council
Dispose of estate that is no longer suitable or does not represent value for money	NHS K&M Estates and Infrastructure Interim Strategy, linked to Joint Capital Plan Kent County Council Asset Management Strategy	NHS K&M  Kent County Council
Develop locality-based, system-wide estates plans through our health and care Partnerships	NHS K&M Estates and Infrastructure Interim Strategy	NHS K&M

**Enabler: We will engage our communities on our strategy and in co-designing services**

In developing the Integrated Care Strategy we sought to engage with our residents and as partners and we will continue to do this as we implement plans to meet these aims and improve health and wellbeing.

**Involve people from all walks of life and through multiple channels**

What we have committed to	Strategies / plans in place to deliver	Led by
Continue to listen to the voice of those with lived experience of our services to inform the development of plans and service redesign	ICS Communications and Engagement Group Action Plan	Communications and Engagement Oversight Group
Develop 'Have your Say Kent and Medway'	ICS Communications and Engagement Group Action Plan	Communications and Engagement Oversight Group
Develop communication approaches, for example a fictional family, to bring the Integrated Care Strategy and Shared Delivery Plan to life demonstrating how delivery will impact the lives of the people of Kent and Medway	ICS Communications and Engagement Group Action Plan	Communications and Engagement Oversight Group
Consider developing other communication and engagement approaches such as people panels or insight banks.	ICS Communications and Engagement Group Action Plan	Communications and Engagement Oversight Group



## Conditions for successful delivery

Tackling system health and wellbeing challenges will require improved ways of working.

- Partners will need to recognise their role in tackling the full range of wider determinants of health (WDH) including through commissioning, through action in front line services and as anchor organisations.
- Delivery will require communities and individuals themselves taking action locally.
- The role of partners with a local focus and understanding of WDH including districts, local VCSE and communities is key. Local coproduced commissioning will be key.
- Prevention will be crucial and will need to be delivered at scale balancing universal support with more intense and bespoke support for those with greater needs using a proportionate universalism approach.
- Best use needs to be made of our limited resources seeking low and no cost approaches where possible.
- Local Alliances of partners will lead on defining, monitoring and delivering on the key health and wellbeing issues affecting their local populations.

This section outlines our approach to partnership working and meeting the conditions for successful delivery of our strategy.



## Partnership working – Integrated Care Partnership (ICP)

The two upper-tier local authorities (Kent County Council and Medway Council) along with NHS organisations within an Integrated Care System (ICS), collaborate through a formal joint committee known as an Integrated Care Partnership (ICP). This partnership is involved in advancing the ICS's four key aims:

- Improving outcomes in population health and health care
- Tackling inequalities in outcomes, experiences and access
- Enhancing productivity and value for money
- Helping the NHS to support broader and social and economic development

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A key function of the ICP is to develop the Integrated Care Strategy with system partners and stakeholders, with the ICP choosing to take a particular emphasis on addressing wider determinants of health and promoting preventive measures.

Once the strategy is established, the ICP assumes a pivotal role in overseeing its delivery and facilitate collaborative partnerships to ensure its successful delivery. Meetings are a place that supports a shared culture of collaborative working, information exchange and shared accountability.

### Committee Membership

- Leader of Kent County Council
- Leader of Medway of Council
- Chair of the NHS Kent and Medway ICB
- Two elected executive members from KCC
- Two elected executive members from Medway Council
- ICB non-executive director
- ICB Member, Primary Care Perspective
- Chairs of the four HCPs
- Four Elected District Council representatives from each HCP geographies

[Click here](#) to see full list including non-voting participants.

### **The Inequalities, Prevention and Population Health Committee (IPPH)**

The IPPH was established in accordance with the NHS Kent and Medway Integrated Care Board Constitution. The remit of the Committee is to provide oversight and direction to deliver a shared vision for improving population health, preventing ill health, reducing health inequality, and promoting physical and mental health across Kent and Medway.

The Committee has established three subcommittees that support in discharging its responsibilities. It has been agreed that the IPPH and each subcommittee will now report and assist the ICP in its role in delivering the Integrated Care Strategy.



## Partnership working – Health and Care Partnerships

Health and care partnerships facilitate closer collaboration between healthcare providers and local councils, spanning social care, public health, education, planning, housing, environmental health, and leisure services.

HCPs also unite all health provider organisations in a specific area to work as one. While each organisation maintains its budget, they collaborate to allocate resources for the community's benefit. These partnerships tailor services to address local population needs, focusing on areas of high demand to reduce health inequalities and improve life expectancy.

In Kent and Medway, there are four health and care partnerships: Dartford, Gravesham, and Swanley; East Kent; Medway and Swale; and West Kent. They collectively cover populations ranging from 260,000 to 700,000. For more information about your HCP, visit our [website](#).

Each of the HCPs have set their priorities for the next year, many have developed longer term priorities too, set out in a 3-5 year strategy. These HCP priorities support the delivery of the Integrated Care Strategy and have therefore been reflected in the shared outcome delivery activities above. In addition, the ICB agrees priorities with the HCPs on an annual basis, again these reflect the Integrated Care Strategy as well as the NHS Operational Planning guidance and NHS mandate.

HCPs provide progress updates on the delivery of their priorities to their Programme Boards, and therefore the ICB, within their agreed oversight timeframes. Feeding into their Programme Boards are sub-committees that meet regularly, each has a focus on at least one of the HCP priorities.

The HCPs health inequalities and population health management activities are reported to the Inequalities Prevention and Population Health Committee of the Integrated Care Partnership.

**Map of the Health and Care Partnerships and Primary Care Networks in Kent and Medway**



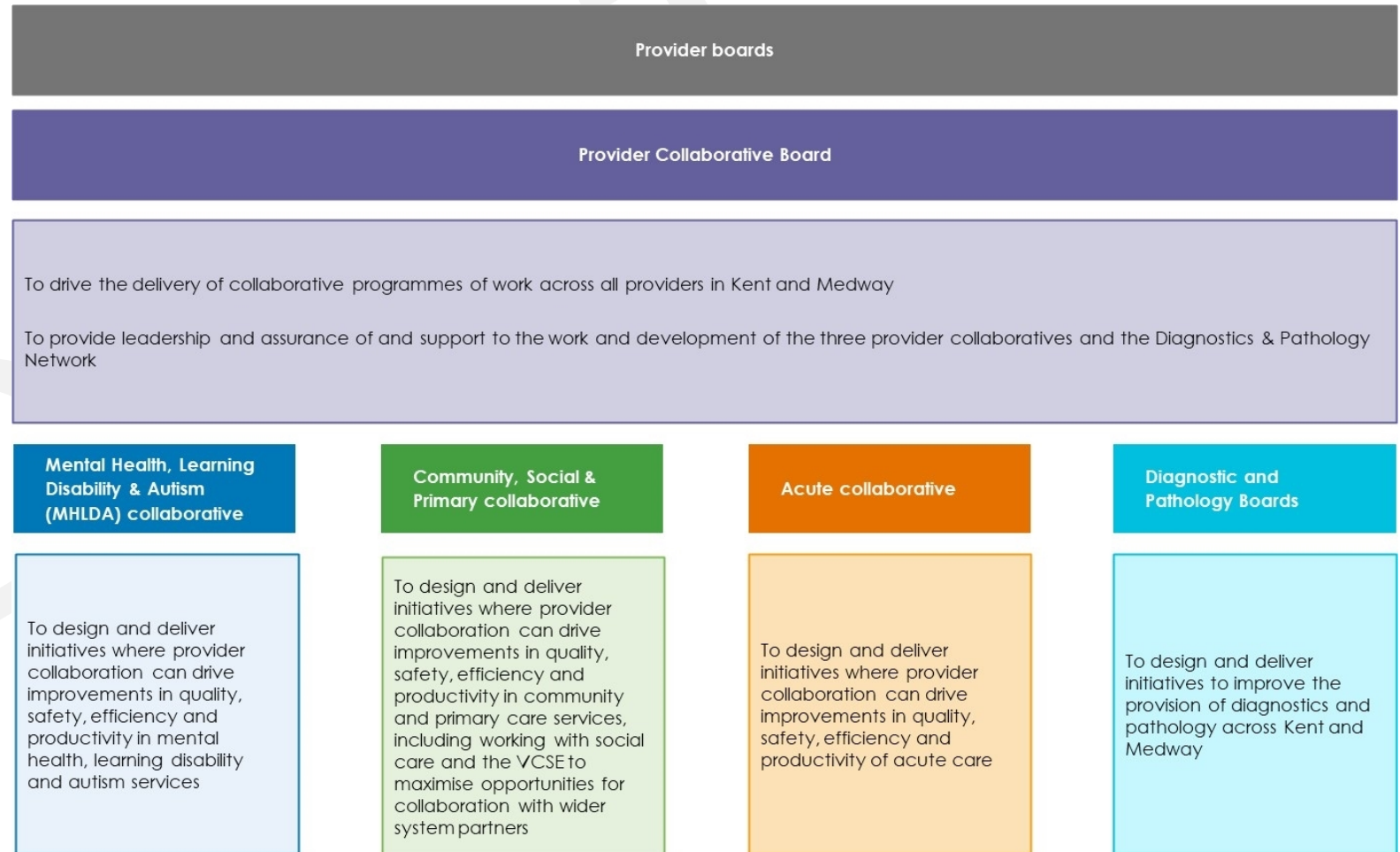
# Partnership working – NHS Provider Collaboratives

Many providers across Kent and Medway work together, formally or informally to deliver more joined up care.

An NHS-led provider collaborative is a group of providers who have agreed to work together at scale to improve the care pathway for their local population. This is a significant shift in the way healthcare is organised, moving from an emphasis on organisational autonomy and competition to collaboration and partnership working. It enables providers to combine resources to address the challenges they are facing and therefore ensure more sustainable services.

The providers and ICB have an agreed set of working principles that established the provider collaboratives in October 2022 and the Provider Collaborative Board reports to the individual organisational boards.

The provider collaborative structure in Kent and Medway





## Partnership Working- District Alliances

The key importance of local action, informed by local knowledge and led by local partners means that local systems are critical to improving health and wellbeing.

District councils, over time, have developed strong local partnerships led by local district level interests and statutory requirements. These partnerships involve a range of voluntary and community sector leaders as well as other partner agencies including local police, health and social care leads. These groups will meet as local Alliances or Action Teams and agree key priorities and actions to tackle health challenges and improve health. The importance of these endeavours in improving health are recognised by the increasing involvement of Kent Public health officers in supporting this work



# Partnership Working – Voluntary, Community and Social Enterprise Sector

There is a huge VCSE capacity across Kent and Medway with over 4000 organisations and millions of volunteers playing a crucial role in improving health and wellbeing. Whilst the sector has a combined income of over £800m, 80% of the organisations are very small with an annual income of less than £10k.

The sector has a crucial role in understanding and addressing specific local needs. However, it faces significant challenge with increasing demand and reducing resources, both financial and people.

The sector has representatives on the Integrated Care Partnership, the Integrated Care Board and a committee of the board. Four VCSE alliances are aligned with each of the Health and Care Partnerships. These allow local organisations to meet and collaborate. At district level, VCSE partners are key members of local alliances.

NHS Kent and Medway signed a [Memorandum of Understanding](#) with the sector to embed their partnership in decision-making arrangements. Kent County Council and Medway Council have similarly close working arrangements.

## The VCSE Steering Group

The VCSE Steering Group is an independent, voluntary body comprising of VCSE leaders from different parts of the sector including social enterprises. The group is a recognised and respected voice for the sector with regular engagement with Kent County Council, District Council Leaders, national bodies like NAVCA and NHS England and Kent and Medway Integrated Care System. Their role is to ensure issues facing the sector are highlighted to key stakeholders in the county and lobby to effect positive change.



## Commissioning in Collaboration

Joint Commissioning is the process by which health and care services are planned, purchased and monitored by Kent County Council, Medway Council and Kent and Medway NHS working together. Our aim is to continue to join up the planning, commissioning and delivery of services to ensure that service models are well co-ordinated and provide continuity of support.

Many examples of joint working exist including services delivered through the Better Care Fund and other shared funding arrangements. There are several joint posts across the System and a joint commissioning plan in development. Commissioners work together through the Joint Commissioning Group for Adults in Kent and through the Joint Commissioning Management Group in Medway, the Kent and Medway Children's Programme Board and the Kent and Medway Learning Disability and Autism Delivery Partnership. There are additionally key commissioning links with wider system commissioners including the Office of the Police and Crime Commissioner

We will continue to seek out ways to work together, including creating joint appointments and aligning our care pathways and services so that they make sense to people who draw on our services. It is a vital part of any commissioning process that people with lived experience, communities, providers and professionals can be actively engaged in designing services which reflect local needs and opportunities, and we will ensure that services continued to be co-designed.

It is also important that services reflect the needs of local people and communities so as the System matures new models of care and ways of working will emerge, including development of Provider Collaboratives, organisations working together in new ways to deliver services locally, and delegating more commissioning to local Health and Care Partnerships.

### The Kent and Medway Learning Disability and Autism Delivery Partnership

Established in January 2022, the partnership was formalised in September 2023 when NHS Kent and Medway and Kent County Council entered into a new partnership agreement (Section 75) in relation to joint working arrangements for the planning and commissioning of services for neurodivergent citizens.

The development of a system wide strategy for learning disability and autism is one of the key priorities for 2023/24. The views of people with lived experience, their families and carers has informed the development of the draft Strategy and further co design will be carried out in early 2024 with community and support groups so that we obtain the views and input of people with lived experience from as diverse backgrounds as possible and from across Kent and Medway. Engagement with the wider public will be undertaken in Spring 2024, when the draft strategy is published.

Supporting integrated approaches is one of the core purposes of an Integrated Care Partnership. Integration is joining up care for people, places and populations to improve patient experience, quality and efficiency, and reduce health inequalities. It will do this by reducing fragmentation within and across services and supporting more care out of hospital.

The ICP will continue to support the development of the key enablers of integration across the System. The key enablers to integration include joint commissioning, workforce, adoption of digital technology, data sharing, financial pooling and alignment to further join up services around people and populations



# Summary of the Health & Care Partnership Priorities for 2024/25 and beyond

The table below summarises the HCP priorities, these have been agreed within the HCP as fixed priorities for the next 3-5 years. The priorities have been mapped to the Shared Outcomes of this strategy indicated by (SO) and a number. These priorities have been included above in the relevant shared outcomes page too.

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All HCPs priorities for 2024/25	Dartford, Gravesham & Swanley HCP	East Kent HCP	Medway & Swale HCP	West Kent HCP
<ul style="list-style-type: none"> <li>Flow and discharge (SO 5)</li> <li>Health inequalities (SO 2)</li> <li>Integrated Neighbourhood Teams (SO 4)</li> <li>Transforming community services (SO 5)</li> <li>Frailty (SO 3)</li> </ul>	<ul style="list-style-type: none"> <li>Children and Young People – inequalities, improvement in health, particularly obesity (SO 1)</li> <li>Ageing and dying well (SO 3)</li> <li>Primary and community care improvement and integration (SO 4)</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Neighbourhood teams (SO 4)</li> <li>Urgent and Emergency Care (SO 5)</li> <li>Population health management (SO 2)</li> </ul>	<ul style="list-style-type: none"> <li>Transforming flow and discharge (SO 5)</li> <li>Community frailty (SO 3)</li> <li>Health inequalities (SO 2)</li> <li>Financial control incorporating population health management, ambulatory care services, self-harm, cancer, INTs &amp; dentistry (SO 2, 4,5)</li> </ul>	<ul style="list-style-type: none"> <li>Frailty &amp; complex care (SO 3, 5)</li> <li>Adult and Children’s mental health (SO 5, 1)</li> <li>Integrated Neighbourhood Teams (SO 4)</li> <li>Health Inequalities (SO 2)</li> <li>Discharge &amp; Flow (SO 5)</li> </ul>



**Summary of District & Borough Health and Wellbeing Plans**  
(subject to confirmation and/or approval)

District	Priorities for 2024 to 2026
Ashford	<ul style="list-style-type: none"> <li>Housing (SO 2)</li> <li>Young people (SO 1)</li> <li>Substance misuse (SO 3)</li> </ul>
Canterbury	<ul style="list-style-type: none"> <li>Reduce poverty, maximise income and manage debt (SO1,2)</li> <li>Affordable housing and tackling homelessness (SO 2)</li> <li>Enable people to live happy and healthy lives for longer by promoting good health and wellbeing, and stopping illnesses from becoming worse or escalating (SO 2,3,4)</li> </ul>
Dartford	<ul style="list-style-type: none"> <li>Understand and address the wider determinants of health (SO2)</li> <li>Promoting healthy behaviours - Prevention (SO 1, 2, 3, 4)</li> <li>Supporting families and communities so children and young people thrive (SO1)</li> <li>Create a dementia friendly community (SO3)</li> <li>Supporting people to live and age well (SO3)</li> <li>Building Community Capacity (SO 1,2,3,4)</li> </ul>
Dover	
Folkestone & Hythe	<ul style="list-style-type: none"> <li>Ageing Well (SO 3)</li> <li>Prevention (SO 1,2,3,4)</li> <li>Building Community Capacity (SO 1,2,3,4)</li> </ul>
Gravesham	<ul style="list-style-type: none"> <li>Enable young people to thrive and grow. (SO 1,2)</li> <li>Support people to manage long term health conditions (SO 2,3,4)</li> <li>Embed a Health in All Policies (HiAP) approach at Gravesham Borough Council. (SO 2,3,4,6)</li> <li>Making Every Contact Count (SO 2,3,4)</li> </ul>

District	Priorities for 2024 to 2026
Maidstone	
Sevenoaks	<ul style="list-style-type: none"> <li>Addressing the wider determinants of health (SO 2)</li> <li>Promoting healthy behaviours (SO 3)</li> <li>Places &amp; Communities (SO 1,2,3,4,5 &amp; 6)</li> </ul>
Swale	<ul style="list-style-type: none"> <li>Community (SO 1,2,3,4)</li> <li>Economy (SO 2)</li> <li>Environment (SO 2)</li> <li>Health &amp; Housing (SO 2)</li> </ul>
Thanet	<ul style="list-style-type: none"> <li>Frailty (SO 3)</li> <li>Mental Wellbeing (SO 1,2,3)</li> <li>Employment (SO 2)</li> </ul>
Tonbridge & Malling	<ul style="list-style-type: none"> <li>Improving mental health (SO 1,2,3)</li> <li>Improving children's health (SO 1)</li> <li>Supporting older people (SO 3)</li> </ul>
Tunbridge Wells	<ul style="list-style-type: none"> <li>Mental Health (SO 1,2,3)</li> <li>Loneliness &amp; isolation (SO 2)</li> <li>Addictions (SO 1,2)</li> <li>Obesity &amp; physical activity (SO 1,3)</li> <li>People with disabilities &amp; older people (SO 3,4)</li> </ul>

## **Kent Association of Local Councils (KALC) priorities for action**

<b>Priority</b>
Cost of Living
Loneliness
People with dementia and their carers
Physical Activity
Weight Loss



## Financial sustainability

We need to manage the challenge of significant spending demands and cost increases within the funding available, which mainly comes from Council Tax (for local government services) and the government (for NHS and local government services). This requires taking tough spending decisions that are evidenced based and ensuring that we can continue to meet our statutory duties.

We are committed to achieving financial sustainability but also recognise that this may be over a longer period than one financial year. By coming together to deliver our Integrated Care Strategy we are committing to jointly funding our priorities. By understanding each other better we can reduce duplication and make the most of our collective resources, pooling resources where appropriate, and removing obstacles to operational teams working together.

We will continue to work hard to provide value for money. Each organisation has annual efficiency savings targets with a comprehensive programme management approach to monitor and oversee delivery and impact of the initiatives on the quality of care we provide.

It is however acknowledged that this delivery plan is framed against a challenging financial picture and that there may be a need to reconsider the affordability of some included initiatives over time. Additionally, initiatives that can deliver at low cost and can deliver system savings will need to be prioritised.

### NHS Cost Improvement Programme (CIP)

The system recognises that it will be challenging to deliver the cost improvement programme (CIP). We are working towards strengthening our CIP programme, with both operational, cross-cutting and multi-year CIP schemes which will support the system's ambition to become financially sustainable. We will also maintain a pipeline of CIP schemes that ensure that we have more schemes than are needed to achieve the required delivery levels. The ICB hosts CIP workshops across the ICS to share and generate CIP ideas and we have set up a system programme management office focused on supporting the delivery of our financial recovery programme. We will review progress monthly and undertake deep dives on areas of under achievement to be able to identify key issues preventing delivery and to unblock these.

## Have your say

We need everyone to help us do things differently; it's time to make positive, long-term change to the way we plan and deliver services so that we can make meaningful changes to the health and wellbeing of Kent and Medway residents.

We want to prevent ill-health wherever possible. This Shared Delivery Plan outlines some of the work we are planning – we want to know what you think and your ideas.

There are lots of ways for you to have your say to help us plan for the future.

Your views will be listened to and will help shape our plans and strategies for the future.

You can share your thoughts on our Integrated Care Strategy and our Shared Delivery Plan or on wider issues relating to health and wellbeing by registering for our online platform:

[Have Your Say in Kent and Medway](#)

<https://www.haveyoursayinkentandmedway.co.uk/>

Here you will also find out more about some of the exciting projects underway and examples of how we are demonstrating our new future.

Alternatively, you can write to us at:

[Kmicb.engage@nhs.net](mailto:Kmicb.engage@nhs.net) or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP

## Appendices

1. Logframe matrix
2. NHS Operational Plan 2024/25
3. NHS Kent and Medway objectives 2024/25 [NHS Kent and Medway Integrated Care Board Part 1 \(07/05/2024\) \(icb.nhs.uk\)](#)
4. NHS Kent and Medway capital resource plan  
[Capital resource plan :: NHS Kent and Medway \(icb.nhs.uk\)](#)
5. Kent and Medway NHS Strategy development (add link to board papers ahead of publication)
6. KCC Growth, Environment and Transport delivery of the Integrated Care Strategy
7. Acronyms

## GET and the ICS Outcomes

### Outcome 1

#### Give children and young people the best start in life

Good growth and development is fundamental to children's health and well-being and can positively impact children's opportunities and life course. GET services such as Trading Standards, Libraries and Creative and Cultural Economy ensure access to safe, nutritious food, additional educational opportunities and enrichment activities that are crucial for supporting physical, cognitive, and emotional development and building social capital.

Page 90 Similarly, the environment in which children grow up significantly impacts their health, safety, and overall development. GET services such as Energy & Climate Change, Strategic Planning & Infrastructure and Countryside Development support children's health outcomes by providing a safe environment that includes access to clean air, water, and green spaces, as well as safe and stable housing. They work to improve the physical, environmental and social conditions by reducing pollution, investing in infrastructure for safe housing and communities, promoting social inclusion and equity. Additionally, GET's Community Safety services, like the Community Wardens, create nurturing and supportive social environments, free from violence and discrimination that is essential for children to develop and thrive.

Furthermore, access to safe and reliable transport is essential for children and families to access healthcare services, education facilities, and leisure activities. Highways and Transportation provide affordable and safe routes to schools and hospitals and pedestrian-friendly infrastructure both promotes physical activity and reduces the risk of accidents. Good, multi-modal transport infrastructure not only benefits children and families socially by connecting them to their communities, but it also contributes to increased physical activity, reduced traffic congestion, air pollution and the risk of food deserts, thus creating a more sustainable, healthier environment for children.

### Outcome 3

#### Support happy and healthy living for all

GET plays an integral role in supporting happy and healthy living for all by addressing the fundamental aspects of well-being, promoting social and environmental equity and accessibility, and creating environments that support good physical, mental, and social well-being. By investing in these areas, GETs services create a sustainable environment in which people and communities can lead long, healthy and fulfilling lives.

GET services align with place-based and population health approaches to ensure the provision and sustainability of social connection, resilient communities, heritage, libraries, accessible green spaces, leisure & culture which all interact to promote a good sense of place that in turn contribute to a sense of wellbeing.

GET services not only promote wellbeing to prevent, reduce or delay the onset of preventable disease and need for care services, but it also creates health promoting environments (upstream) and delivers frontline services (downstream) that support this outcome.

Many services in GET, like Country Parks, Community Safety, Libraries and Strategic Development and Place are key partners of multi-agency partnerships that promote and support safe and resilient communities where people can live happy and socially-connected lives.

**Outcome 2 is on the next slide.**

## Outcome 2

### Tackle the wider determinants to prevent ill health

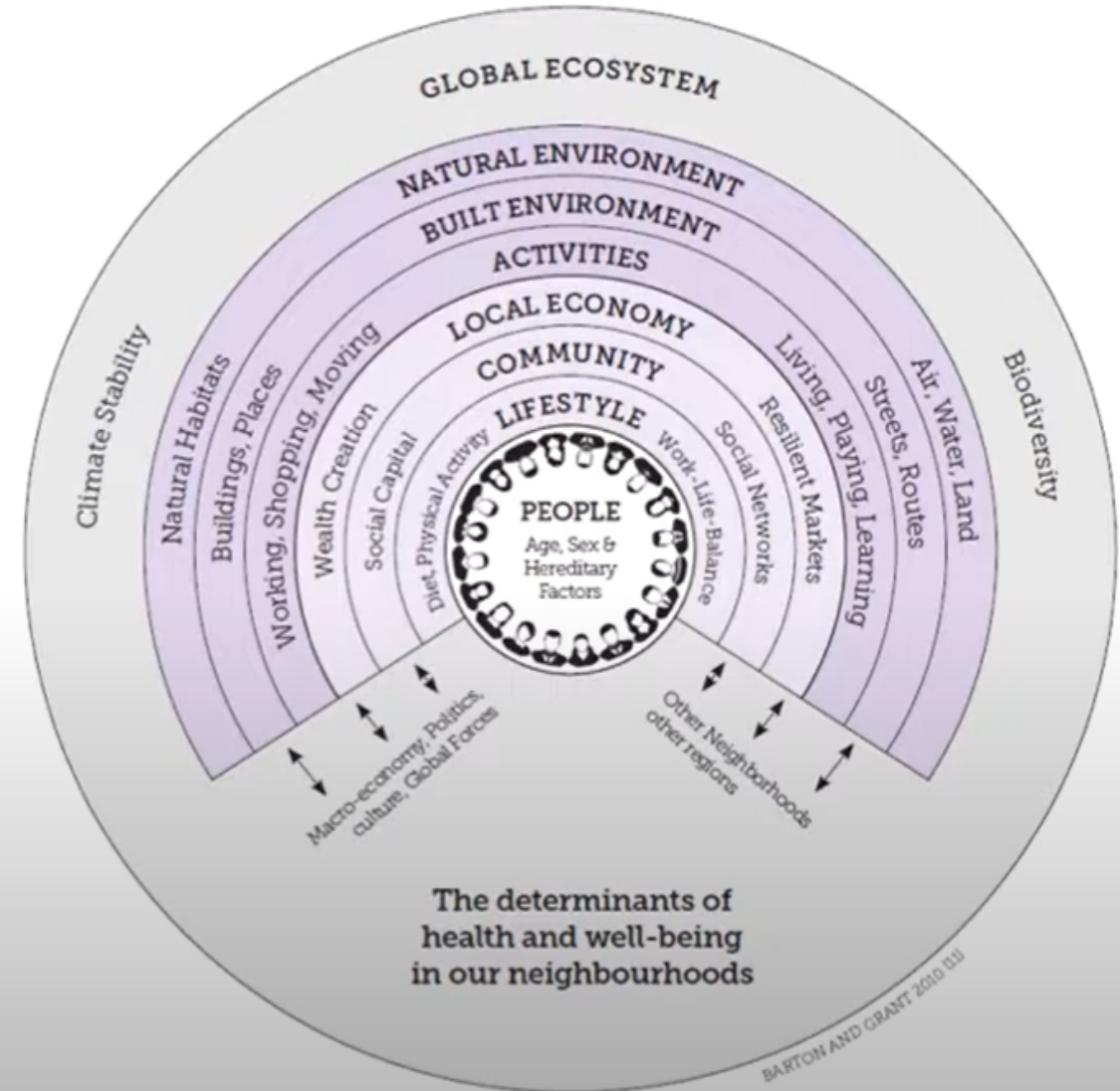
All services in GET play a crucial role in preventing illness and promoting overall being by addressing the social, economic, and environmental factors that influence services work systemically to create conditions that support people to grow, work and reduce the burden of preventable diseases and health disparities.

Socioeconomic factors like income, employment, education, and social networks impact on health outcomes. The Economy team supports a strong economy with business investment, stable employment and adequate income to reduce preventable health. Libraries address social and economic inequality by providing warm, free equipped with information to support and signpost residents to an array of services and equitable access to resources and positive health opportunities, thus preventing and addressing the root cause of health inequity.

Environmental services in GET tackle climate change which is now the context in which we protect health from environmental hazards and infectious diseases and will determine health. Whilst everyone will be at some risk from adverse health impacts from climate change, impacts will vary at individual level and the most disadvantaged will be disproportionately affected.

The Community Safety team and the Community Wardens provide a social safety net and work on the ground within their local community. They identify and assist disadvantaged individuals and groups by providing relevant educational resources and assistance with navigating services. This sustainable approach equips communities with the skills they need to be resilient, thus avoiding the inequitable conditions that disadvantage health in the long term.

Highways and Transportation services offer essential, safe and reliable transport for work, employment, education and social services and support the improvement of transport infrastructure. This includes public transport, walking and cycling facilities, enhancing mobility and reducing barriers to accessing essential services. Additionally, work to improve road safety, reduce congestion and promote active travel contributes to the reduction of injuries and physical activity, therefore improving overall health outcomes.



## GET and the ICS Outcomes

### Outcome 4 Empower patients and carers

Services in GET, such as Community Safety, Positive Wellbeing, Libraries and Active Kent, provide a high quality and preventative approach to care, support and signposting services that enable and empower people to take responsibility for and manage their own health outcomes and make improvements to their overall well-being.

Investing in preventative self-care services, health education and literacy programs can empower patients and carers to make informed decisions about their health and care plans by providing them with the skills and knowledge they need to make these informed decisions.

Further to this, building strong, resilient communities with ample health-promoting infrastructure like free and accessible green spaces, recreational facilities, good transport infrastructure and social support networks enables and empowers people to look after their own mental and emotional well-being, reducing the strain on health and wellbeing services.

### Outcome 5 Improve health and care services

The Community Warden Service plays an important role in ensuring that residents are receiving the correct package of care and provide essential signposting and support services directly in the homes of people who need it. They act as care navigators, ensuring people are aware of and can access the care and support services they are entitled to in order to improve their health outcomes. Community Wardens also take referrals from Adult Social Care and often provide non-clinical support for patients when discharged from hospital, potentially reducing the burden on other public health services.

Libraries also support this outcome by working in partnership with a range of health and care services to support and deliver public health campaigns and initiatives such as Talking Therapies - Improved Access to Psychological Therapies, NHS Cancer Campaigns and Population Health Management. Libraries help to raise community awareness and offer access to services such as Hearing aid clinics and One You Smokefree specialist support sessions in non-clinical, open settings.

Strategic Planning and Infrastructure play an important role in securing developer contributions to ensure there are sufficient local health and care services in communities.

### Outcome 6 Support and grow our workforce

GET plays an important role in the outcome to grow our skills and workforce. GET provides and commissions services such as Visit Kent and Locate in Kent that attract people to live, study and work in Kent and promote all that our area has to offer.

GET also provides many work experience opportunities, apprenticeships, long-term placements & traineeships for people to gain skills and experience, develop their career or get back into work. The Kent & Medway Economic Plan sets out our commitment to building a workforce that has the right skills and values that supports positive public health outcomes.

GET services support people to develop their social and human capital and gain the skills and experiences they need to get into meaningful employment.

## Acronyms

Title	Acronyms
Adult Social Care	ASC
Better Care Fund	BCF
Business and Intellectual Property Centres	BIPC
Children and Young People /Children, Young People and Education	CYP/CYPE
Community Safety Partnership	CSP
Dartford, Gravesham and Swanley	DGS
Designated Safeguarding Lead	DSL
East Kent	EK
Education Health and Care Plans	EHCP
Growth, Environment and Transport	GET
Health and Care Partnership	HCP
Health and Wellbeing Board	HWB
Inequalities Prevention and Population Health Committee (Committee of the Integrated Care Board)	IPPH
Integrated Care Board	ICB
Integrated Care Partnership	ICP
Integrated Care System	ICS
Integrated Neighbourhood Team	INT
Joint Commissioning Management Groups	JCMG

Title	Acronyms
Joint Strategic Needs Assessment	JSNA
Kent and Medway Economic Partnership	KMEP
Kent Association of Local Councils	KALC
Kent Children Safeguarding Multiagency Partnership	KCSMP
Kent Community Health NHS Foundation Trust	KCHFT
Kent County Council	KCC
Learning Disability and Autism	LDA
Libraries, Registration & Archives	LRA
Medway Safeguarding Children Partnership	MSCP
Mental Health, Learning Disability and Autism	MHLDA
NHS England	NHSE
Office of the Police and Crime Commissioner	OPCC
Public Health	PH
Special Education Needs and Disabilities	SEND
Strategy, Policy, Relationships and Corporate Assurance	SPRCA
Voluntary, Community, and Social Enterprise Sector	VCSE
West Kent	WK

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# Logframe Matrix for the Kent and Medway Integrated Care Strategy

■ Indicators highlighted grey are still work in progress.

## Version control

Version date	Details
2024-05-20	Working draft shared widely for comment
2024-06-18	Indicator 3.3 (adult overweight / obese) wording clarified to specify the measurement of interest is the gap between most and least deprived
2024-07-01	Removed text 'Included in Strategy' from multiple indicators because these do not hold any special status compared to the other indicators.

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## Goal

Narrative: To reduce economic and health inequalities in Kent and Medway

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
G.1	By 2032, the Index of Multiple Deprivation rank of average score will have increased by 15 places so that both Kent and Medway become relatively less deprived.	<p>Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities &amp; Local Government. English indices of deprivation.</p> <p>Align more closely with best performing CIPFA nearest neighbours in 2019. Swindon (Medway) and Hampshire (Kent).</p>	
G.2	By 2026-28, life expectancy at birth in Kent and Medway will increase by 1.5 years for males and 1 year for females. Additionally, the slope index of inequality for life expectancy at birth will decrease by 2 years for males and 0.5 years for females.	<p>Office for Health Improvement and Disparities (OHID). Fingertips. Life expectancy at birth (indicator ID 90366) and inequality in life expectancy at birth (indicator ID: 92901).</p> <p>Align more closely with best performing CIPFA nearest neighbours in 2018-20. Swindon (Medway) and Hampshire (Kent).</p>	
G.3	By 2026-28, healthy life expectancy at birth in Kent and Medway will increase by 3 years for males and 1.5 year for females.	<p>Align more closely with best performing CIPFA nearest neighbours in 2018-20. Plymouth (Medway) and Surrey (Kent).</p>	New indicator added following stakeholder feedback.
G.4	By 2031, the proportion of people from minority ethnic groups living in less deprived neighbourhoods will increase by 1 percentage point in Kent and 2 percentage points in Medway to align more closely with the underlying minority ethnic group population distributions.	<p>Deprivation: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities &amp; Local Government. English indices of deprivation.</p> <p>Ethnicity: Nomis. Office for National Statistics. Census. TS021 - Ethnic group.</p> <p>Match CIPFA nearest neighbours in 2019. Swindon (Medway) and Hampshire (Kent).</p>	

## Purpose

Narrative: To support social and economic development, improve public service outcomes, and ensure services for citizens are of excellent quality and good value for money

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
P.1	By XXXX, the spend by public sector organisations in Kent and Medway that is in K&M will be a%, with b% of the total spend with local SMEs.	OVI work in progress. Should be possible to develop an indicator around anchor institutions and the commitment to boost K&M SMEs	Indicator to be changed to align with priorities in the Kent & Medway Economic Framework.  The Kent & Medway Economic partnership has committed to 5 high level ambitions with 21 action areas. The targets have not yet been agreed. Following approval at scrutiny committee recently, these will be turned into an implementation plan by June 2024. Indicator monitoring is being provided by the Kent Analytics team.
P.2	By 2028, average income in Kent and Medway will be 5% higher than the national average, up from 2% higher in 2022.	Average weekly earnings - Annual Survey of Hours and Earnings (\$ASHE), Office for National Statistics. <a href="https://publichealthprofiles.org.uk/">Public health profiles - OHID (phe.org.uk)</a>	Indicator to be changed to align with priorities in the Kent & Medway Economic Framework.  See comment above.
P.3	By 2028, the proportion of children living in relative poverty in Kent and Medway will be reduced from 18% in 2022 to 17%.	Children in Low Income Families: local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2022. <a href="https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics">https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics</a> <i>Relative low income is defined as a family in low income before housing costs in the refence year. A family must have claimed Child Benefit and at least one other household benefit at any point in the year to be classed as low income in these statistics.</i>	

## Shared outcome 1: Give children and young people the best start in life

Narrative: We will ensure that the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
1.1	By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% in 2021/22 to at least 70%.	Department for Education (DfE). Fingertips, Indicator ID: 90631 In line with best performing CIPFA nearest neighbour in 2021/22	
1.2	By 2028, the proportion of children in Year 6 who are healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.	OHID, using National Child Measurement Programme, NHS Digital. Fingertips Indicator ID: 90323 A return to pre-pandemic levels.	
1.3	By 2028, the difference in rates of overweight and obesity in year 6 children in the top and bottom local quintiles of deprivation in Kent and Medway will have reduced from 13.2% in 2021/22 to 10%. This will be achieved by a reduction among the most deprived groups.	National Child Measurement Programme (NCMP) Return to gap in 2016/17	Original wording updated to highlight a reduction is needed among the most deprived group.
1.4	By 2028/29, the percentage of pupils who meet the expected standard in reading, writing and maths at Key Stage 2 for both SEN and non-SEN pupils will have increased and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback.
1.5	By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE): Pupils' attainment across eight government approved qualifications. In line with best performing CIPFA nearest neighbour in 2021/22	Wording updated following stakeholder feedback. Was: <i>By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two groups will be 5 points lower than the national average.</i>
1.6	By 2028/29, the percentage of pupils who meet the expected standard in reading, writing and maths at Key Stage 2 will have increased for both disadvantaged and non-disadvantaged pupils, and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback.
1.7	By 2028/29, the average attainment 8 scores for both disadvantaged and non-disadvantaged pupils will have increased, and the gap between the two will be lower than or similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback.
1.8	By 2028 pupil absence rates will have fallen from 7.9% in 2021/22 to below 5%.	Department for Education (DfE). The overall absence rate in state funded primary, secondary and special schools. In line with national targets.	
1.9	Asthma - Address over reliance on reliever medications; and decrease the number of asthma attacks in children.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.  Also, consider switching to asthma admissions deprivation gap as a proxy.
1.10	Diabetes - Increase access to real-time continuous glucose monitors and insulin pumps for children across the most deprived quintiles and from ethnic minority backgrounds.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
1.11	Increase proportion of children with Type 2 diabetes receiving recommended NICE care processes.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.
1.12	Epilepsy - Increase access to epilepsy specialist nurses and ensure access in the first year of care for children with a learning disability or autism.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. To be reviewed against national inequalities metrics.
1.13	Oral health - Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Indicator wording to be confirmed. Awaiting national agreement on CORE20PLUS5 indicators. This is now part of the NHSE mandated health inequalities metrics: Reduce the gap for tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under caused by deprivation.  There are likely to be significant data quality issues with this indicator as many extractions are performed in high street dentists on behalf of hospitals, but the data isn't necessarily available in hospital data.
1.14	Mental health - Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.	TBC. Awaiting national agreement on CORE20PLUS5 indicators.	Awaiting national agreement on CORE20PLUS5 indicators. Going to review against national inequalities metrics.  Also, exploring creating an indicator related to children in care and mental health needs following stakeholder feedback.
1.15	By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2% in 2021/22 to no more than 6%.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93085.	
1.16	By 2028, the proportion of children who are up to date with the vaccinations in the NHS routine list meets the national benchmark (95%).		
1.17	By 2028, the proportion of children in care who are up to date with the vaccinations in the NHS routine list meets the national benchmark (95%).	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 811.	
1.18	By 2028, 80% of initial health assessments completed within 28 calendar days (20 working days) of a child or young person becoming looked after.	Department for Education (DfE)	New indicator added following stakeholder feedback.

## Shared outcome 2: Tackle the wider determinants to prevent ill health

Narrative: Address the wider determinants of health (social, economic and environmental), to improve the physical and mental health of all residents, tackle inequalities, and focus on those who are most vulnerable.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
2.1	By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% in 2020/21 to no more than 5% across Kent and Medway.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93758.	
2.2	By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will increase from 8% in 2020/21 to above 10% in Kent and Medway.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93886. NHS Digital. ASCOF indicator 1F.	
2.3	By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) will increase and go from worse than the national average to similar or better than the national average.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 93884. NHS Digital. ASCOF indicator 1E.	
2.4	By 2028, the proportion of closed safeguarding enquires where risk is reduced or removed is better than the national percentage.	NHS Digital. <a href="#">Safeguarding adults</a> . Section 42 and other enquiries.	
2.5	By 2028, smoking prevalence in adults in routine and manual occupations (18-64) will have decreased by 9 percentage points from 28.1% in Kent and 20.1% in Medway in 2021.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 92445. Match best performing CIPFA nearest neighbours in 2020. Bury (Medway) and Hampshire (Kent).	
2.6	For the emissions we control directly, to achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032		Replacement indicator suggested by Kent and Medway Strategic Environment and Sustainability Steering Group to replace: <i>All NHS organisations and local authorities will make progress towards their net-zero targets.</i>
2.7	For the emissions we can influence to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.		Replacement indicator suggested by Kent and Medway Strategic Environment and Sustainability Steering Group to replace: <i>All NHS organisations and local authorities will make progress towards their net-zero targets.</i>
2.8	By 2028, prevent or relieve more than 60% of homeless households where a homeless duty has been triggered	HCLIC statistical returns	Indicator suggested by Medway Council to replace: <i>By 2028, the rate of households owed a homelessness prevention or relief duty will have decreased in Medway from is 15.8 per 1,000 households to 12.0 per 1,000, and the rate in Kent rate will not exceed 12.0 per 1,000.</i>
2.9	By 2028, XXX of new affordable homes will be delivered each year in Kent and Medway.		Alternative housing indicators suggested by Kent Housing Group. Level of ambition to be added and awaiting approval by stakeholders.
2.10	By 2028, X% percentage of social homes meet the Decent Homes Standard in Kent and Medway.		Alternative housing indicators suggested by Kent Housing Group. Level of ambition to be added and awaiting approval by stakeholders.
2.11	By 2028, X% privately rented homes in Kent and Medway have a category 1 hazard identified using Housing Health and Safety Rating System (HHSRS).		Alternative housing indicators suggested by Kent Housing Group. Level of ambition to be added and awaiting approval by stakeholders.
2.12	By 2028, the rate of serious violence will be lower or similar compared to the national average.	Home Office <a href="#">Police recorded crime and outcomes open data tables</a> <ul style="list-style-type: none"> <li>• Homicide (Offence Subgroup)</li> <li>• Assault with injury (Offence Subgroup)</li> </ul> Robbery of personal property (Offence Description)	Indicator amended to focus on serious violence following stakeholder feedback.
2.13	Increase employment rates in Kent and Medway.		Indicator to be added to align with priorities in the Kent & Medway Economic Framework. See comment in P.1.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
			Also suggested that this should be a purpose level indicator.
2.14	Attract and support businesses in Kent and Medway, i.e. providing new employment opportunities		Indicator to be added to align with priorities in the Kent & Medway Economic Framework. See comment in P.1. Also suggested that this should be a purpose level indicator.

## Shared outcome 3: Supporting happy and healthy living

Narrative: Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
3.1	By 2028, the proportion of adults in Kent and Medway who are physically inactive will have fallen from 22.3% in 2020/21 to 20%.	OHID (Active Lives Adult Survey Sport England) Fingertips, Indicator ID: 93015. The weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing less than 30 moderate intensity equivalent physical activity per week in bouts of 10 minutes or more in the previous 28 days.  In line with best performing CIPFA nearest neighbour in 2020/21	
3.2	By 2028, the proportion of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% in 2020/21 to 62%.	OHID (based on the Active Lives Adult Survey, Sport England), Fingertips ID 93088. the number of adults aged 18+ with a BMI classified as overweight (including obesity).  In line with best performing CIPFA nearest neighbour in 2020/21	
3.3	By 2028, the gap in overweight and obesity rates in adults between the top and bottom local quintiles of deprivation in Kent and Medway will have reduced to 2%, from 3.3% in 2021/22.	Quality and Outcomes Framework (QOF), Fingertips, Indicator ID: 92588. The percentage of patients aged 18 or over with a BMI greater than or equal to 30 in the previous 12 months.  Smallest combined gap in past 7 years	Change made 18/06/2024. Wording edited to improve readability.
3.4	By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 in 2021/22 to 395 per 100,000.	OHID, Fingertips indicators 91414 and 93764. Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code.  In line with best performing CIPFA nearest neighbour in 2020/21	
3.5	By 2028, 75% of cancers will be diagnosed at stage 1 or stage 2 (CORE20PLUS5).	NHS Digital's National Disease Registration Service. Fingertips, Indicator ID: 93671  In line with national target	
3.6	By 2028, maintain the rate of emergency admissions for those with one or more long term condition to the level it was in 2024.	OBH LTC3	Data source will need to change.
3.7	By 2028, the rate of emergency admissions for those who are frail will	OBH FD33	Data source will need to change.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
	have reduced by at least 1.5% to the rate it was in 2018 (4,556 per 100,000).		
3.8	By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10% (baseline 2018-19: 177 per 100,000).	OBH DM49	Data source will need to change.
3.9	By 2028, the suicide rate for persons will be similar or better than the England average (England currently 10 per 100,000).	OBH MH69	Due to data quality issues for self-harm admissions, indicator switched to suicide.
3.10	By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.		
3.11	By 2028, the mortality rate from drug misuse in Kent and Medway will remain at a similar level, which is similar to or better than the national average.	OHID. Fingertips. Indicator ID: 92432.	
3.12	By 2028, the STI testing rate will increase, going from worse than the national average to similar or better.	OHID. Fingertips. Indicator ID: 91307.	
3.13	By 2028, flu vaccination uptake for healthcare professionals will reach or exceed the WHO target of 75%.		
3.14	By 2028, flu vaccination uptake for at-risk groups will reach or exceed the WHO target of 75%.		
3.15	By 2028, bowel cancer screening will meet or exceed the national acceptable performance level of 52%. <a href="#">Bowel cancer screening programme standards.</a>	OHID. Fingertips. Indicator ID: 91720.	
3.16	By 2028, cervical cancer screening will meet or exceed the national acceptable performance level of 80%. <a href="#">Cervical screening programme screening standards.</a>	OHID. Fingertips. Indicator ID: 93560 & 93561.	
3.17	By 2028, breast cancer screening will meet or exceed the national acceptable performance level of 70%. <a href="#">Breast screening programme screening standards.</a>	OHID. Fingertips. Indicator ID: 22001.	
3.18	By 2028, at least 75% of people aged 14 or over with a learning disability will have had an annual health check.	NHS Digital. <a href="#">Learning Disabilities Health Check Scheme.</a>	New indicator added following stakeholder feedback.



## Shared outcome 4: Empower people to best manage their health conditions

Narrative: Support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
4.1	By 2028, 67% of patients with long term conditions say they have had enough support from local services or organisations in the last 12 months.	GP survey	
4.2	By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% in 2022 to at least 60%.	GP survey	
4.3	By 2028/29, the inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions will have reduced. The ratio of the rate between the most and least deprived 20% of the population will have fallen below 2.0, and will be similar to or lower than the national average.	NHS Digital. Hospital Episode Statistics.	Indicator wording amended to focus on reducing the deprivation gap, not just the rate.
4.4	By 2028, the proportion of carers who report that they are very satisfied or extremely satisfied with social services will have improved from 32.3% in 2020/21 to at least 45%.	<a href="#">Survey of Adult Carers in England (SACE)</a> In line with best performing CIPFA nearest neighbour	Wording amended slightly to reflect survey question.
4.5	By 2028, reduce the rate of emergency admissions for those with learning disabilities from the 2024 baseline.		
4.6	Maintain the Talking Therapies recovery rate at the 2024 value		
4.7	There will be an increasing percentage of patients with high or very high needs being supported through INTs as evidenced by having active care plans.		
4.8	By 2028, the proportion of deaths in hospital across Kent and Medway will reduce from 41% to 36%.	OHID, Fingertips indicator 93474. The annual percentage of registered deaths in each area for persons and where the place of death is recorded as hospital.  In line with best performing CIPFA nearest neighbour in 2020/21	
4.9	By 2027 we will have implemented our organisational carers strategies.		

## Shared outcome 5: Improve health and care services

Narrative: Improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care where that improves quality, safety and sustainability.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
5.1	By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.	SUS data	
5.2	By 2028, reduce readmissions for frail patients.		
5.3	By 2025, percentage of 2-hour urgent community response referrals that achieved the 2-hour standard will be at or above the national standard.	UCR stats available from nationally at ICB level	
5.4	Inappropriate out of area mental health placements will be at or close to zero.	Available nationally	
5.5	By 2028, the percentage of patients spending more than 12 hours in an emergency department before admission matches best performing nearest neighbours.	Available nationally	
5.6	By 2028, ambulance handover delays greater than 60 minutes matches best performing nearest neighbours.	Available nationally UEC sitrep	
5.7	By 2028, waits for diagnostics will meet national ambitions.	Available nationally	
5.8	By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% (2021/22: Kent 84.5%) and in Medway to be similar to, or higher than, our statistical neighbours (2021/22: Medway lower at 61.7%).	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 90584.  NHS Digital, ASCOF indicator 2B(1).	Wording amended slightly following stakeholder feedback. Wording was: <i>By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% (2021/22: Kent 84.5%) and in Medway to be in line with the national average (2021/22: Medway lower at 61.7%).</i>

## Shared outcome 6: Support and grow our workforce

Narrative: Make Kent and Medway a great place for our colleagues to live, work and learn

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
6.1	By XXXX, all organisations achieve a staff retention rate of at least X%.	Individual organisation HR data	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.2	By XXXX, the staff vacancy rate of all organisations will have reduced by X%.	Individual organisation HR data	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.3	By XXXX, X% of employees report that their managers/organisation support their learning and development.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.4	By XXXX, X% of employees have completed their organisation's mandatory leadership training.	Individual organisation workforce development data.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.5	By XXXX, X% of employees would recommend their organisation as a place to work.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.6	By XXXX, all organisations will have made progress towards workforce mobility.	TBC	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.7	By XXXX, all organisations will achieve a minimum staff survey participation rate of X%.	Individual organisation staff surveys.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.8	By XXXX, X% of employees feel that their role makes a difference to patients / service users / residents.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.9	By XXXX, X% of employees feel that their manager/organisation takes positive action on health and wellbeing.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.10	By XXXX, the staff sickness rate will have reduced by X%.	Individual organisation HR data	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.11	By XXXX, the staff survey diversity declaration rates will have increased by X%.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.12	By XXXX, each organisation's workforce is representative compared to the general working age population by each protected characteristic (TBC).	Individual organisation HR data. ONS/Census population data.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.13	By XXXX, X% of employees rate their inclusion and fair treatment in their organisation positively.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.14	By XXXX, X% of employees feel their organisation acts fairly regarding career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.15	By XXXX, the proportion of staff who experienced internal harassment, bullying or abuse will have reduced by X%.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.
6.16	By XXXX, the proportion of staff who experienced external harassment, bullying or abuse will have reduced by X%.	Individual organisation staff surveys. Wording currently different. Look to align in time.	Draft wording created during recent working groups. Final wording and level of ambition TBC.

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From: **Roger Gough, Leader of the Council**  
**John Betts, Acting Corporate Director for Finance**

To: **Cabinet, Thursday 11<sup>th</sup> July 2024**

Subject: **Financial Hardship Programme**

Classification: **Unrestricted**

**Summary:** This report provides a high-level overview of the support provided in response to the ongoing financial pressures, focussing in particular on the work being funded by the Helping Hands Scheme, and the delivery of the Department of Work and Pensions Household Support Fund. This report looks ahead to the future of the work beyond the initial delivery timeline, and how the principle of supporting people to improve their long term financial resilience can be continued.

**Recommendation(s):**

Cabinet is asked to comment on, and note, the report.

## 1. Introduction

1.1 The Helping Hands Scheme was created in February 2021 by the Kent County Council Leader using £10m of the Covid Emergency Grant to support projects aimed at helping people experiencing, or at risk of, financial hardship, and to achieve sustainable longer term outcomes for people with what would otherwise be short term, one-off funding. The scheme has four key areas: Residential, Digital Inclusion and Capabilities, Crowdfunding and Business.

1.2 From the priorities of the Helping Hands scheme, the Financial Hardship Programme was established, initially working to deliver Residential and Digital Inclusion and Capabilities focused projects. More recently, the Financial Hardship Programme has also been working on a new phase of projects delivered under the Business workstream.

1.3 Since October 2021, the government has provided support for vulnerable households across the country to help with household bills and essentials. This support is called the Household Support Fund and is in the 5<sup>th</sup> round of delivery which is scheduled to end at the end of September 2024.

1.4 In September 2022, a paper was prepared for the Kent Council Leaders on the cost-of-living crisis and an urgent multi-agency summit was held to discuss coordinated activity in Kent and Medway to facilitate a response. In response to this the multi-agency Financial Hardship Task & Finish Group was reinvigorated, and set out a new focus and priorities for Kent and Medway in tackling financial hardship.

These priorities help to shape the projects undertaken by the Financial Hardship Programme.

1.5 The Programme works closely in partnership with many organisations including District and Borough Councils, the voluntary sector, Kent Police, Kent Fire and Rescue Service, as well as other teams within KCC. Its unique and trusted position working across the local Kent public sector has enabled the Programme to achieve many positive impacts for Kent.

1.6 Some key impacts that have been achieved to date are: over 180,000 awards of support issued through the Household Support Fund, written off over £57,000 of debt for residents, supported people into employment, helped upskill people into better jobs with higher income, diverted over 32,000kg from landfill, set up the largest Digital Champions Network in the country and been shortlisted for 7 awards.

1.7 The impact of the work has been recognised by the Department of Work and Pensions, the Local Government Association and others. The team are frequently asked to speak at events and share best practice on behalf of Kent County Council, and regularly meet with other Local Authorities to share information on delivery.

1.8 The work of the Programme was scheduled to complete at the end of March 2025. As a result of efficient financial management and a focus on attracting significant additional income, the initial investment from the Helping Hands Scheme has been able to operate beyond the initial timeline, and is now able to continue past March 2025 without any further investment required by Kent County Council.

1.9 This report provides an update on the work undertaken by the Financial Hardship Programme, including the delivery of the Household Support Fund. With the election this month, a new administration will likely implement new policies regarding welfare and support for individuals in hardship. The work and direction of the Financial Hardship Programme will therefore need to adapt to any new policies as they are announced, including any successor to the Household Support Fund.

## **2. Household Support Fund**

2.1 On 30 September 2021, the government announced that vulnerable households across the country would be able to access a new £500 million support fund to help them with essentials over the winter. This fund has continued to be provided in rounds, and is now referred to as the Household Support Fund (HSF).

2.2 The fund aims to support vulnerable households and families with children, where alternative sources of assistance may be unavailable. It helps those struggling to afford food, utility bills, water and offers debt and benefit advice. Grant determination differed for the last round with the introduction of debt advice now being available as an opportunity to improve the financial resilience of people living in Kent with money worries.

2.3 The fund recently concluded its fourth round of delivery on 31<sup>st</sup> March 2024. Unlike previous rounds, Round 4 spanned a 12-month period and received increased

funding of £22 million to reflect this. Delivery across all schemes resulted in a total of **188,042** awards receiving support during HSF4 grant period.

2.4 The below lists initiatives that were rolled out and implemented during the last round of Household Support Fund:

- **Food and Energy Public Facing Application Scheme:** This initiative provided food and energy vouchers. (c) **19,000** people supported.
- **Free School Meal Food/Energy Voucher Holiday Support:** Free school meal eligible families were able to access support during the school holidays. (c) **64,000** eligible children supported.
- **Allocation to District and Borough Councils:** Recognizing the size and scale of Kent and the diversity of need within local communities, unlike many counties, Kent County Council allocated 20% of its HSF allocation for Districts to target support for local need using their expertise. (c) **99,000** households supported.
- **Winter Support Scheme:** Administered by the Kent Association of Local Councils (KALC) this scheme reached **6,000** households across the county.
- **Debt Advice Collaboration:** KALC collaborated with us to expand debt advice services, particularly for communities facing digital exclusion with an additional **23** kiosks introduced to help people contact Citizen's Advice Bureau.
- **Warm Home Essentials:** The scheme focused on sustainable measures to improve home insulation and reduce energy bills for residents with the provision of carpets and curtains/blinds. (c) **357** households supported. Not only did the support enhance people's home insulation and reduce energy bills but this also had a positive impact on their mental health. Following the scheme's success the delivery team have been nominated for a Kent Housing Group Innovation Award.
- **Focused Debt Advice:** People were able to access debt advice with the opportunity to also benefit from an energy card to help with energy bills. This supported more than **900** people.
- **Engagement Events:** Attendance at local events to engage with members of the public and raise awareness of financial support that is available across the wider Financial Hardship Programme.

2.5 The Department of Work and Pensions praised the efforts of the Kent HSF delivery team, describing their approach as "comprehensive and inclusive." The report further commended Kent's well-defined plan and the establishment of a fantastic support network across a large area for Kent residents. "As the fifth iteration of the Household Support Fund (HSF) approaches, Kents success is evident".

2.6 Further praise was provided by the DWP when the team were invited to present nationally to other local authorities and provide an overview of the public facing application scheme.

2.7 Delivery of all HSF schemes maximises any opportunities to collaborate or network with other projects that are being delivered to support people in financial hardship across the wider Financial Hardship Programme, such as Healthy Start and Digital inclusion.

2.8 Round 4 of HSF ended at the end of March 2024, with the government announcing Round 5 on 6 March, to begin on 1 April 2024. Notably, this round removes the previous restriction of energy support, and is for a 6 month period.

2.9 The below table provides an overview of the planned activity of support that is now underway in Round 5:

Free School Meal eligible households with targeted food support
Free School Meal eligible households with targeted additional one-off food support
Allocate 20% of the funds to District and Borough Councils to target support based on local need
Public and professional available county wide application scheme to support with food and energy
Professional county wide referral Warm Home Essential Scheme which supported with carpeting and curtains
Debt advice (including collaborating with KALC and Citizen Advice)
Funding for items that can improve energy efficiency - delivered through district and borough partners

**3. Residential**

3.1 The Residential Workstream funded by the Helping Hands Scheme aims to improve the financial resilience of Kent residents by providing wrap around financial support to maximise income and improve an individual’s financial situation. This workstream complements the delivery of HSF through partnership working with organisations such as utility companies and District and Borough Councils.

3.2 **Kent Money Advice Hub (MAH):** In partnership with trusted money and debt specialists Citizen Advice North West Kent, the MAH leverages cutting-edge technology to provide advice via phone, video calls, text, and kiosks. Its objectives include reducing triage times, ensuring high-quality standardised debt advice, and offering an all-inclusive service. Strategically placed within the Kent community, these kiosks (including soundproof booths) now number around 37, with ongoing plans for further expansion. To date, the scheme has written off over £57,000 of debt from residents. provides countywide support. It leverages sophisticated technology to increase capacity and accessibility for high-quality free money/debt advice.

3.3 **Money and Mental Health Service:** Part-funded by the Helping Hands Scheme, this flagship service aims to reduce the risk to individuals with mental health issues due to problematic debt. It establishes a dedicated referral pathway for clinicians, services, and individuals to access this specialist support.

3.4 The **Debt Relief Order (DRO)** pilot project provided a one-off payment of £90 per person to help people afford a Debt Relief Order (DRO) which can clear existing debt on everything from council tax to energy bills and rent. This was a collaborative project with KCC working with Citizens Advice and Wave Community Bank. One person who received the payment said “their mental health had significantly improved as a result of the DRO” because she was no longer being chased constantly for payments. Since piloting the scheme, the Government has acknowledged that the



admin fee could be a barrier to people dealing with debt and has therefore abolished the fee. A total of 66 people applied for this support.

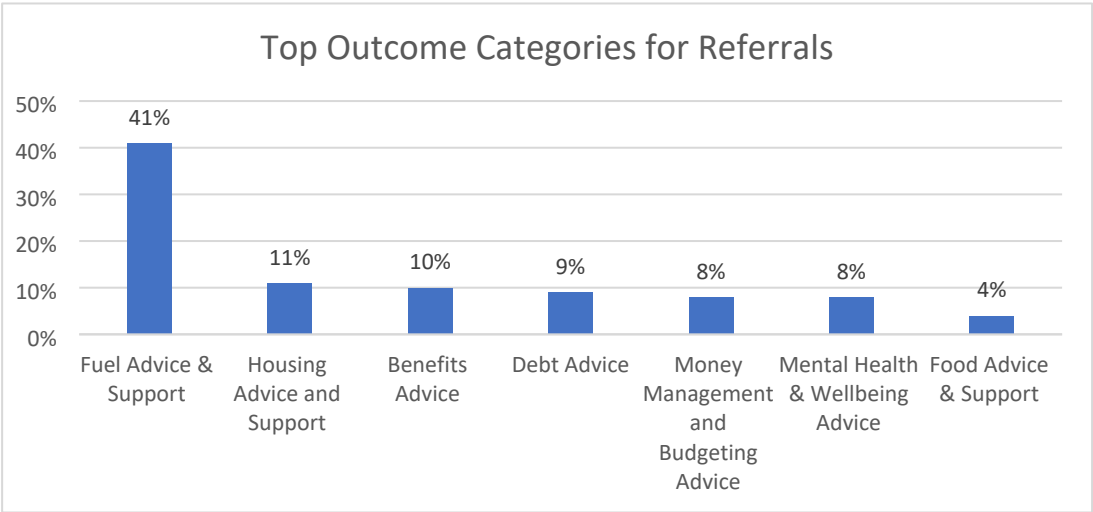
3.5 The **Under Written Loans** pilot project is being developed to provide eligible applicants with an interest free loan to pay off high interest debt. This will allow the applicant to clear debt much quicker and break out of the cycle of high interest debt. It is anticipated that the project will benefit at least 300 households.

3.6 **Sleep Well Kent:** The recently launched **Sleep Well Kent** pilot project is providing beds for children with the goal of helping families in hardship, supporting improved longer term health outcomes and improving educational attainment. Social Workers and Social Work Assistants are able to refer into the scheme and 27 referrals have been made to date.

#### 4. Referrals

4.1 ReferKent is an online referral platform that facilitates the referral of residents directly to different organisations, putting the emphasis on organisations to connect people to services, rather than on the individuals to seek those contacts themselves. Before ReferKent, people often fell through the cracks in the system and missed out on receiving support that would make a difference in stopping them declining further into hardship. This project ensures people get help and support quickly, provides resilience to the system ensuring people are not missed, and avoids the need for more costly services further down the line. 289 organisations and teams are onboard with 1382 users actively able to use the system.

4.2 The table below shows the range of categories that can be referred to through ReferKent and the % of referrals being made to that outcome:



4.3 Alongside the ReferKent platform, different engagement activities have been set up to showcase organisations using the platform. Each month ReferKent hosts 'Spotlight Sessions' where professionals across Kent can find out about a service and how to refer to it. These sessions are well attended and as a direct result of a spotlight session on the BCC Children in Need Emergency Essential, an extra 182 referrals were made to their scheme from Kent professionals.

4.4 Partnership working with the Money and Pension Service has allowed for the promotion of a Money Guiders Programme. 180 people have enrolled on the course to date and 84 have completed. Those completed have earned a digital City and Guilds badge. The programme aims to support professionals to feel more confident in giving money guidance in the non-regulated space and recognising when money guidance needs to be given in the regulated space.

## **5. Digital Inclusion and Capability**

5.1 The Digital Inclusion workstream (Digital Kent), aims to enhance digital inclusion and capabilities in Kent. In response to the COVID-19 pandemic, the Digital Kent service has positively impacted over 15,600 residents (as of 24/06/24) through various projects and initiatives, with most projects being in close collaboration with district partners and local organisations. The service operates based on four principles: tailored, empowered, cohesive, and holistic.

5.2 The work has had a variety of positive impacts, including increased employment rates, higher average annual income, improved online access to government services, and ensuring that residents are supported to access NHS online services.

5.3 Over the past two years, Digital Kent projects have become finalists at three national awards, categories including Net Zero Award, Digital Skills Award and The Barrier Removal Award.

5.4 Digital Kent's engagement-focused projects, including a partnership with the NHS, has positively impacted over 8,000 residents in the community. These interactions aim to enhance health, education, and employment outcomes for residents. Key projects include digital hubs, of which we have 44 across Kent and Medway, digital workshops, with the most popular being health app training sessions and community sessions where the team collaborate with over 20 local organisations across Kent. All engagement projects are supported by a network of volunteer digital champions, who have alone logged over 1,313 interventions.

5.5 Digital hardware projects continue to grow providing access and opportunity to residents. This includes access to devices, connectivity or providing a space for residents and businesses to donate digital devices to generate income for future digitally focussed projects. The Hardware Access Scheme provides digitally excluded residents with access to two-in-one laptops. Residents can be referred by professionals or self-refer. Eligibility criteria is assessed, and approvals or rejections are granted. Over 4,923 residents have benefited from this scheme.

5.6 The Device Recycling Scheme in Kent aims to provide a safe, secure, and environmentally friendly way for residents, businesses, charities, and other organisations to dispose of unwanted IT equipment. By refurbishing and reusing devices, the scheme minimises environmental impact. Notable achievements include generating £85,905 in income (as of 22/05/2024), and collecting 15,876 donated items from businesses, community organisations, and residents. Additionally, this project emphasises environmental metrics such as zero landfill waste, material

recovery, carbon savings, water conservation, and earth preservation, and has so far diverted over 32,000kg of material from landfill.

5.7 Qualitative feedback is regularly collected from residents to demonstrate the personal impact the projects are having on them to improve their lives. (Please see Appendix A).

## **6. Business – Skills and Employability**

6.1 The Business Workstream has developed new projects aimed at supporting micro-businesses and addressing local skills gaps. The workstream aligns to the Local Skills Improvement Plan and Kent and Medway Economic Framework.

6.2 There have been 10 projects funded during Phase 2 of the Business Workstream. Seven projects are live currently, these cover a wide variety of sectors and skills, including: digital skills, education, STEM, Agrifood, Social Care and Tourism/Visitor Economy. The Business Workstream has recently funded two projects:

### **6.3 Kent Food Hub CiC**

This project will result in an additional 3 new jobs, secure an improved distribution centre, a second electric van, software and other resources that will enable the project to upscale significantly and expand to provide a local food supply model in Dover, Folkestone & Hythe, Ashford, Whitstable, Canterbury and Gravesham. It will also facilitate a closer link to Produced in Kent, increasing the hubs' exposure and planned increase of over 70 Kent agrifood businesses selling their products through Kent Food Hub.

### **6.4 Social Care Assistive Technology Commission**

The Business Workstream has part funded this project with Kent Further Education and Medway Council. The commission will work with the local authorities, colleges, social care sector and staff to identify the best approaches to upskilling the workforce, putting in place the infrastructure to support assistive technology, and assist providers in adopting the technology. This will result in a report in Parliament, to stakeholders and MPs, on best practice for adopting assistive technology, maximising the impact from sector funding and reducing the negative impact of workforce shortages.

6.5 To date, Business Workstream: Phase Two has supported the following areas:

- Provided 30 digital after school clubs for Kent Primary school children to excite them about digital opportunities and upskill primary school staff.
- Developing a platform to digitally upskill Kent residents and raise awareness of the employers and career options available in Kent. The DWP are exploring using this with their clients.
- Creating a scalable platform, piloting in Dover, to connect schools with Kent businesses to increase Kent female students' exposure to STEM businesses inc. visits, talks, work placements etc.
- A tourism sector project to increase the workforce through providing inclusive recruitment and employment training.

- Funded a visitor economy project to increase volunteering to pre-covid levels and create an employer forum with shared HR approaches, “tourism talent hub” linking to all sector vacancies and improving Further Education engagement.
- Funded projects to research and link Kent organisations, resulting in pilot activities in the agrifood sector, social care, improved collaboration and enhancing activity between existing organisations and established working groups. This includes the re-purposed and vitalised Kent and Medway Employment and Skills group, with the Housing Associations.

## **7. Conclusion**

7.1 Throughout the last 3 years, there has been a comprehensive Programme of activity developed and delivered to support people in hardship. This work has focussed on innovative ways to achieve long term benefits for residents, as well as supporting people who are in immediate hardship.

7.2 Through continued strong partnership working and collaboration, projects have been tailored to best support the needs of residents, whilst ensuring efficient delivery and value for money.

7.3 Due to efficient financial management and a focus on attracting significant additional income, the initial investment from the Helping Hands Scheme has been able to operate beyond the initial timeline and is now able to continue past March 2025. Looking ahead, the Programme will work with partners and continue to adapt to the changing strategic and political environment, whilst maintaining the principle of supporting people to improve their long-term financial resilience.

## **8. Recommendations**

8.1 Cabinet is asked to comment on, and note, the report.

## **9. Background Documents**

9.1 Appendix A - Resident Feedback and Case Studies

## **10. Contact details**

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## **Appendix A: Resident Feedback and Case Studies**

### **Engagement & Skills**

*“So helpful, thank you very much, this is a very good service that you provide. I now can understand a lot more, giving me more confidence.”*

*“This scheme is a lifeline for me. Without your help I would be lost totally and feel like giving up. However, I am starting to understand how my Gmail account works and mobile. Unfortunately, I still have a long way to go and hope I can continue to receive help.”*

### **Hardware Access Scheme**

*“I can't thank you enough for providing me with a laptop. I have been without a working laptop for quite some time now, and now this will enable me to keep in touch with utilities, banking and above family and online classes. It will be put to good use. So, thank you so much for making it possible.”*

*“This is absolutely fantastic news! Thank you so much. This will make a huge difference to my son's access to learning and his future prospects. We are over the moon! Thank you.”*

*“During a recent event at a community supermarket in East Malling, to promote the 'Let's Get Tonbridge and Malling Digital' project, we met many eligible residents whom we were able to refer into the project. This project aims to provide digital hardware and skills development sessions to eligible residents within the borough. We spoke to a resident, who was currently studying at college for a level 3 qualification and had up to this point been completing all assignments including 3000-word essays on their smartphone. They explained to us how much easier it will be for them to complete all coursework and assignments with a laptop and how grateful they were that the project was in place. One of Digital Kent's key objectives is supporting educational outcomes, and this individual demonstrates a perfect example of this.”*

### **Device Recycling Scheme**

*“This is a timely and much needed scheme - so congratulations on launching it!”*

*“This new scheme is very good news indeed, and we're looking forward to donating a number of unused devices via this scheme.”*

### **Warm Home Essentials**

*“It has made me so happy I got help as there was no way I could afford to do it myself. I would like to thank you all so much for your help.”*

*“This has completely transformed my life, being without carpeting for years, I cannot thank you enough for doing that for me and my children, it is much warmer now.”*

### **ReferKent Case Study**

*Green Doctors (an organisation that helps people reduce their energy bills and save energy), received a referral from a ReferKent partner organisation for energy advice and support. The referral was to support a family living in a 3-bed end terrace house with two 2 adults, 3 children including 2 under the age of 5. One of the children is physically disabled. The mother of the home is a full-time carer for her child, her partner works part time with a top up of income from DLA, UC, and Carer's Allowance.*

*The cost of energy has seen the family's energy bill rise from £90 to £210 making it harder to afford, causing the family to get into debt. The Green Doctor advisor was able to call the families energy supplier to confirm the figure for outstanding debt and helped reduce the direct debit to a more affordable sum whilst helping the family access a payment plan for the excess. The Green Doctor advisor then contacted Southeast Water to let the company know about the medical need for constant water access, signing them up to a priority services register and also securing a discount via a social tariff. The Green Doctor advisor finished off the support focussing directly on suppliers by giving impartial advice about how to weigh up current offers, tariff changes, exit fees and services so that the family felt more informed about where they wanted to go next.*

*The family was then taken on a walkthrough of the home to identify ways to reduce energy waste and lower bills overall. The Green Doctor advisor explained good energy habits and how appliances can be used more efficiently. They also installed items for the family to help remove draughts such as reflective radiator foil in 3 rooms, a door brush on an external door to remove a draught and re-sealed the rubber around 2 windows which had large gaps appear over time.*

*The Green Doctor advisor completed their visit by putting another referral back into ReferKent to be able to reach out to the local council to enquire about benefits check to ensure that the family were getting the most out of what they were entitled to, and to be able plan a budget to prepare for future outgoings.*

### **Money Advice Hub, and Debt Recovery Order (DRO) Project – Case Study**

*“K”, a 30-year-old Thanet resident, first sought advice and support with her debt issues in July 2022 from Citizens Advice in North and West Kent (CANWK). K has long term mental and physical health issues which have prevented her from working for many years. When she contacted CANWK for advice, she had almost £9,000 in priority debts and £1,500 in non-priority debts. With debts including rent arrears, council tax arrears and energy debts, K was extremely anxious about the future. K has had debt issues for many years, and a previous DRO application had been abandoned due to health issues. She explained to our Adviser that the stress of her debts exacerbates her mental health conditions, and she is often hospitalised.*

*The first steps taken by the Debt Adviser was to apply for Breathing Space, which is a government scheme to provide people with time to sort debts, with a freeze on interest rates and charges. They then worked with K to fully explore the debts she had and explained the options available to her. They also liaised with her creditors to ensure the Breathing Space period was enacted and were able to have the possession order on her home put on hold, by arranging for her rent to be paid directly to her landlord. Progress with K's case was extremely slow due to her health issues, as she was often unable to engage with Advisers or the debt advice*

*process. Whilst the debt advisor tried to remain in touch, K's case was eventually put on hold when she did not respond to us. Then in February 2023, K got back in touch with us through the Kent Money Advice Hub, because her creditors were again chasing her for repayments and bailiffs had been instructed for council tax arrears. CANWK supported K in communicating with the bailiffs and following further advice sessions, she decided to apply for a DRO for her debts. Whilst the process was again difficult to manage, CANWK were able to refer K's case to the Citizens Advice DRO Unit in April 2023. Whilst the assessment was ongoing, CANWK updated K's creditors on progress so that they could see that action was being taken. We received notice to pay the DRO fee on the 31st May, and were delighted by how easy the process was to access the DRO Fee on K's behalf. It was fantastic to have finally been able to support K through the DRO process successfully, and crucially, the fee was not another hurdle for her and CANWK to manage.*

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