HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 14th May, 2024

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 14 May 2024 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**
dominic.westhoff@kent.gov.uk

Membership (17)

Conservative (12):	Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross and Ms L Wright
Labour (2):	Ms K Constantine and Ms K Grehan
Liberal Democrat (1):	Mr R G Streatfeild, MBE
Green and Independent (2):	Peter Harman and Jenni Hawkins

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Introduction/Webcast announcement

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

3 Declarations of Interest by Members in items on the agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared

4 Minutes of the meeting held on 5 March 2024 (Pages 1 - 8)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 24/00028 - Spending the Stop Smoking Services and Support Grant (Pages 9 - 32)

7 24/00036 - KCHFT (Kent Community Health NHS Foundation Trust) (twelve-month) Partnership Extension (Pages 33 - 58)

8 24/00037 - MTW (Maidstone and Tunbridge Wells NHS Trust) - 12-month Partnership Extension (Pages 59 - 80)

9 Performance Management Overview: Public Health Commissioned Services (Pages 81 - 90)

10 Draft Kent and Medway Integrated Care Strategy/Joint Local Health and Wellbeing Strategy Delivery Plan (Pages 91 - 180)

11 Work Programme (Pages 181 - 186)

EXEMPT ITEMS

(At the time of preparing the agenda, there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Friday, 3 May 2024

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 5 March 2024.

PRESENT: Mrs L Game (Chair), Ms S Hamilton, Peter Harman, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mr D Ross, Mr R G Streatfeild, MBE, Ms L Wright, Mr D L Brazier and Miss S J Carey

ALSO PRESENT:

IN ATTENDANCE: Dr A Ghosh (Director of Public Health) and Mrs V Tovey (Public Health Senior Commissioning Manager)

UNRESTRICTED ITEMS

302. Apologies and Substitutes
(Item 2)

1. Apologies were received from Jenni Hawkins, Mrs Parfitt-Reid and Mr Beaney. Mr Brazier and Miss Carey were in attendance as substitutes.

303. Declarations of Interest by Members in items on the agenda
(Item 3)

There were no declarations of interest.

304. Minutes of the meeting held on 23 January 2024
(Item 4)

RESOLVED that the minutes of the meeting held 23 January 2024 were a correct record and that a paper copy be signed by the Chair.

305. Verbal updates by Cabinet Member and Director
(Item 5)

1. Mr Watkins, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following:

Start for Life Consultations – Mr Watkins said that much work was ongoing to implement the Family Hubs delivery plan. It was noted that two strategies were out for publication: *Nourishing of our Next Generation,* the infant feeding strategy for Kent, and *Nurturing Little Hearts and Minds,* perinatal mental health and parent-infant

relationship strategy. The consultation started on 8 February 2024 and would last for 8 weeks. It was said that the strategies and results of the consultation would be brought before the committee at an appropriate time. Engagement would be a mix of online and in-person events to increase participation. The Cabinet Member urged mums, dads, co-parents, carers and others with experience in early years care to get involved.

Perinatal Mental Health Helpline and Text Service – The Cabinet Member noted that a helpline and text services had been launched to support expectant and new parents and carers who may be struggling with their mental health. It was noted that 1000 parents and carers required mild-moderate perinatal mental health support during each year.

To get advice straight away 24/7 that is completely free and confidential. Get in touch with a trained advisor today:

- Text KENT to 85258
- Free Phone: 0800 107 0160

1. In response to comments and questions, it was said.

a. Mr Watkins and Dr Ghosh said that the consultation had no specific target or threshold for the number of responses but more information could be shared outside the meeting.

b. Asked by a Member how to ensure the consultation received diverse responses from across many different community groups. Dr Ghosh noted that it had been disseminated widely, with a focus on Family Hubs / Children's Centres, District Councils and Health and Care Partnerships. Jo Allen said that during the consultation period, there is a review of the responses and will go out for further engagement if required. More information would be provided after the meeting.

2. Dr Anjan Ghosh, Director for Public Health, provided a verbal update on the following:

Measles – It was noted that a national incident had been declared in the West Midlands and London earlier in the year. It was said that Kent's Measles Mumps and Rubella vaccination (MMR) statistics were below where they should be and much work was ongoing. A catch-up campaign had been launched by the NHS for missed MMR vaccinations for young people, clinics opened over the half-term holiday across the county from 2 March to 18 May 2024. On 19 February 2024 the Integrated Care Board (ICB) facilitated a measles outbreak response exercise to mobilise mass vaccination sites across the county should the UK Health Security Agency (UKHSA) declare an incident. Dr Ghosh said that current case rates across the Southeast remained low with only one probable case in Kent, as of the meeting date.

Childhood Immunisation Campaign – Dr Ghosh said that the UKHSA and HHS had launched a nationwide campaign, on 4 March 2024, to support efforts to increase the uptake of childhood immunisations, for 0-5 years old. It was noted that this followed the negative impact of the Covid-19 pandemic on childhood immunisation rates. Dr Ghosh encouraged Council Members to share the toolkit and other resources online and across their communities.

Integrated Care Strategy Update – Dr Ghosh said they were now at a stage to translate the strategy into action through delivery plans. Each of the 12 districts had their own

named Public Health specialist and a consultant with each Health and Care Partnership. It was noted that each District had committed to forming a Health Alliance that would determine 3/4 priorities and an action plan based on these to be delivered over the next 3 years. A shared delivery plan was also in development which would pick up the key points of the various action plans drawn up by the District Councils, Kent Association of Local Councils, Kent County Council, Kent Police and Kent Housing Group.

Adult Social Care – Dr Ghosh said that work was ongoing with colleagues from adult social care to work on prevention strategies to change the shape of demand for these services. It was noted that this was a national challenge which was yet to be resolved.

Smoke-Free Generation Legislation – Dr Ghosh noted the importance of the legislation for public health outcomes. It was said that smoking numbers were decreasing in Kent but more work was needed. Kent would receive the largest funding allocation in the whole country, £1.9 million each year for the next 5 years. The grant conditions letter had been received and planning was ongoing for interventions on smoking cessation, illegal vape sales and underage vaping.

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3. In response to comments and questions, it was said.

a. The Chair asked for regular updates on public health's work with adult social care on reducing demand.

b. A Member asked if a different way to approach communities who were hesitant about immunisations had been considered. Dr Ghosh said they were building on the research generated during the Covid-19 vaccinations which found that it was similar communities and groups that did not take up the vaccine. Primary Care Networks (PCNs) with a lower rate of update had been identified and would be targeted going forward. It was noted that there were links with various community groups and institutions such as schools and would consider other ways of raising awareness such as through the Health Bus.

c. Asked if Kent's MMR immunisation rate had been compared with measles outbreak areas in the West Midlands and London Dr Ghosh said the comparison had not been made and there was not a particular reason why Kent was not affected while other areas were, but demographic differences may have been a factor. Dr Ghosh said they would have to be proactive as the situation could change very quickly.

d. Dr Ghosh noted that a wide range of stakeholders, including parish councils, were engaged in developing the Integrated Care Strategy and through this engagement helped to craft the priorities. There was an emphasis on the priorities being created and delivered at a local level and not as a result of a top-down strategy.

e. Dr Ghosh said that the conspiracy theories and misinformation surrounding the COVID-19 vaccine may be affecting the uptake of MMR, but there was no hard evidence at this time.

f. Dr Ghosh noted that an update on social prescribing could be provided at a later date. It was said that work on a directory was ongoing.

g. It was noted that it was not the responsibility of Public Health Kent to conduct a school immunisation programme but can promote vaccines in these settings.

306. Performance of Public Health Commissioned Services (Quarter 3 2023/2024)
(Item 6)

1. Victoria Tovey introduced the report. It was noted that 11 Key Performance Indicators (KPIs) were Green, 3 Amber and 1 was not available at the time the report was published. An overview of the reports and KPIs was provided. It was said that proposed changes to the KPIs would be brought to the Committee at a later date.

2. In response to comments and questions, it was said.

a. A Member asked about the number of children on the health visiting specialist caseload if this data was being used to inform other programmes such as Start-For-Life and if the data was being correlated as age groups progressed. Victoria Tovey noted that the data systems were not interoperable but at an operational level staff worked closely together and would be aware of cases. The Member said an analysis of early years data would be helpful to see if it could be used to predict the likelihood of Special Education Needs support later in life.

b. It was noted that the committee would be provided with the data on NHS Health Checks at a later date if this could be shared.

c. Dr Ghosh proposed that in the future the committee would be presented with a mix of Public Health Commissioned Services performance indicators and strategic indicators, which would provide details on both the performance of services and the health of the Kent public.

d. It was asked why some of the targets appeared to be very low and if this was something that should be changed going forward. Victoria Tovey said there were several different reasons for the level at which targets were set and a paper on KPIs and how targets are set will come to the committee in due course, which will provide further information. Targets were benchmarked against local and national data.

e. A Member said that performance benchmarks need to take account of and demonstrate, the impact of population ill health on the Council's financial stability.

3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the performance of public health commissioned services in quarter 3 2023/24.

307. Risk Management: Health Reform and Public Health
(Item 7)

Alison Petters, Risk and Delivery Assurance Manager, was in attendance for this item.

1. Dr Ghosh introduced and provided an overview of the report.

2. In response to comments and questions, it was said.

a. A Member asked about where the risks related to climate change were held. Dr Ghosh and Alison Petters said that climate change risk affected multiple directorates and was held on the Growth, Economic Development and Communities risk register and on the corporate risk register.

b. The Cabinet Member noted that alongside the core grant, the directorate would continue to apply for funding bids from the central government for public health interventions and programmes and that this should be included as part of the risk register.

3. RESOLVED the Health Reform and Public Health Cabinet Committee considered and commented on the risks presented.

308. Public Health Communications and Campaigns Update
(Item 8)

Jo Allen, Marketing and Resident Experience Partner, was in attendance for this item.

1. Jo Allen introduced the report. It was noted that there would be an ongoing mix of county-wide and targeted campaigns and an overview of forthcoming campaigns was provided.

2. In response to comments and questions, it was said.

a. The Chair asked how the success of targeted campaigns was ascertained. Jo Allen said that there were several ways this data could be collected and that each platform and social media channel had its own method of measuring this data. specific details would be provided after the meeting.

b. A Member asked for more information on the impact of the campaigns, and it was said that further detail would be provided. Mr Watkins noted that there was marketing impact data in the report but it would be useful to understand how many referrals to services this generated, which was difficult but should be looked into.

c. Jo Allen said they would look into utilising the YouTube platform and other social media channels.

d. It was said that a programme on smoking and vaping had been developed for the forthcoming year with additional funding and outreach to celebrities had been undertaken.

e. Jo Allen said that stylistic testing and user journey evaluation were undertaken and used to inform social media strategies to drive engagement.

3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the progress and impact of public health communications and campaigns in 2023/2024 and the need to continue to deliver throughout 2024/2025

309. Whole Systems Approach to a Healthy Weight in Kent
(Item 9)

Rutuja Kulkarni-Johnston, Consultant in Public Health and Dr Abimbola Ojo, Public Health Specialist, were in attendance for this item.

1. Rutuja Kulkarni-Johnston introduced the update and gave a presentation, the slides can be found attached to the report pack.

2. In response to comments and questions, it was said.

   a. A Member raised the importance of not just providing services but changing the mental attitude of residents to live healthy lives. It was also noted the link between deprivation levels and unhealthy weight due to the high cost of healthier food options. There also needed to be a focus on teaching cooking skills.

   b. A Member said there needed to be an increased awareness of the life-limiting implications of poor weight management.

   c. Dr Ghosh noted the difficulty in overcoming the marketing resources of major corporations but there were several public health campaigns in places and outreach opportunities with community stakeholders. Dr Abimbola Ojo spoke on the importance of a whole system approach to focus policy and strategic planning council-wide to support residents in their healthy weight management.

   d. A Member asked where the key areas of focus would be and what the KPIs for the whole population were. Dr Ojo said that a proportionate universalism approach would be used to target areas of high excess weight while guarding against neglecting other places.

   e. It was asked if there was data from the areas that had already implemented a similar strategy. It was noted that the University of Kent was measuring the impact of the strategy with a report due soon. It was said that other areas across Europe had implemented whole system strategies which had a positive impact. Dr Ojo said that COVID-19 had reset much of the progress and more time would be needed to generate greater insights. Updates would be provided to the committee.

f. A Member noted the importance early years interventions and education on healthy living skills.

g. The Cabinet Member welcomed the strategy and noted that wealthier districts of the county still had high rates of obesity which needed to be targeted.

h. A Member said they would like to see a breakdown of the data by ward.

i. The Chair thanked the presenters and asked for an update at an appropriate time.

3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the presentation.

310. Public Health Transformation Update - Verbal Update
(Item 10)

Chloe Nelson was in attendance for this item.

1. Chloe Nelson provided a verbal update. It was said that the programme would review 21 service areas with the aim of improving services. Many of the services expire at the same time as they are part of an overarching partnership contract with Kent Community Health Foundation Trust (KCHFT). Chloe Nelson provided an overview of the partnership and how it supports the Council to achieve public health objectives. It was noted that this was a complex area and mitigations were in place to guard against workforce disruption and maintain delivery of statutory services for Kent residents. The review would provide an opportunity to better embed prevention and improve impact. It was noted that there had been a change to procurement with the new Provider Selection Regime (PSR) going live from January 2024, legal advice had been sought and a mixed approach would be employed for future procurement. The transformation would be delivered in a staggard format to guard against unintended consequences and disruption. Chloe Nelson said that the next steps would be to hold discussions with existing suppliers and providers engage with residents and, following this, revise services models and implement changes. The committee would continue to be updated at future meetings.

2. RESOLVED the Health Reform and Public Health Cabinet Committee noted the verbal update.

311. Work Programme
(Item 11)

The work programme was noted.

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From:	Dan Watkins, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform Public Health Cabinet Committee, 14 May 2024
Subject:	**Stop Smoking Services and Support Grant**
Decision Number:	**24/00028**
Classification:	Unrestricted
Previous Pathway of Report:	Health Reform and Public Health Cabinet Committee – 23 January 2024
Future Pathway of Report:	Cabinet Member decision
Electoral Division:	All

Summary:
This report sets out a proposed decision on the commissioning and planning of required Stop Smoking Services and activity to deliver against the conditions of the recent Stop Smoking grant accepted from Government via Decision 24/0001 taken earlier this year.

This new funding is in addition to the Public Health Grant and is being provided through a new Section 31 Grant on top of the current Public Health Grant allocations. This funding is ringfenced for local authority led stop smoking services and support.

KCC received the full grant agreement in February 2024, detailing the relevant conditions and the full funding allocation for 2024/25, £1,944,823.
The grant agreement came into effect on 1 April 2024, therefore activity will need to be mobilised quickly in line with procurement regulations.

The additional funding is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes (measured through 4 week quits). The funding will be used to build demand and capacity in stop smoking services and increase targeting.

The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. The grant agreement covers the first year, with funding for subsequent years subject to spending review settlements, following the routine practice for all government expenditure.

It is proposed that a ‘Stop Smoking Service Framework’ will be used to determine spend of local stop smoking service grant funding and support decision making.

Recommendations:
The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to**:**

a) **APPROVE** the commissioning of Stop Smoking Services to deliver against the Support Grant and project requirements;
b) **APPROVE** the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029;
c) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director for Finance, to revise and amend the arrangements set out in the framework details, subject to the scope and terms and conditions of the grant funding;
d) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision; and
e) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to award extensions of contracts for commissioned services in accordance with future grant allocations.

1. Introduction

1.1 On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*[1]. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support.

1.2 This new funding is in addition to the Public Health Grant and is being provided through a new Section 31 Grant on top of the current Public Health Grant allocations. The Department of Health and Social Care (DHSC) will provide the grant and the additional funding will be used to complement and enhance existing stop smoking services in Kent.

1.3 This report outlines the proposed approach to deploying the grant funding to deliver against the smoking cessation outcomes desired by KCC and the Government. It builds upon the previous decision, discussed at Health Reform and Public Health Cabinet Committee on 23 January 2024 and taken in February 2024. The proposed decision details how the additional funding can be used and how KCC will measure outcomes, effectiveness and demonstrate success to DHSC so as to maintain the year on year income.

1.4 KCC Public Health are currently undertaking a transformation programme and therefore, stop smoking service models being designed as part of that programme will need to consider how these services interlink and sit alongside activity developed with this additional funding.

2. Kent County Council and Key Partner Strategies

2.1 **KCC's Strategy Statement 2022-2026 – Framing Kent's Future:** Stop smoking services supports KCC to achieve the following priorities set out in the Councils Strategy 2022-2026 'Framing Kent's Future':

[1] Stopping the start: our new plan to create a smokefree generation - GOV.UK (www.gov.uk)

Priority 1: Levelling up Kent

- To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps
- To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.

2.2 **Securing Kents Future**: Stop smoking services supports KCC to achieve the priorities set out in Securing Kent Future, by preventing people from getting long term health conditions linked to smoking, which increase's demand and costs in Health and Social Care.

Action on Smoking and Health (ASH) Ready Reckoner estimates the overall costs of smoking in Kent to be £1.3 Billion annually. Overall cost of smoking is derived from the four following areas: Productivity, Healthcare, Social Care and Fires. This feels especially significant given the cost pressures faced locally.

Table 1: Estimated Costs of Smoking in Kent

Overall costs	Productivity Costs	Social Care Costs	Healthcare Costs	Fire Costs
£1.3B	£771.5M	£427.4M	£52.2M	£7.8M

2.3 **Kent & Medway Integrated Care Strategy**: Stop smoking services supports the Kent & Medway Integrated Care System to achieve the following outcomes set out in the Integrated Care Strategy:

- Helping the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place
- Helping 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.

2.4 **Inequalities, Prevent and Population Health (IPPH) Prevention Sub Committee Action Plan:** Stop smoking services supports the delivery of the IPPH Prevention Sub Committee Action Plan. Below details the IPPH objective set:

- Increase number of smokers from high prevalence group referred to stop smoking services
- Prevent young people taking up vaping and encourage those currently vaping to quit. Develop public facing information on young people and vaping
- Ensure sustainable models of acute stop smoking services within acute care that work synergistically with community stop smoking services.

Ensure the maternity and acute Long Term Plan models are implemented and sustainable

- De-normalise smoking by creating smokefree public spaces which will help reduce the take up of smoking, encourage quitting and reduce the risk of harms caused by second hand smoke.

3. Funding Aims

3.1 The aim of this additional funding is to ensure there is a nationwide comprehensive offer to help people stop smoking across England and to increase the number of smokers engaging with effective interventions to quit.

3.2 It is important to recognise that the people currently smoking are likely to be the most entrenched smokers and may find it harder to quit having experienced a number of unsuccessful quit attempts. Helping these individuals successfully quit is essential, even if it may require a higher cost per smoker.

3.3 Additional funding is being provided to local authorities with the highest smoking rates to level up the communities who need the support the most and to address health disparities.

3.4 The Government's ambition for this investment is to see 360,000 people set quit dates, with 198,000 successful quits (measured as 4-week quits) in England each year.

4. Grant Agreement Process and Funding Criteria

4.1 A Key Decision (Decision No: 24/00001) was taken on 19 February 2024, which approved the Council entering into the agreement and delegating authority to the Director of Public Health, after consultation with the Cabinet Member of Adult Social Care and Public Health, to review and agree to the required terms and conditions to enter into the necessary grant arrangement so as to secure the funding. The proposed decision covered in this report focuses on the choices KCC must make about how it will deliver against the grant conditions.

4.2 The grant agreement came into effect on 1 April 2024, therefore activity must be mobilised as quickly as possible to minimise delays to the commissioning process, commitment of grant funding and most importantly, the delivery of the improved services.

4.3 The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. The grant agreement covers the first year, with funding for subsequent years subject to spending review settlements, following the routine practice for all government expenditure. It will be important that KCC is able to demonstrate on an annual basis, that it is achieving good value for money and delivery of outcomes, while balancing the likelihood that any underspends in year may lead to future reductions in the grant allocation.

4.4 Local authorities will be required to maintain their existing spend on stop smoking services, based on the stop smoking service data they have submitted for the year 2022 to 2023. They should ensure they maintain this level of funding throughout the whole grant period.

4.5 The Secretary of State for Health and Social Care has determined that the grant will be paid based on the understanding that the funding will be used to:

- Invest in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the public health grant. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan
- Build capacity to deliver expanded local stop smoking services and support
- Build demand for local stop smoking services and support
- Deliver increases in the number of people setting a quit date (360,000) and 4 week quit outcomes (198,000), reporting outcomes in the Stop Smoking Services Collection.

5. Commissioning Activity for 2024/25 and Future Years

5.1 Work is underway to plan commissioning activity for 2024/25 and future years. All planned activity is in line with the Grant Conditions.

5.2 This planned activity is summarised in Table 2.

Table 2: Planned Stop Smoking Services and Support Grant Commissioning Activity

Activity	Summary
Commission a service with a focus on engaging and motivating smokers from priority groups (identified by the needs assessment, link below) into services and deliver quit attempts. https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/lifestyle/smoking#tab1	The service will undertake outreach and other engagement activities in the community to engage and motivate individuals who may otherwise not engage with Stop Smoking Services. Outreach may occur in workplaces, community venues, places where people congregate (shopping malls and sports events), job centres and social housing and in locations where other services are delivered, recognising culturally appropriate settings and approaches so that people feel comfortable to engage in the service. The service offered will be tailored to the locality and audience it is being provided to. The service will not replace other/existing programmes which support smokers to quit and will work with the existing KCC Stop Smoking Services and NHS Services to avoid duplication and ensure a good coverage of support across the county. The service will initially aim to support 3256 people to set a quit date annually. This target will increase each year. The service will also offer Very Brief Advice training. This will enable other services to deliver smoking cessation advice to those they support and increase good quality referrals to stop smoking services.

Commission a dedicated stop smoking service for young people.	The service will be dedicated to supporting young people aged 12 – 25 to quit smoking, tailoring support to best meet the needs of this age group. The service will initially aim to support 300 people to set a quit date annually. This target will increase each year.
Commission alternative models of Support.	Commission/Pilot new models of delivery to test outcome achievement and inform future commissioning. The service will initially aim to support 1302 people to set a quit date annually. This target will increase each year.

5.3 Services will be commissioned so they are able to innovate and change. It will be a requirement that the services collaborate with people who smoke to further enhance understanding on how they would like to be supported and how services should be delivered. This intelligence will be used to innovate and enhance the service offer. Insights gathered as part of the Public Health Transformation Programme will also be used to support in the development of service provision.

5.4 The estimated percentage of funding allocated to planned commissioning activity in 2024/25 is 86.4%, this equates to £1.68m. Actual spend will be dependent on a number of factors such as activity levels, procurement processes etc.

6. Stop Smoking Service Framework

6.1 It is proposed that a 'Stop Smoking Service Framework' will be used to determine spend of local stop smoking service grant funding and support decision making.

6.2 The Framework decision approach places responsibility and accountability as well, as Strategic oversight, with the Cabinet Member for Adult Social Care and Public Health. The operational decision-making, and implementation activity, within the scope defined by the Framework agreed by the Cabinet Member for Adult Social Care and Public Health as part of this decision, is delegated to the Director of Public Health.

6.3 Under this Framework all expenditure of Local Stop Smoking Services and Support Grant funding must be in line with budget forecasting and adhere to DHSC Local Stop Smoking Services and Support Grant terms and conditions. Proposals for spend must meet one of the following criteria:

A. Will support the council in enhancing commissioned stop smoking services and support. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan

B. Will support the council to build capacity to deliver expanded local stop smoking services and support

C. Will build demand for local stop smoking services and support

D. Will support the council to deliver increases in the number of people setting a quit date and 4 week quit outcomes.

6.4 An example of a project that would meet the criteria:

- Develop marketing materials and social media campaigns to increase awareness of local stop smoking services (this may involve engagement with people who smoke).

6.5 The Stop Smoking Service Framework will allow for the ability to deliver pilots, short-term services and expeditionary realign Stop Smoking Services and Support Grant funded services, to meet changing needs and demands, providing all revised proposals meet the criteria set out in point 6.3.

6.6 Work is underway to plan activity for 2024/25 and future years. All planned activity is in line with the Grant Conditions and adheres to the proposed Framework criteria.

Table 3: Planned Stop Smoking Service Framework Activity

Activity	Summary
Staffing resource.	Increase KCC Public Health, strategic leadership and commissioning capacity on a temporary basis to deliver this work at pace and measure the impact and outcomes.
Increase awareness of stop smoking services.	Local Stop Smoking Services and other organisations will increase demand for local stop services by motivating people to want to quit smoking through local engagement in the community. It will be a requirement that commissioned services will build demand for services through marketing, awareness campaigns and other techniques. Additional funding for the KCC PH Communication Team, so they can enhance and develop marketing materials and social media campaigns. Incentive District, Borough and City Councils to deliver smokefree public spaces and town centres, where marketing materials advertising local stop smoking services will be on display.

6.7 The estimated percentage of funding allocated to planned Framework activity in 2024/25 is 13.6%, this equates to £264,823. Actual spend will be dependent on a number of factors such as the date when new members of staff start employment.

7. Reporting Requirement and Demonstrating Success

7.1 KCC will be required to work with the DHSC to provide the necessary information and data to monitor and evaluate progress.

7.2 The reporting will take place through these delivery mechanisms:

- Stop Smoking Services Collection, an existing data collection and reporting system used to monitor the delivery of local stop smoking interventions. NHS England collects the data from local authorities and there is a requirement to submit activity for each quarter. NHS England

publishes submission dates and local authorities can return activity and outcome data associated with quit support provided

- The DHSC will financially monitor the grants provided to authorities on a quarterly basis using the supplied financial reporting template. This financial monitoring will ask authorities to provide a breakdown of the payments to service providers and a breakdown by budget line of spend within the project delivery

- A final statement of grant usage must be submitted to the DHSC on the 21st day of the month following the expiry of the Financial Year. The final statement of grant usage must be certified by the authority's Chief Executive/s Officer that, to the best of their knowledge, the amounts shown on the statement are all eligible expenditure and that the grant has been used for the purposes intended.

7.3 KCC must notify the DHSC immediately in writing should it become aware of any circumstances that may cause delay in delivery.

7.4 It is understood that local authorities will need time to commission and upscale local offers and generate demand for stop smoking support over time.

7.5 KCC will need to increase the number of people setting a quit date and successfully quitting at 4 weeks. Specific targets have not yet been set but local authorities have been given performance measures that scale up over the next five years. This means Kent should aim for 26,937 additional set quit dates over the next five years, with 1,347 additional set quit dates in the first year (25% increase on current performance).

Table 4: Kent Targets

National Goal Increase	Smoking Population Proportion	1 Year figure (Goal*Smoking Proportion)	Kent 5 Year Figure	Y1 (25%) Increase	Y2 (50%) Increase	Y3 (125%) Increase	Y4 (150%) Increase	Y5 (150%) Increase
193,908	2.778%	5,387	26,937	1,347	2,694	6,734	8,081	8,081

8. Financial Implications

8.1 The table below shows the confirmed maximum amount of funding allocation for Kent.

Table 5: Kent Funding Allocation 2024/25

	Average 3-year smoking prevalence (2020 to 2022)	Estimated number of smokers (2021 populations)	Confirmed additional allocation 2024/25
Kent County Council	13.14%	163,208	£1,944,823

8.2 The grant allocation will initially apply for the first year of the grant (the financial year 2024 to 2025).

8.3 The additional funding is anticipated to be provided over the next five financial years, until 2028-29.

8.4 The government cannot provide specific allocations for 2025 to 2026 and beyond at this stage. Funding for subsequent years will be subject to spending

review settlements, following the routine practice for all government expenditure. Authority has been delegated via the previous decision, for Officer agreement to accept any future funding allocations providing it is on similar terms.

8.5 Important to highlight that this funding is in addition to the Public Health Grant and therefore the Stop Smoking activity and spend for this programme does not create any additional pressure on KCC's base budget.

9. Equalities Implications

9.1 An Equalities impact assessment (EqIA) has been undertaken (Appendix 1).

9.2 The EQIA found the impact of this work to be positive. Specific service arrangements made via the Framework will incorporate necessary equality consideration as part of Officer level decision-making.

10. Data Protection Implications

10.1 New service delivery as implemented through the life course of the grant will have a Data Protection Impact Assessment undertaken.

10.2 The existing DPIA will be updated as required.

11. Legal Implications

11.1 Spending of the funding will be compliant with 'Spending the Council's Money' and relevant procurement legislation (Provider Selection Regime, 2023).

11.2 Implementing the Stop Smoking Service Framework (Section 6.3) will support the delivery of activity and support the council in spending the funding in accordance with the grant conditions set by DHSC.

11.3 Legal and Commercial advice will be sought as and when required.

12. Management of Works

12.1 The management and implementation of the additional funding will be delivered by KCC Public Health and Integrated Commissioning. Internal governance arrangements will be developed to monitor expenditure to make sure activity adheres to the framework approved by this decision and the grant agreement terms and conditions.

12.2 KCC Public Health and Integrated Commissioning plan to update Health Reform and Public Health Cabinet Committee of progress of these plans and outcome achievement annually.

13. Options Considered but Rejected

13.1 The option of turning down the additional stop smoking services funding was discarded as there are many people in Kent who will benefit from this resource, and it is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes.

13.2 The option for handling all funding activity on an individual basis, with certain projects managed at operational level and others progressing via the Key Decision process as and when required was considered. That option would not enable the council to respond quickly and flexibly to changing demand and need or provide a clear strategic plan for delivering against the Local Stop Smoking and Support Grant requirements.

14. Conclusion

14.1 The additional funding is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes. Supporting more people to stop smoking will result in reduced pressure on health and social care services in the future and improve the quality of life of those who have ceased smoking.

14.2 The additional funding will be used, in broad terms to:

- Invest in enhancing stop smoking services and support for residents of Kent
- Build capacity to deliver expanded local stop smoking services and support
- Build demand for local stop smoking services and support
- Deliver increases in the number of people setting a quit date and 4 week quit outcomes.

14.3 The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. Receipt of future grant funding is dependent on effective delivery of the programme objectives within set timescales, so it is necessary for KCC to move at pace to undertake the required commissioning activity and mobilise the support for residents.

15. Recommendations

15.1 **Recommendations:** The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to:

a) **APPROVE** the commissioning of a Stop Smoking Services to deliver against the Support Grant and project requirements.

b) **APPROVE** the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/25 to 2028/29

c) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director for Finance, to revise and amend the arrangements set out in the framework details, subject to the scope and terms and conditions of the grant funding

d) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.

e) **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to award extensions of contracts for commissioned services in accordance with future grant allocations

16. Background Documents

24/00001 – Stop Smoking Services and Support Grant (Section 31 Grant)
Decision - 24/00001 - Stop Smoking Services and Support Grant (Section 31 Grant) (kent.gov.uk)

24/00001 – Stop Smoking Services and Support Grant (Section 31 Grant) - Decision Report: 2400001 - Decision Report.pdf (kent.gov.uk)

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Mr Dan Watkins, Cabinet Member for Adult Social Care and Public Health	24/00028

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision: Spending the Stop Smoking Services and Support Grant (Section 31 Grant)

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to:

I. APPROVE the commissioning of Stop Smoking Services to deliver against the Support Grant and project requirements;

II. APPROVE the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029;

III. DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director for Finance, to revise and amend the arrangements set out in the framework details, subject to the scope and terms and conditions of the grant funding;

IV. DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision; and

V. DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to award extensions of contracts for commissioned services in accordance with future grant allocations.

Background

On 4 October 2023, the Government published '*Stopping the start: our new plan to create a smokefree generation'* which sets out the proposed actions the government will take to tackle smoking and youth vaping. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local authority stop smoking services and support.

The aim of this additional funding is to ensure there is a nationwide comprehensive offer to help people stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking.

This new funding is in addition to the Public Health Grant and will be provided through a new Section 31 Grant on top of the current Public Health Grant allocations. This funding is ringfenced for local authority led stop smoking services and support. The Department of Health and Social Care (DHSC) will provide the grant and the additional funding will be used to complement and enhance existing stop smoking services in Kent.

KCC received the full grant agreement in February 2024, detailing the relevant conditions and the full funding allocation for 2024/2025, £1,944,823.

The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. The grant agreement covers the first year, with funding for subsequent years subject to spending review settlements, following the routine practice for all government expenditure. It will be important that KCC is able to demonstrate on an annual basis, that it is achieving good value for money and delivery of outcomes, while balancing the likelihood that any underspends in year may lead to future reductions in the grant allocation.

Local authorities will be required to maintain their existing spend on stop smoking services, based on the stop smoking service data they have submitted for the year 2022 to 2023. They should ensure they maintain this level of funding throughout the whole grant period.

The Secretary of State for Health and Social Care has determined that the grant will be paid based on the understanding that the funding will be used to:

- Invest in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the public health grant. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan
- Build capacity to deliver expanded local stop smoking services and support
- Build demand for local stop smoking services and support
- Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting outcomes in the Stop Smoking Services Collection.

Reason for Decision:

A Key Decision (Decision No: 24/00001) was taken in February 2024, which approved the Council entering into the agreement to secure the funding. A further key decision is required to approve the commissioning of enhanced stop smoking services and agree the framework for management of related grant funding.

The additional funding is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes (measured through 4 week quits). The funding will be used to build demand and capacity in stop smoking services and increase targeting.

It is proposed that commissioning activity is undertaken to enhance the stop smoking services and support available for residents of Kent. Work is underway to plan commissioning activity for 2024/2025 and future years. All planned activity is in line with the Grant Conditions and will aim to increase the number of people in Kent quitting smoking. The table below outlines this planned activity.

Table 1: Planned Stop Smoking Services and Support Grant Commissioning Activity

Activity	Summary
Commission a service with a focus on engaging and motivating smokers from priority groups (identified by the needs assessment, link below) into services and deliver quit attempts. https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/lifestyle/smoking#tab1	The service will undertake outreach and other engagement activities in the community to engage and motivate individuals who may otherwise not engage with Stop Smoking Services. Outreach may occur in workplaces, community venues, places where people congregate (shopping malls and sports events), job centres and social housing and in locations where other services are delivered, recognising culturally appropriate setting and approaches so that people feel comfortable to engage in the service. The service offered will be tailored to the locality and audience it is being provided. The service will not replace other/existing programmes which support smokers to quit and will work with the existing KCC Stop Smoking Services and NHS Services to avoid duplication and ensure a good coverage of support across the county. The service will initially aim to support 3256 people to set a quit date annually. This target will increase each year. The service will also offer Very Brief Advice training. This will enable other services to deliver smoking cessation advice to those they support and increase good quality referrals to stop smoking services.
Commission a dedicated stop smoking service for young people.	The service will be dedicated to supporting young people aged 12 – 25 to quit smoking, tailoring support to best meet the needs of this age group. The service will initially aim to support 300 people to set a quit date annually. This target will increase each year.
Commission alternative models of Support.	Commission/Pilot new models of delivery to test outcome achievement and inform future commissioning. The service will initially aim to support 1302 people to set a quit date annually. This target will increase each year.

Services will be commissioned so they are able to innovate and change. It will be a requirement that the services collaborate with people who smoke to further enhance understanding on how they would like to be supported and how services should be delivered. This intelligence will be used to innovate and enhance the service offer. Insights gathered as part of the Public Health Transformation Programme will also be used to support in the development of service provision.

The estimated percentage of funding allocated to planned commissioning activity in 2024/2025 is 86.4%, this equates to £1.68m. Actual spend will be dependent on a number of factors such as activity levels, procurement processes etc.

It is also proposed that a ‘Stop Smoking Service Framework’ will be used to determine spend of local stop smoking service grant funding and support decision making. Under this Framework all

expenditure of Local Stop Smoking Services and Support Grant funding must be in line with budget forecasting and adhere to DHSC Local Stop Smoking Services and Support Grant terms and conditions. Proposals for spend must meet one of the following criteria:

A. Will support the council in enhancing commissioned stop smoking services and support. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan
B. Will support the council to build capacity to deliver expanded local stop smoking services and support
C. Will build demand for local stop smoking services and support
D. Will support the council to deliver increases in the number of people setting a quit date and 4 week quit outcomes.

The Stop Smoking Service Framework will allow for the ability to deliver pilots, short-term services and expeditionary realign Stop Smoking Services and Support Grant funded services, to meet changing needs and demands, providing all revised proposals meet the criteria

Work is underway to plan activity for 2024/2025 and future years. All planned activity is in line with the Grant Conditions and adheres to the proposed Framework criteria.

Table 2: Planned Stop Smoking Service Framework Activity

Activity	Summary
Staffing resource.	Increase KCC Public Health, strategic leadership and commissioning capacity on a temporary basis to deliver this work at pace and measure the impact and outcomes.
Increase awareness of stop smoking services.	Local Stop Smoking Services and other organisations will increase demand for local stop services by motivating people to want to quit smoking through local engagement in the community. It will be a requirement that commissioned services will build demand for services through marketing, awareness campaigns and other techniques. Additional funding for the KCC PH Communication Team, so they can enhance and develop marketing materials and social media campaigns. Incentive District, Borough and City Councils to deliver smokefree public spaces and town centres, where marketing materials advertising local stop smoking services will be on display.

The estimated percentage of funding allocated to planned Framework activity in 2024/2025 is 13.6%, this equates to £264,823. Actual spend will be dependent on a number of factors such as the date when new members of staff start employment.

KCC will be required to work with the DHSC to provide the necessary information and data to monitor and evaluate progress.

How the proposed decision meets the priorities of New Models of Care and Support as set out in ‘‘Framing Kent’s Future – Our Council Strategy 2022 – 2026’

Stop smoking services supports KCC to achieve the following priorities set out in the Councils Strategy 2022-2026 'Framing Kent's Future':

Priority 1: Levelling up Kent

- To see significant improvements in the economy, connectivity, educational attainment, skills and employment rates and public health outcomes in deprived communities in coastal areas so that they improve faster than the rest of Kent to reduce the gaps.

- To work with our partners to hardwire a preventative approach into improving the health of Kent's population and narrowing health inequalities.

How the proposed decision supports Securing Kent's Future

Stop smoking services supports KCC to achieve the priorities set out in Securing Kent Future, by preventing people from getting long term health conditions linked to smoking, which increase's demand and costs in Health and Social Care.

Financial Implications

The table below shows the confirmed maximum amount of funding allocation for Kent.

Table 3: Kent Funding Allocation 2024/2025

	Average 3- year smoking prevalence (2020 to 2022)	Estimated number of smokers (2021 populations)	Confirmed additional allocation 2024/2025
Kent County Council	13.14%	163,208	£1,944,823

The grant allocation will initially apply for the first year of the grant (the financial year 2024 to 2025).

The additional funding is anticipated to be provided over the next five financial years, until 2028-2029.

The government cannot provide specific allocations for 2025 to 2026 and beyond at this stage. Funding for subsequent years will be subject to spending review settlements, following the routine practice for all government expenditure. Authority has been delegated via the previous decision, for Officer agreement to accept any future funding allocations providing it is on similar terms.

Important to highlight that this funding is in addition to the Public Health Grant and therefore the Stop Smoking activity and spend for this programme does not create any additional pressure on KCC's base budget.

Equalities Implications

An Equalities impact assessment (EqIA) has been undertaken.

The EQIA found the impact of this work to be positive. Specific service arrangements made via the Framework will incorporate necessary equality consideration as part of Officer level decision-making.

Data Protection Implications

New service delivery as implemented through the life course of the grant will have a Data Protection Impact Assessment undertaken.

Legal Implications

Spending of the funding will be compliant with 'Spending the Council's Money' and relevant procurement legislation (Provider Selection Regime, 2023).

Implementing the Stop Smoking Service Framework will support the council in spending the funding in accordance with the grant conditions set by DHSC.

Legal and Commercial advice will be sought as and when required.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 14 May 2024 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Reject the Stop Smoking Services and Support Grant – The option of turning down the additional stop smoking services funding was discarded as there are many people in Kent who will benefit from this resource, and it is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes.

Distributing funding on an individual basis with some via Key Decision and some managed operationally – The option for handling all funding activity on an individual basis, with certain projects managed at operational level and others progressing via the Key Decision process as and when required was considered. That option would not enable the council to respond quickly and flexibly to changing demand and need or provide a clear strategic plan for delivering against the Local Stop Smoking and Support Grant requirements.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

EQIA Submission – ID Number
Section A

EQIA Title
Stop Smoking Services and Support Grant

Responsible Officer
Christopher Beale - CED SC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Victoria Tovey - CED SC

Type of Activity

Service Change
No
Service Redesign
No
Project/Programme
Project/Programme
Commissioning/Procurement
Commissioning/Procurement
Strategy/Policy
No
Details of other Service Activity
No

Accountability and Responsibility

Directorate
Adult Social Care and Health
Responsible Service
Integrated Commissioning
Responsible Head of Service
Victoria Tovey - CED SC
Responsible Director
Anjan Ghosh - CED SC

Aims and Objectives

On 4 October 2023, the government published Stopping the start: our new plan to create a smokefree generation . This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support.

This new funding is in addition to the Public Health Grant and is being provided through a new Section 31 Grant on top of the current Public Health Grant allocations. The Department of Health and Social Care (DHSC) will provide the grant and the additional funding will be used to complement and enhance existing stop smoking services in Kent.

Kent County Council (KCC) received the full grant agreement in February 2024, detailing the relevant conditions and the full funding allocation for 2024/25, £1,944,823.

The grant agreement came into effect on 1 April 2024, therefore activity will need to be mobilised quickly in line with procurement regulations.

The additional funding is a great opportunity for KCC to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes (measured through 4 week quits). The funding

will be used to build demand and capacity in stop smoking services and increase targeting.

The additional funding is anticipated to be provided over the next five financial years, starting from 2024-25 until 2028-29. The grant agreement covers the first year, with funding for subsequent years subject to spending review settlements, following the routine practice for all government expenditure.

It is proposed that commissioning activity is undertaken to enhance the stop smoking services and support available for residents of Kent. Work is underway to plan commissioning activity for 2024/25 and future years. All planned activity is in line with the Grant Conditions and will aim to increase the number of people in Kent quitting smoking. This planned activity is summarised below:

- Commission a service with a focus on engaging and motivating smokers from priority groups (identified by the needs assessment) into services and deliver quit attempts
- Commission a dedicated stop smoking service for young people
- Commission alternative models of Support

Services will be commissioned so they are able to innovate and change. It will be a requirement that the services collaborate with people who smoke to further enhance understanding on how they would like to be supported and how services should be delivered. This intelligence will be used to innovate and enhance the service offer. Insights gathered as part of the Public Health Transformation Programme will also be used to support in the development of service provision.

It is also proposed that a 'Stop Smoking Service Framework' will be used to determine spend of local stop smoking service grant funding and support decision making. Under this Framework all expenditure of Local Stop Smoking Services and Support Grant funding must be in line with budget forecasting and adhere to DHSC Local Stop Smoking Services and Support Grant terms and conditions. Proposals for spend must meet one of the following criteria:

A. Will support the council in enhancing commissioned stop smoking services and support. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan
B. Will support the council to build capacity to deliver expanded local stop smoking services and support
C. Will build demand for local stop smoking services and support
D. Will support the council to deliver increases in the number of people setting a quit date and 4 week quit outcomes

The Stop Smoking Service Framework will allow for the ability to deliver pilots, short-term services and expeditionary realign Stop Smoking Services and Support Grant funded services, to meet changing needs and demands, providing all revised proposals meet the criteria

Work is underway to plan activity for 2024/25 and future years. All planned activity is in line with the Grant Conditions and adheres to the proposed Framework criteria. This planned activity is summarised below:

- Increase KCC Public Health, strategic leadership and commissioning capacity on a temporary basis to deliver this work at pace and measure the impact and outcomes.
- Increase awareness of stop smoking services.

This EQIA will investigate the planned activity and the potential positive or negative impact it will have on protected groups and characteristics.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

Internal stakeholders:
- Public Health specialists and Consultants
- Integrated Health Commissioning
- KPHO
- KCC Members

External Stakeholders:

- Other LA Commissioning/PH teams
- National Public Health Teams

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

No

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

Age - There is already an offer for individuals from the age of 12 upwards in Kent however, this funding will be used to create a young persons focussed offer which should make services more attractive and impactful for Young People.

Disability - Funding is being used to fund a service which will focus on engaging, motivating and supporting underserved groups which individuals with disabilities would benefit from.

Sex - None identified (service split is 45% male, 55% female)

Gender identity/Transgender -Funding is being used to fund a service which will focus on engaging, motivating and supporting underserved groups which LGBTQ+ individuals would benefit from.

Race - Funding is being used to fund a service which will focus on engaging, motivating and supporting underserved groups which individuals from Minority Ethnic communities would benefit from.

Religion and Belief - None identified

Sexual Orientation - Funding is being used to fund a service which will focus on engaging, motivating and

supporting underserved groups which LGBTQ+ individuals would benefit from.

Pregnancy and Maternity - None identified

Marriage and Civil Partnerships - None identified

Carer's Responsibilities - Funding is being used to fund a service which will focus on engaging, motivating and supporting underserved groups which carers would benefit from.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Age

Not Applicable

Mitigating Actions for Age

Not Applicable

Responsible Officer for Mitigating Actions – Age

Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

Details of Negative Impacts for Disability

Not Applicable

Mitigating actions for Disability

Not Applicable Not Applicable

Responsible Officer for Disability

Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Sex

Not Applicable

Mitigating actions for Sex

Not Applicable

Responsible Officer for Sex

Not Applicable

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Gender identity/transgender

Not Applicable

Mitigating actions for Gender identity/transgender

Not Applicable

Responsible Officer for mitigating actions for Gender identity/transgender

Not Applicable

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities

Are there negative impacts for Carer's responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health and Richard Ellis, Director Adults and Integrated Commissioning

To: Health Reform Public Health Cabinet Committee 14 May 2024

Subject: **Public Health Service Transformation and Partnerships; Kent Community Health NHS foundation Trust (KCHFT)**

Decision no: **24/00036**

Key Decision:

- A county wide decision and effects more than two electoral divisions
- Involves expenditure of more than £1m

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member Decision

Electoral Division: All Kent electoral divisions

Is the decision eligible for call-in? Yes

Summary:

The Public Health Service Transformation programme aims to improve all services in receipt on the Public Health Grant, to ensure that services are efficient, evidence-based and deliver the outcomes and best value.

Good progress has been made on the programme, the work is now in the fourth phase, which is concerned with identifying potential alternative service delivery, options and drafting an outline business case. Due to the number of service areas being reviewed, the complexity and potential risks associated with transformation, the work will be planned and delivered in a phased approach.

A large number of the Public Health services are delivered through a partnership agreement with Kent Community Health NHS Foundation Trust (KCHFT). The partnerships (procured under regulation 12(7) the Public Contract Regulations 2015) have proved to be an effective mechanism to secure quality health services for Kent residents and year on year efficiency savings. Other services within the scope of transformation, span a range of providers including non for profit, District councils and private suppliers.

To support the transformation work, it is recommended that a 12-month extension to the KCHFT partnership is approved by Kent County Council. This extension would help to maximise opportunities and minimise potential risks, which could include de-stabilising workforce, impacting local residents and reduction in performance. During the extension period, the transformation work will continue and be delivered at pace in areas where complexity is low and the preferred model is clear. Where there is more risk and or complexity, the extension would allow time to fully consider the impacts. The committee will be presented with regular updates and changes to commissioning models for endorsement.

The extension would manage internal and external resources to deliver this work alongside business as usual and a number of strategic projects, such as investing additional Office for Health Improvement and Depravities (OHID) funding for smoking and supporting delivery of family hubs. The extension also allows for additional time to build on the engagement with local markets, providers and stakeholders including residents.

Recommendation(s):
The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 2) to:

(a) **EXTEND** the Kent Community Health NHS Foundation Trust (KCHFT) partnership for 12 months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

(b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

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1. Introduction

1.1 Kent County Council (KCC) Public Health is leading a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and best value.

1.2 Future Public Health services need to be innovative, sustainable, and responsive to the needs of our changing communities, and actively contributing to KCC's Securing Kent's Future[1]. The programme provides an exciting opportunity to review twenty-one service areas with the aim of improving future services for Kent residents.

[1] **https://democracy.kent.gov.uk/documents/s121235/Securing%20Kents%20Future%20-%20Budget%20Recovery%20Strategy.pdf**

1.3 The last time services were reviewed in this way was 2017 and there is a real need to enhance and improve these key preventative services and respond to changing needs and emerging issues in the population.

1.4 Health Reform Public Health Cabinet Committee were previously updated on the transformation programme in September 2023, January and March 2024. Further updates and details of changes will continue to be shared to ensure the committee is able to shape and engage with this programme of work.

2. Background and Scope

2.1 Public Health funds a range of prevention services which can play a key role in preventing ill health and associated costs. Services within the Public Health portfolio include; the Kent Health Visiting Service, Sexual Health Services including pharmacy and the condom programme and psychosexual therapy, Postural Stability, Adult Lifestyle Services including NHS Health Checks and Substance Misuse.

2.2 Significant care is needed to maintain statutory services delivered to Kent residents, ensure workforce is not destabilised and manage internal and external staffing resources associated with the change. There are many opportunities to better embed prevention and enhance impact such as a greater focus on promotion positive oral health or education on vaping.

2.3 Services in the scope of the transformation programme are:

- Public Health Commissioned Services
- Grant Funded Projects (e.g. Health Living Centres)
- Public Health funding to other KCC departments / services that supports delivery of Public Health outcomes

2.4 Overall, the performance of services within the partnerships is good and Key Performance Indicators are, in the main consistently met. However, there are always opportunities to improve, innovate and respond to support best value demands, whilst also responding to changes in the macro environment.

2.5 The review of services is a normal part of the commissioning cycle and Public Health contracts are continually monitored to drive continuous improvements. However, the transformation work aims to support opportunities, look across services and consider how maximising impact through better supporting cross cutting themes, gaps or new evidence.

2.6 Whilst the aims of this programme are not primarily financially driven (other than ensuring an overall balanced budget), value for money and efficiency of the services funded is integral to the outcomes of this work. As such, financial savings may be delivered through identifying and delivering new innovative approaches.

2.7 The programme is complex with many interdependencies such as NHS Kent and Medway Integrated Care Board (ICB) recommissioning of community services, family hubs, Office for Health Improvement and Disparities (OHID) grants. There are also many cross-cutting themes such as training, property and digital.

3. Public Health Transformation Programme

3.1 Progress to date

3.1.1 The transformation programme commenced in July 2023 and has completed the first three phases; planning, information gathering and delivering a series of engagement workshops. It is now in its fourth stage and progress is listed below:

- Phase 1 – Planning. Phase one consisted of planning and preparing for the transformation programme project; recruiting the Project Manager and developing the project methodology.

- Phase 2 – Evidence and information gathering. For each Public Health service area a proforma has been produced, which contains; performance data, benchmarking data, a review of the current model, outcomes evidence, insight that exists and needs assessment information. In total, twenty-one proformas have been produced and gone through a quality assurance process.

- Phase 3 – Engagement workshops. Following the collection of evidence (as outlined above), engagement workshops for each service have been completed, where information was shared for discussion. Attendees consisted of Public Health consultants, commissioners, providers and key stakeholders from across the health system.

3.1.2 The purpose of the engagement workshops was to explore the future commissioning models for Public Health services. The feedback from these engagement workshops has been collated, with every provider/stakeholder having an opportunity to provide feedback. A new vision for each service has been developed from the workshops and themes have been identified, which will support the development of future options.

3.2 Planned work

<u>Service User views</u>

3.2.1 The reach of people who benefit from Public Health services each year is large. In Q3 2023/24 68,050 families received a mandated health and wellbeing review delivered by the health visiting service[2] and 30,188 eligible people aged 40 – 74 received an NHS health check, many of whom will have experiences and views of how the service could be improved. Understanding

[2] This is a 12-month rolling figure

the views of the people of Kent and those people who also use public health services will be critical to the success of this project and feedback from people who use their services will be used to drive improvements.

Insight from Kent residents and underserved communities

3.2.2 Gathering feedback and insight from underserved communities can be challenging, but critical, so new insight work has been commissioned is due to conclude at the end of June 2024. The insight work will also be used to inform future approaches and service design. The researchers conducting the insight work will take the opportunity to talk with Kent residents and ask if they would like to participate in future engagement points along the programme i.e. when refining a preferred service option.

Outline business case development

3.2.3 The fourth stage (the current phase) of the programme involves using evidence collated earlier in the process, to start to develop an outline business case. In this phase, information from the earlier phases i.e. the development of service area proformas (that included information on; benchmarking of outcomes and cost, performance, market analysis, insights) and the stakeholder engagement workshops (whereby stakeholders including current providers expressed their views of how services could be transformed), to create a list of potential, alternative service models that could be considered.

3.2.4 The business case will be informed by a robust options appraisal process. The options will be reviewed using a multi-criteria decision-making process. The programme has identified a number of Critical Success Factors (CSFs) and each potential service option will be assessed against each Critical Success Factor. These CSFs include evidence of cost effectiveness, measurable impacts, outputs and outcomes, demand reduction, tackling health inequalities, alignment of stakeholder and resident views and net financial savings. Each potential service model will be assessed against the Critical Success Factors and ranked and will be financially weighted. The short list of options, including a preferred option will be included within an outline business case.

3.2.5 The business case will set out a recommended commissioning model and includes Equality Impact Assessments (EQIAs) and Data Protection Impact Assessments (DPIAs). The outline business case will go through a series of quality checks and will be externally peer reviewed.

Local engagement

3.2.6 Following the development of the outline business case, local engagement will take place. The purpose of this phase is to; test the preferred model with parties and residents, to gain further feedback on services in scope, models being considered and on the preferred approach and to obtain feedback to refine the model.

3.3 After the local engagement phase, the preferred service model will be revised, in line with stakeholder and resident's views, where this is feasible (i.e. delivers the same outcomes within the financial envelope).

3.4 Consultation will then take place (if there is a significant change proposed), and then the commissioning plan and implementation will follow. In the latter stages of the programme a full business case will be produced. This business case will include; make, buy sell analysis, a commercial plan, management resources and an implementation plan. Alongside the development of the full business case, a specification will be developed.

4. Partnerships

4.1 Many of the services within the scope of the transformation programme expire at the same time (March 2025) as they form part of overarching partnership contracts with Kent Community Health NHS Foundation Trust (KCHFT) and Maidstone and Tunbridge Wells (MTW) NHS Trust[3]. In September 2017, KCC took the decision to create an innovative partnership with KCHFT and MTW to maximise the opportunity to improve the health of Kent residents and deliver common objectives. The partnerships offer Public Health value for money through quality services and year on year efficiency savings.

4.2 KCHFT provide KCC with the following services; Kent Health Visiting services, School health services, Adult lifestyle services, NHS Health Check services, postural stability services, oral health services and East Kent sexual health services.

4.3 The KCHFT partnership has supported delivery of a number of shared objectives such as influencing public health systems, reducing health inequalities, delivering innovation and improving efficiency. It has also enabled successful management of significant challenges including financial pressures and workforce stability. This was particularly important during the COVID pandemic, where service performance was impacted but because services were under partnership they benefitted from the stability and assurance that brought to workforces.

4.4 The proposal set out in this paper is to extend the KCHFT partnership for 12 months and sits alongside an extension for other partnership services delivered via MTW. An extension would help to:

- Destabilisation of the provider – transformation of these services is taking place at the same time as ICB commissioning and the outcome of both may change the sustainability of KCHFT as a key supplier in Kent.

- Minimise risk of destabilising the workforce; many services have specialist roles which are challenging to recruit to such as Health Visitors, impacted by national shortages. As the end of the contract

[3] **Issue details - 19/00064 - Kent County Council and Kent Community Health NHS Foundation Trust collaborative partnership - delivery and transformation of Public Health services**

approaches, staff may choose to move organisation. The change of service model and/or supplier needs to be carefully managed.

- Maximise interdependencies – this is a complex programme with many interdependencies and sufficient time is needed to explore and consider these in full. For example, HIV commissioning is currently part of sexual health services but funded by NHSE (NHS England) and due to transfer to the ICB (NHS Kent and Medway Integrated Care Board). Health Visiting is closely linked to the new Family Hub model.

- Allow time to balance resources of Public Health and Integrated Commissioning staff in KCC across a number of recommissioning programmes.

- Develop comprehensive business cases for alternative service delivery models, including financial appraisals.

- Develop understanding and application of new procurement legislation by taking a stagged approach across the transformation.

- Build further insights (both service user insights and insights with underserved communities who do not currently access services, but may benefit from accessing services)

- Build engagement with existing providers and other providers in the market and help to shape commissioning models and drive up market interest where this can support best value.

4.5 Not all services will need a full 12-month extension, replacement arrangements for some services may be put in place sooner, however the full 12-month extension will be required in some instances.

5. Public Health Transformation Programme timescales

5.1 The programme aims to return to Health Reform Public Health Cabinet Committee on 2 July 2024 to present an overview of the transformation programme timings for individual services, as well as presenting the proposed changes to Substance Misuse service model and the proposed procurement approach. All replacement services will be put in place between 31 March 2025 and 31 March 2026 or before.

6. Options considered and dismissed, and associated risks

6.1 Option 1 – Re-procuring services and putting in place new contracts for 1st April 2025. This option has been dis-regarded because there would be little time and officer capacity to ensure services offer the best value and will not allow time to explore alternative service delivery models. With the extension, the service and the workforce will not be de-stabilised and service quality will not be compromised.

6.2 Option 2 – Contracting outside of the partnership. This option is not considered suitable in the short-term as the partnership offers Kent, high

quality, stable services within a financial envelop that offers value for money, operating within a partnership. The risk of discontinuing these services in the partnership, at this time, could have an adverse impact on the provider, their workforces and quality.

6.3 The recommendation is to review services individually and re-procure services on an individual basis, with all new services in place before 31st March 2026.

6.4 Risks of not taking an extension on the KCHFT partnership include; potential workforce disruption, internal staff having to manage significantly high pressured and more complex workloads, uncertainty around timescales and timescales not being met.

7. Financial Implications

7.1 The investment of the Public Health grant into the KCC KCHFT partnership during the extension year will be similar to the 2024/25 investment, which is in the region of £42m. The exact amount (in the extension year 2025/26) will be dependent on the final pay settlement for NHS staff and also activity levels of delivery and associated payments. KCC and KCHFT operate an open book accounting policy which supports the transparency of costs, helping to ensure KCC set budgets based on actual costs. The open book accounting policy will remain in place for the duration of the extension period.

7.2 All parties will remain committed to delivering efficiencies and financial savings in the extension year in line with current terms to ensure best value. KCC will closely monitor expenditure alongside performance.

7.3 There will continue to be regular review of service performance including quality, financial benchmarking, user feedback and analysis of the service offer against need. Commissioners will continue to monitor the arrangements and expect performance and statutory obligations to be maintained. Termination of the arrangement will be an option for both sides as a last resort.

7.4 Services within the partnership demonstrate strong evidence of reducing longer term health and social care costs and it will be important to ensure these services support areas of greatest impact.

7.5 The Kent Public Health Observatory conducted a review of the services within the Public Health portfolio and the Return on Investment (ROI) (see Appendix 1) that those services generate (based on national data sources). National evidence indicates that;

- alcohol identification and brief advice (IBA) produces a £27:£1 ROI,
- that smoking (tobacco control services) produce a £11.20: £1 ROI

7.6 There are ROI examples across the Public Health portfolio, demonstrating that these services, delivered within both partnerships represent value for money and are a good investment of the Public Health Grant.

8. Legal implications

8.1 Integrated Commissioning sought and received legal advice on the matter of partnership extension. The advice received is detailed below.

8.2 On the basis that the main subject matter of the KCHFT partnership agreement is healthcare services, and providing the agreement was entered into pursuant to regulation 12(7) of the Public Contracts Regulations 2015 (PCR"), this agreement falls to be treated as an agreement for healthcare services for the purposes of the Health Care Services (Provider Selection Regime) Regulations 2023 ("PSR").

8.3 The PSR regulations provide a few grounds for making a contract modification without having to follow a new PSR procurement process. Depending on the confirmation of the contract values involved, Regulation 13(1)(d) of the PSR provides a ground to rely upon for the partnership agreement to be extended provided that the terms of the extension would not render the contract materially different in character and the cumulative change in the lifetime value of each contract since they were entered into or concluded would be less than 25% of the lifetime value of the original contract when it was entered into or concluded, or below £500,000.

8.4 It should be noted that if relying upon this ground, the Council must submit a notice of the modification for publication on the UK e-notification service in relation to each agreement, within 30 days of the modification as the extension is worth more than £500,000.

8.5 Where the Council does rely on Regulation 13(1)(d) PSR, it needs to be aware that a 25% increase in the lifetime value of the original contracts must also be considered alongside any increase in contract spend over the lifetime of the contracts, so as not to exceed the 25% allowance.

8.6 The lifetime value of the KCHFT partnership is approximately £203m, budgeted up to 31 March 2025. The estimated value of the proposed KCHFT 12-month extension up to 31 March 2026 is in the region of £42m (excluding nationally set and agreed NHS pay increases for staff) which is equivalent to nearly 21% of the lifetime value (and would therefore not exceed the 25% allowance).

9. Stakeholder engagement

9.1 The Public Health Service Transformation Programme is engaging with a variety of internal and external stakeholders, including service providers.

9.2 Internal KCC stakeholders include Corporate Management Team, Directorate, divisional management teams, as well as elected members.

9.3 External stakeholders include; district and borough councils, the Integrated Commissioning Board, current and potential suppliers, the Local Medical Committee, The Local Pharmacy Committee, Health and Care Partnerships (HaCPs), Voluntary Community and Social Enterprise (VCSE), Police and Crime Commissioner and other local authorities.

9.4 The transformation programme will keep stakeholders informed about opportunities to feed into the programme, programme progress and key decisions.

10. Commercial considerations

10.1 The introduction of new procurement legislation, Provider Selection Regime (PSR) on the 1st January 2024, which applies to the procurement of healthcare services only, has resulted in the need to consider which procurement legislation applies for the given services Public Health are seeking to procure. The new legislation provides local authorities with greater flexibility to build on contracts where it can be demonstrated the provider is doing a good job.

10.2 Contracting mechanisms will need to provide the flexibility for both Commissioner and Provider to innovate to deliver new models of delivery, while ensuring controls are in place to protect Public Health investment.

10.3 Based on the analysis undertaken as part of the transformation programme, Public Health will seek to build on existing relationships where it is evident the provider is doing a good job and are delivering good value for the Kent resident, harnessing new procurement legislation as appropriate. Competitive processes will be undertaken to bring enhancements to contracts where appropriate.

10.4 There is no intention to exceed the 25% allowance over the 12-month extension. There will continue to be budget controls in place to ensure expenditure does not exceed the budget set.

10.5 The KCHFT partnership extension will support continuation of these complex and specialised services and ensure continuity for residents and staff. There is a limited alternative market for a number of these services and as such this extension allows additional time to support market engagement and development where required. Key commercial considerations include best value, quality delivery and good performance and these will remain a key focus over the period of the extension.

10.6 Quality of services – the performance of services delivered by KCHFT (and all services) are regularly reported to the Health Reform Public Health Cabinet Committee and services regularly meet or exceed set targets.

10.7 Market providers – the range of services delivered by KCHFT varies, in some service areas there are limited alternative service providers, due to the specialist nature of the services and workforce, whilst for other areas, alternative providers could potentially be considered.

11. Governance

11.1 All decisions relating to this programme of work will be taken in line with the council's governance processes and regular updates will be shared with this committee.

11.2 Details of the transformation work will be shared internally with the Directorate Management Team (DMT) and Corporate Management Team (CMT) as required.

11.3 The Director of Public Health is the Senior Responsible Officer and will provide strategic leadership to the programme through the Public Health Service Transformation Steering Group. This group includes representatives from HR, finance, commercial, commissioning and communications. Discussions have taken place with Invicta Law who are sighted in the programme and will be involved as needed.

11.4 The Assistant Director for Integrated Commissioning is leading the Transformation Programme Delivery Group which reports to the Steering Group. The Assistant Director also engages with relevant parties such as; communication teams, commissioners, performance and Consultants in Public Health.

12. Risks

12.1 Delivery within timeframes – A project management approach is being applied to the transformation work, and a dedicated Project Manager and Project Officer have been recruited. Contracts that are expiring soonest, with less risk are being reviewed first, giving enough time to more complex/riskier contracts. This is particularly important with the new Provider Selection Regime (PSR) legislation that is at present, untested.

12.2 Resources – capacity of staff and stakeholders to engage in the programme of work within the timescales, given the majority of work is within existing resources. At present there is a risk of internal staff having to manage significantly high pressured and more complex workloads without the proposed extensions in place. With the extensions in place, work will be challenging but more manageable.

12.3 Stability of workforce – developing a sustainable workforce is key to being able to deliver services efficiently, effectively and safely. The new Provider Selection Regime (PSR) legislation, changes in the health system landscape and the uncertainty of future contracts is a risk that could result in de-stabilising the workforce (leading to high staff turnover and loss of productivity). The proposed partnership extension will help to reduce some of these risks.

12.4 Provider stability – KCHFT provide services to KCC and also provide services to the NHS Kent and Medway Integrated Care Board. It is important that any change in KCC service provision is managed carefully to ensure there are no unintended consequences across the system or to the supplier. KCC's investment with KCHFT represents a significant proportion of their revenue[4] and as such potential service change, needs to be carefully considered.

12.5 Costs – the preferred new service models cannot exceed current financial allocations and the methodology will utilise cost effective approaches.

[4] **KCC's investment into KCHFT represents 17% of their revenue, based on 2022 financial year.**

However, if budgets are not set high enough then there may not be a market to deliver services.

12.6 Limited opportunities to deliver savings – with increased demand and caseloads across Public Health being more complex, there may be reduced opportunities for the programme to deliver financial savings.

12.7 Missing opportunities to jointly commission – the result of moving ahead at pace (without an extension) to procure new contracts could result in missing out on potential future joint commissioning opportunities, resulting in continued and fragmented commissioning. Ongoing conversation with other commissioners and extending the partnerships will help to mitigate this risk.

12.8 External funding security – a series of additional investments have supported enhancement and development of new services. This includes Start for Life, substance misuse, weight management and stop smoking services. In addition, the Public Health Grant allocation and income for NHS pay (for commissioned health services) is often received annually. Lack of clarity on future funding levels makes it challenging to confirm budgets for these services. Mitigations will include; contractual break clauses and pricing reviews.

12.9 Changes in national guidance – for example, national policy or programme guidance for delivery. To mitigate this, staff will engage with national networks and providers and develop mechanisms for managing change through contracts.

12.10 In summary, due to the complexity and number of components within Public Health services, combined with the changing commissioning arrangements in the health system and the uncertainty that the new PSR legislation brings, enacting a contract extension will enable a longer term, more forward-thinking view that aligns with external factors (such as legislation and confirmation of budgets) and opportunities (such as joint commissioning).

13. Conclusions

13.1 The Public Health Service Transformation Programme presents an exciting opportunity to apply evidence-based thinking and collaboration to transform prevention services in Kent. The programme is well underway has, reviewed and collected data and evidence, delivered engagement workshops for providers and external stakeholders, beginning to review service option models and developing an accompanying business case.

13.2 Many of the services contained within the KCHFT partnership are currently being delivered to a high quality and the partnership is an effective mechanism for their delivery. KCC's investment in services, represents a significant proportion of KCHFT's revenue and changes to the partnership need to be managed carefully to avoid unintended consequences with the provider and across the system.

13.3 It is recommended that the partnership with KCHFT is extended for a maximum period of 12 months to secure stability across the workforce and services, through the period of Public Health Service Transformation. It is anticipated that not all services will use the full 12 month extension.

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14. Recommendations:

14.1 The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 2) to:

a) **EXTEND** the Kent Community Health NHS Foundation Trust (KCHFT) partnership for 12 months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

Contact details

Report Authors:	**Relevant Director**
Name: Chloe Nelson Job title: Senior Commissioner Email address: chloe.nelson2@kent.gov.uk Name: Vicky Tovey Job title: Assistant Director of Public Health Email address: Victoria.tovey@kent.gov.uk	Director: Dr Anjan Ghosh Job title: Director of Public Health Email address: anjan.ghosh@kent.gov.uk

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Appendix 1

Table 1. Kent Community Health NHS Foundation Trust (KCHF) Contract values

The below table sets out indicative values for these service for 2024/25.
We are currently finalising negotiations with the supplier to reflect the maximum contact values which is impacted by NHS pay which is set and agreed nationally.

The 2025/26 figures which form part of the extension are anticipated to be based on similar amounts but will be uplifted in line with national NHS pay increases which are anticipated to be included in the PH grant allocations.

These contracts have activity-based elements such as prescribing costs, costs for subcontractors and community venues which will be based on actual costs incurred and will impact the actual values.

An assumed vacancy factor will also be applied and managed through an open book accounting practise.

Contract title	**Indicative Maximum Contract values 2024/25***
Health Visiting Service	£23,751,268
School Public Health Services	£5,541,683
Health Improvement Including NHS Health Checks Tobacco control	£6,334,563
Sexual Health	£4,925,053
HIV including pharmacy	£1,106,724
Postural Stability services	£112,442
Oral Health	£151,298
Total	£41,923,030

Notes

- The Proposed Maximum Contract Values 24/25 have yet to be finally agreed with KCHFT and are therefore still subject to change.
- The figures include NHS Pay uplift for 24/25 based on 2% increase but exclude non-recurrent spend (which remains subject to KCC approval).
- The Proposed Maximum Contract Values 24/25 are based on 100% staffing levels. The actual expenditure for 24/25, based on open book accounting principles, is expected to be lower than the maximum figures above.
- Exact values will also be subject to performance levels delivered as some service costs are based on activity. This includes smoking prescribing, NHS health checks delivered etc.

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Dan Watkins, Cabinet Member for Adult Social Care and Public Health	24/00036

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision - KCHFT (Kent Community Health NHS Foundation Trust) partnership contract extension

Decision:

As Cabinet Member for Adult Social Care and Public Health I propose to:

(a) **EXTEND** the Kent Community Health NHS Foundation Trust (KCHFT) partnership for twelve months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

(b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

Reason(s) for decision:

The partnership contract with KCHFT is due to expire on 31st March 2025. A notice period of 6 months is required for contractual continuation / termination.

There are two partnership agreements that are Public Health funded, one partnership with Kent Community Health NHS Foundation Trust (KCHFT) and one with MTW (Maidstone and Tunbridge Wells NHS Trust).

The recommendation is to extend both partnerships for twelve months, from 1st April 2025 until 31st March 2026.

Public Health are undertaking a comprehensive review of Public Health funded services as part of a transformation programme. The programme of work is complex and many of the contracts expire at the same time. This is because they form part of a partnership with Kent Community Health Foundation Trust (KCHFT).

The proposal is to extend the KCHFT partnership so that the transformation work can continue, in a way that does not de-stabilise, service delivery, workforce and minimises the impact to staff, residents and providers. It also allows time for interdependencies and joint commissioning to be fully considered.

A partnership extension would help to:

- Minimise risk of destabilising the workforce; these are specialist roles and as the end of the contract approaches staff may choose to move organisation. The change of service model and/or supplier needs to be carefully managed.
- Maximise interdependencies – this is a complex programme with many interdependencies and sufficient time is needed to explore and consider these in full. For example, HIV commissioning which is currently part of this service but funded by NHSE (NHS England) and due to transfer to the ICB (NHS Kent and Medway Integrated Care Board).
- Allow time to balance resources of Public Health and Integrated Commissioning staff in KCC across a number of recommissioning programmes.
- Develop comprehensive business cases for alternative and financially costed service models.
- Develop understanding and application of new procurement legislation by taking a stagged approach across the transformation.
- Build further insights (both service user insights and insights with underserved communities who do not currently access services, but may benefit from accessing services)
- Build engagement with existing providers and other providers in the market and help to shape commissioning models.

New Provider Selection Regime (PSR) regulations came into force in January 2024 changes the way these healthcare services are procured and managed going forward.

The partnership extension would help ensure service stability, whilst fully exploring alternative service delivery options and putting new contracts in place.

During the transformation work, some services would not use the full twelve-month extension. New, staggered contract start dates would be put in place for services. Some services (substance misuse) are likely to start new contracts in January 2025, because there is little change in delivery and greater clarity on model. Other services may start new contracts later in the year, because they want to align with external commissioning opportunities or because there are opportunities to deliver the services differently by competitive procurement or insourcing.

All parties will remain committed to delivering efficiencies and financial savings in the extension year in line with current terms to ensure best value. KCC will closely monitor expenditure alongside performance.

The proposed twelve-month partnership extension would include contract break clauses.

Any substantive service change or updates required prior to the next partnership agreement decision would be managed via fresh decisions.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 14 May 2024 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

The alternative options, considered but disregarded include: -

1) Option 1 - Re-procuring services and putting in place new contracts for 1st April 2025. This option has been dis-regarded because there would be little time and officer capacity to ensure services offer the best value and will not allow time to explore alternative service delivery models. With the extension, the service and the workforce

will, as a result, not be de-stabilised and service quality will not be compromised.

2) Option 2 – Contracting outside of the partnership This option is not considered suitable in the short-term as the partnership offers Kent, high quality, stable services within a financial envelop that offers value for money, operating within a partnership. The risk of discontinuing these services in the partnership, at this time, could have an adverse impact on the provider, their workforces and quality.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

.....
date

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EQIA Submission – ID Number
Section A

EQIA Title
KCHFT Partnership extension

Responsible Officer
Chloe Nelson - CED SC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Victoria Tovey - CED SC

Type of Activity

Service Change
No
Service Redesign
No
Project/Programme
No
Commissioning/Procurement
Commissioning/Procurement
Strategy/Policy
No
Details of other Service Activity
No

Accountability and Responsibility

Directorate
Adult Social Care and Health
Responsible Service
Integrated Commissioning
Responsible Head of Service
Victoria Tovey - CED SC
Responsible Director
Anjan Ghosh - CED SC

Aims and Objectives

The partnership contract with KCHFT is due to expire on 31st March 2025. A notice period of 6 months is required for contractual continuation / termination.

There are two partnership agreements that are Public Health funded, one partnership with Kent Community Health Foundation Trust (KCHFT) and one with MTW (Maidstone Tunbridge Wells NHS Trust).

The recommendation is to extend both partnerships for twelve months, from 1st April 2025 until 31st March 2026.

Public Health are undertaking a comprehensive review of Public Health funded services as part of a transformation programme. The programme aims to improve services - their efficiency, sustainability and impact on targeting health inequalities. The services include; health visiting, school health, lifestyle services, NHS Health Checks, Postural Stability, sexual health.

The proposal is to extend the KCHFT partnership so that the transformation work can continue, in a way that does not de-stabilise, service delivery, workforce and minimises the impact to staff, residents and providers.

During this time there will be no change in service delivery.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

Consulted with current provider KCHFT.
Consulted internally with the Commercial Procurement Oversight Board and gained their approval.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

Do you have evidence that can help you understand the potential impact of your activity?

Incomplete, supporting evidence is required.

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

Staff/Volunteers

Residents/Communities/Citizens

No

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

KCHFT deliver a number of services as part of the partnership including; health visiting services, school health, sexual health, postural stability, NHS health checks and lifestyle services.

KCC Public Health are undergoing a transformation programme to help improve these services. The proposed partnership extension will help to stabilise services during the Public Health transformation process. The extension will allow -

- Continuation of high-quality services across Kent. Kent residents will be able to expect continued high-quality services.
- Opportunity to fully explore transformation across services to further enhance resident experiences.
- Performance and quality will continue to be monitored during the extension period.

An Equality Impact Assessment (EQIA) has been initiated for the contractual extension.

The contractual extension will not impact how services are delivered and residents will not experience a change because of the extension. Current evidence suggests that the services delivered by the partnership have a positive impact on the population and help to contribute to reducing health inequalities. As the Public Health transformation programme progresses EQIAs will be completed at a service-by-service level, to fully understand the potential impact of proposed service change, on individual services.

Negative impacts and Mitigating Actions
19.Negative Impacts and Mitigating actions for Age
Are there negative impacts for age?
No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval
Details of negative impacts for Age
Not Completed
Mitigating Actions for Age
Not Completed
Responsible Officer for Mitigating Actions – Age
Not Completed
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval
Details of Negative Impacts for Disability
Not Completed
Mitigating actions for Disability
Not Completed
Responsible Officer for Disability
Not Completed
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
Details of negative impacts for Sex
Not Completed
Mitigating actions for Sex
Not Completed
Responsible Officer for Sex
Not Completed
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Gender identity/transgender
Not Completed
Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed

Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed
Responsible Officer for mitigating actions for Religion and Belief
Not Completed
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Completed
Mitigating actions for Sexual Orientation
Not Completed
Responsible Officer for mitigating actions for Sexual Orientation
Not Completed
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Completed
Mitigating actions for Pregnancy and Maternity
Not Completed
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships
Not Completed
Mitigating actions for Marriage and Civil Partnerships
Not Completed
Responsible Officer for Marriage and Civil Partnerships
Not Completed
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer's responsibilities
Not Completed
Mitigating actions for Carer's responsibilities
Not Completed

Responsible Officer for Carer's responsibilities
Not Completed

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform Public Health Cabinet Committee, 14 May 2024

Subject: **Public Health Service Transformation and Partnerships: Maidstone and Tunbridge Wells NHS Trust**

Decision no: 24/00037

Key Decision:

- A county wide decision and effects more than two electoral divisions
- Involves expenditure of more than £1m

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member Decision

Electoral Division: All Kent electoral divisions

Is the decision eligible for call-in? Yes

Summary:

The Public Health Service Transformation programme aims to improve all services in receipt on the Public Health Grant, to ensure that services are efficient, evidence-based and deliver the outcomes and best value.

Good progress has been made on the programme, the work is now in the fourth phase, which is concerned with identifying potential alternative service delivery, options and drafting an outline business case. Due to the number of service areas being reviewed, the complexity and potential risks associated with transformation, the work will be planned and delivered in a phased approach.

The services within the scope of Public Health transformation delivered through a partnership agreement with Maidstone and Tunbridge Wells NHS Trust (MTW) are; West Kent Sexual Health services, HIV services and online sexual health testing.

The partnership (procured under regulation 12(7) the Public Contract Regulations 2015) has proved to be an effective mechanism to secure quality health services for Kent residents and has supported year on year efficiency savings. Other services within the scope of the transformation programme work span a range of providers including not for profit organisations, District councils and private suppliers.

To support the transformation work, it is recommended that a12-month extension to the MTW partnership is approved. This extension would help to maximise opportunities and minimise potential risks of the transformation programme, which could include de-stabilising workforce, impact to local residents and reduction in performance. During the extension period, the transformation work will continue and be delivered at pace in areas where complexity is low and the preferred model is clear. Where there is more risk and or complexity, the extension would allow time to fully consider the impacts. The committee will be presented with regular updates and changes to commissioning models for endorsement.

The extension will manage internal and external resources to deliver this work alongside business as usual and a number of strategic projects. The extension also allows for additional time to build on engagement with local markets, providers and stakeholders including residents, as applicable.

Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 2) to:

(a) **EXTEND** the Maidstone and Tunbridge Wells NHS Trust partnership for 12 months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

(b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

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1. Introduction

1.1 Kent County Council (KCC) Public Health is leading a transformation programme designed to maintain statutory requirements, improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and best value.

1.2 Future Public Health services need to be innovative, sustainable, and responsive to the needs of our changing communities, and actively contributing to KCC's Securing Kent's Future[1]. The programme provides an exciting opportunity to review twenty-one service areas with the aim of improving future services for Kent residents.

[1] **https://democracy.kent.gov.uk/documents/s121235/Securing%20Kents%20Future%20-%20Budget%20Recovery%20Strategy.pdf**

1.3 The last time services were reviewed in this way was 2017 and there is a real need to enhance and improve these key preventative services and respond to changing needs and emerging issues in the population.

1.4 Health Reform Public Health Cabinet Committee were previously updated on the transformation programme in September 2023, January and March 2024. Further updates and details of changes will continue to be shared to ensure the committee is able to shape and engage with this programme of work.

2. Background and Scope

2.1 Public Health funds a range of prevention services which can play a key role in preventing ill health and associated costs. Services within the Public Health portfolio include; the Kent Health Visiting Service, Sexual Health Services including pharmacy and the condom programme and psychosexual therapy, Postural Stability, Adult Lifestyle Services including NHS Health Checks and Substance Misuse.

2.2 Significant care is needed to maintain statutory services delivered to Kent residents, ensure workforce is not destabilised and manage internal and external staffing resources associated with the change. There are many opportunities to better embed prevention and enhance impact such as a greater focus on promotion positive oral health or education on vaping.

2.3 Services in the scope of the transformation programme are:

- Public Health Commissioned Services
- Grant Funded Projects (e.g. Health Living Centres)
- Public Health funding to other KCC departments / services that supports delivery of Public Health outcomes

2.4 Overall, the performance of services within the partnership are very good and Key Performance Indicators are, in the main consistently met. However, there are always opportunities to improve, innovate and respond to support best value demands, whilst also responding to changes in the macro environment.

2.5 The review of services is a normal part of the commissioning cycle and Public Health contracts are continually monitored to drive continuous improvements. However, the transformation work aims to support opportunities, look across services and consider how maximising impact through better supporting cross cutting themes, gaps or new evidence.

2.6 Whilst the aims of this programme are not primarily financially driven (other than ensuring an overall balanced budget), value for money and efficiency of the services funded is integral to the outcomes of this work. As such, financial savings may be delivered through identifying and delivering new innovative approaches.

2.7 The programme is complex with many interdependencies such as NHS Kent and Medway Integrated Care Board (ICB) recommissioning of community services, family hubs and Office for Health Improvement and Disparities (OHID) grants. There are also many cross-cutting themes such as training, property and digital.

3. Public Health Transformation Programme

3.1 Progress to date:

3.1.1 The transformation programme commenced in July 2023 and has completed the first three phases; planning, information gathering and delivering a series of engagement workshops. It is now in its fourth stage and progress is listed below:

- Phase 1 – Planning. Phase one consisted of planning and preparing for the transformation programme project; recruiting the Project Manager and developing the project methodology.

- Phase 2 – Evidence and information gathering. For each Public Health service area a proforma has been produced, which contains; performance data, benchmarking data, a review of the current model, outcomes evidence, insight that exists and needs assessment information. In total, twenty-one proformas have been produced and gone through a quality assurance process.

- Phase 3 – Engagement workshops. Following the collection of evidence (as outlined above), engagement workshops for each service have been completed, where information was shared for discussion. Attendees consisted of Public Health consultants, commissioners, providers and key stakeholders from across the health system.

3.1.2 The purpose of the engagement workshops was to explore the future commissioning models for Public Health services. The feedback from these engagement workshops has been collated, with every provider/stakeholder having an opportunity to provide feedback. A new vision for each service has been developed from the workshops and themes have been identified, which will support the development of future options and inform specifications.

3.2 Planned work:

<u>Service User views</u>

3.2.1 The reach of people who benefit from Public Health services each year is large. Over the year in 2022/23 there were 58,000 MTW clinic-based attendances and 50,000 online sexual health testing kits ordered. Many of the people accessing these sexual health services will have experiences and views of how the service could be improved. Understanding the views of the people of Kent and those people who also use public health services will be

critical to the success of this project and feedback from people who use their services will be used to drive improvements.

Insight from Kent residents and underserved communities

3.2.2 Gathering feedback and insight from underserved communities can be challenging, but critical, so new insight work has been commissioned is due to conclude at the end of June 2024. The insight work will also be used to inform future approaches and service design. The researchers conducting the insight work will take the opportunity to talk with Kent residents and ask if they would like to participate in future engagement points along the programme i.e. when refining a preferred service option.

Outline business case development

3.2.3 The fourth stage (the current phase) of the programme involves using evidence collated earlier in the process, to start to develop an outline business case.

3.2.4 In this phase, information from the earlier phases i.e. the development of service area proformas (that included information on; benchmarking of outcomes and cost, performance, market analysis, insights) and the stakeholder engagement workshops (whereby stakeholders including current providers expressed their views of how services could be transformed), to create a list of potential, alternative service models that could be considered.

3.2.5 The business case will be informed by a robust options appraisal process. The options will be reviewed using a multi-criteria decision-making process. The programme has identified a number of Critical Success Factors (CSFs) and each potential service option will be assessed against each Critical Success Factor. These CSFs include evidence of cost effectiveness, measurable impacts, outputs and outcomes, demand reduction, tackling health inequalities, alignment of stakeholder and resident views and net financial savings. Each potential service model will be assessed against the Critical Success Factors and ranked and will be financially weighted. The short list of options, including a preferred option will be included within an outline business case.

3.2.6 The business case will set out a recommended commissioning model and includes Equality Impact Assessments (EQIAs) and Data Protection Impact Assessments (DPIAs). The outline business case will go through a series of quality checks and will be externally peer reviewed.

Local engagement

3.2.7 Following the development of the outline business case, local engagement will take place. The purpose of this phase is to; test the preferred model with parties and residents, to gain further feedback on services in scope, models being considered and on the preferred approach and to obtain feedback to refine the model.

3.3 After the local engagement phase, the preferred service model will be revised, in line with stakeholder and resident's views, where this is feasible (i.e. delivers the same outcomes within the financial envelope).

3.4 Consultation will then take place (if there is a significant change proposed), and then the commissioning plan and implementation will follow. In the latter stages of the programme a full business case will be produced. This business case will include; make, buy sell analysis, a commercial plan, management resources and an implementation plan. Alongside the development of the full business case, a specification will be developed.

4. Partnerships

4.1 Many of the services within the transformation programme expire at the same time (March 2025) as they form part of overarching partnership contracts with Kent Community Health Foundation Trust (KCHFT) and Maidstone and Tunbridge Wells (MTW) NHS Trust.

4.2 MTW entered in a Co-Operation Agreement with Kent County Council on 3rd May 2019 and this agreement expires on 31st March 2025. MTW provide KCC with West Kent sexual health services and online sexual health testing across the county.

4.3 The proposal set out in this paper is to extend the MTW partnership for 12 months and sits alongside an extension for other partnership services delivered via KCHFT. An extension for both partnerships would help to:

- Minimise risk of destabilising the workforce; these are specialist roles and as the end of the contract approaches staff may choose to move organisation. The change of service model and/or supplier needs to be carefully managed.

- Maximise interdependencies – this is a complex programme with many interdependencies and sufficient time is needed to explore and consider these in full. For example, HIV commissioning which is currently part of this service but funded by NHSE (NHS England) and due to transfer to the ICB (NHS Kent and Medway Integrated Care Board).

- Allow time to balance resources of Public Health and Integrated Commissioning staff in KCC across a number of recommissioning programmes.

- Develop comprehensive business cases for alternative service delivery models, including financial appraisals.

- Develop understanding and application of new procurement legislation by taking a stagged approach across the transformation.

- Build further insights (both service user insights and insights with underserved communities who do not currently access services, but may benefit from accessing services)

- Build engagement with existing providers and other providers in the market and help to shape commissioning models.

5. Public Health Transformation Programme timescales

5.1 The programme aims to return to Health Reform Public Health Cabinet Committee on 2 July 2024 to present an overview of the transformation programme timings for individual services, as well as presenting the proposed changes to Substance Misuse service model and the proposed procurement approach. All replacement services will be put in place between 31 March 2025 and 31 March 2026 or before.

6. Options considered and dismissed, and associated risks

6.1 Option 1 – Re-procuring services and putting in place new contracts for 1st April 2025. This option has been dis-regarded because there would be little time and officer capacity to ensure services offer the best value and will not allow time to explore alternative service delivery models. With the extension, the service and the workforce will, not be de-stabilised and service quality will not be compromised.

6.2 Option 2 – Contracting outside of the partnership. This option is not considered suitable in the short-term as the partnership offers Kent, high quality, stable services within a financial envelop that offers value for money, operating within a partnership. The risk of discontinuing these services in the partnership, at this time, could have an adverse impact on the provider, their workforces and quality.

6.3 The recommendation is to review services which are currently part of the partnership and re-procure with new service contracts in place before 31st March 2026.

6.4 Risks of not taking an extension on the MTW partnership include; potential workforce disruption, potential service disruption, Internal staff having to manage significantly high pressured and more complex workloads, uncertainty around timescales and timescales not being met.

7. Financial Implications

7.1 The investment of the Public Health grant into the KCC MTW partnership will be in the region of £6m. The exact amount will be dependent on the final pay settlement for NHS staff, activity levels of delivery and associated payments in addition to income from NHSE for HIV services.

7.2 All parties will remain committed to delivering efficiencies and financial savings in the extension year in line with current terms to ensure best value. KCC will closely monitor expenditure alongside performance.

7.3 There will continue to be regular review of service performance including quality, financial benchmarking, user feedback and analysis of the service offer against need. Commissioners will continue to monitor the arrangements and expect performance and statutory obligations to be maintained. Termination of the arrangement will be an option for both sides as a last resort.

7.4 Services within the partnership demonstrate strong evidence of reducing longer term health and social care costs and it will be important to ensure these services support areas of greatest impact.

7.5 The Kent Public Health Observatory conducted a review of the services within the Public Health portfolio and the Return on Investment (ROI) (Appendix 1) that those services generate (based on national data sources). National evidence indicates that;

- Online Sexually Transmitted Infections (STIs) Services produce a £2.5:£1 ROI,
- Long Active Renversable Contraception (LARC) Services £13.42:£1 ROI

7.6 There are ROI examples across the Public Health portfolio, demonstrating that these services, delivered within both partnerships represent value for money and are a good investment of the Public Health Grant.

8. Legal implications

8.1 On the basis that the main subject matter of the MTW partnership agreement is healthcare services, and providing that the agreement was entered into pursuant to regulation 12(7) of the Public Contracts Regulations 2015 (PCR"), this agreement falls to be treated as an agreement for healthcare services for the purposes of the Health Care Services (Provider Selection Regime) Regulations 2023 ("PSR").

8.2 The PSR regulations provide a few grounds for making a contract modification without having to follow a new PSR procurement process. Depending on the confirmation of the contract values involved, Regulation 13(1)(d) of the PSR provides a ground to rely upon for the agreement to be extended provided that the terms of the extension would not render the contract materially different in character and the cumulative change in the lifetime value of the contract since they it was entered into or concluded would be less than 25% of the lifetime value of the original contract when it was entered into or concluded, or below £500,000.

8.3 It should be noted that if relying upon this ground, the Council must submit a notice of the modification for publication on the UK e-notification service in relation to the agreement, within 30 days of the modification as the extension is worth more than £500,000.

8.4 Where the Council does rely on Regulation 13(1)(d) PSR, it needs to be aware that a 25% increase in the lifetime value of the original contracts must also be

considered alongside any increase in contract spend over the lifetime of the contract, so as not to exceed the 25% allowance.

8.5 The lifetime value of the MTW partnership from 2019/20 to 2024/25 is approximately £32m. The estimated value of the proposed MTW 12-month extension up to 31 March 2026 is in the region of £6m which is equivalent to nearly 19% of the lifetime value (and would therefore not exceed the 25% allowance).

9. Stakeholder engagement

9.1 The Public Health Service Transformation Programme is engaging with a variety of internal and external stakeholders, including service providers.

9.2 Internal KCC stakeholders include Corporate Management Team, Directorate, divisional management teams, as well as elected members.

9.3 External stakeholders include; district and borough councils, the Integrated Commissioning Board, current and potential suppliers, the Local Medical Committee, The Local Pharmacy Committee, Health Care Partnerships (HaCPs),Voluntary Community and Social Enterprise (VCSE), Police and Crime Commissioner and other local authorities.

9.4 The transformation programme will keep stakeholders informed about opportunities to feed into the programme, programme progress and key decisions.

10. Commercial considerations

10.1 The introduction of new procurement legislation, Provider Selection Regime (PSR) on the 1st January 2024, which applies to the procurement of healthcare services only, has resulted in the need to consider which procurement legislation applies for the given services Public Health are seeking to procure. The new legislation provides local authorities with greater flexibility to build on contracts where it can be demonstrated the provider is doing a good job.

10.2 Contracting mechanisms will need to provide the flexibility for both Commissioner and Provider to innovate to deliver new models of delivery, while ensuring controls are in place to protect Public Health investment.

10.3 Based on the analysis undertaken as part of the transformation programme, Public Health will seek to build on existing relationships where it is evident the provider is doing a good job and are delivering good value for the Kent resident, harnessing new procurement legislation as appropriate. Competitive processes will be undertaken to bring enhancements to contracts where appropriate.

10.4 The MTW partnership extension will support continuation of the specialist nature of the sexual health services and ensure continuity for residents and staff. There is a limited alternative market for these services and as such this extension allows additional time to support market engagement and development where required. Key commercial considerations include best

value, quality delivery and good performance and these will remain a key focus over the period of the extension.

10.5 The performance of sexual health services within the scope of the MTW partnership are regularly reported to the Health Reform Public Health Cabinet Committee and the services within the partnership consistently meet set targets for both quality and performance. User satisfaction remains high, and services are well managed.

11. Governance

11.1 All decisions relating to this programme of work will be taken in line with the council's governance processes and regular updates will be shared with this committee.

11.2 Details of the transformation work will be shared internally with the Directorate Management Team (DMT) and Corporate Management Team (CMT) as required.

11.3 The Director of Public Health is the Senior Responsible Officer and will provide strategic leadership to the programme through the Public Health Service Transformation Steering Group. This group includes representatives from HR, finance, commercial, commissioning and communications. Discussions have taken place with Invicta Law who are sighted in the programme and will be involved as needed.

11.4 The Assistant Director for Integrated Commissioning is leading the Transformation Programme Delivery Group which reports to the Steering Group. The Assistant Director also engages with relevant parties such as; communication teams, commissioners, performance and Consultants in Public Health.

12. Risks

12.1 Delivery within timeframes – A project management approach is being applied to the transformation work, and a dedicated Project Manager and Project Officer have been recruited. Contracts that are expiring soonest, with less risk are being reviewed first, giving enough time to more complex/riskier contracts. This is particularly important with the new Provider Selection Regime (PSR) legislation that is at present, untested.

12.2 Resources – capacity of staff and stakeholders to engage in the programme of work within the timescales, given the majority of work is within existing resources. internal staff having to manage significantly high pressured and more complex workloads. With the extensions in place, work will be challenging but more manageable.

12.3 Stability of workforce – developing a sustainable workforce is key to being able to deliver services efficiently, effectively and safely. The new Provider Selection Regime (PSR) legislation, changes in the health system landscape and the uncertainty of future contracts is a risk that could result in de-stabilising the workforce (leading to high staff turnover and loss of

productivity). The proposed partnership extension will help to reduce some of these risks.

12.4 Costs – the preferred new service models cannot exceed current financial allocations and the methodology will utilise cost effective approaches. However, if budgets are not set high enough then there may not be a market to deliver services.

12.5 Limited opportunities to deliver savings – with increased demand and caseloads across Public Health being more complex, there may be reduced opportunities for the programme to deliver financial savings.

12.6 Missing opportunities to jointly commission – the result of moving ahead at pace (without an extension) to procure new contracts could result in missing out on potential future joint commissioning opportunities, resulting in continued and fragmented commissioning. Ongoing conversation with other commissioners and extending the partnerships will help to mitigate this risk.

12.7 External funding security – a series of additional investments have supported enhancement and development of new services. This includes Start for Life, substance misuse, weight management and stop smoking services. In addition, the Public Health Grant allocation and income for NHS pay (for commissioned health services) is often received annually. Lack of clarity on future funding levels makes it challenging to confirm budgets for these services. Mitigations will include; contractual break clauses and pricing reviews.

12.8 Changes in national guidance – for example, national policy or programme guidance for delivery. To mitigate this, staff will engage with national networks and providers and develop mechanisms for managing change through contracts.

12.9 In summary, due to the complexity and number of components within Public Health services, combined with the changing commissioning arrangements in the health system and the uncertainty that the new PSR legislation brings, enacting a contract extension will enable a longer term, more forward-thinking view that aligns with external factors (such as legislation and confirmation of budgets) and opportunities (such as joint commissioning).

13. Conclusions

13.1 The Public Health Service Transformation Programme presents an exciting opportunity to apply evidence-based thinking and collaboration to transform prevention services in Kent. The programme is well underway has, reviewed and collected data and evidence, delivered engagement workshops for providers and external stakeholders, beginning to review service option models and developing an accompanying business case.

13.2 The West Kent Sexual Health services, HIV services and the online sexual health testing service are highly specialised services, being delivered to a high quality. The MTW partnership currently provides an effective and efficient mechanism for their delivery and provides value for money. It is recommended

that the MTW partnership is extended for a maximum period of 12 months to secure stability across services and the workforce and to allow sufficient time to consider all the interdependencies and risks.

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14. Recommendation:

14.1 The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 2) to:

(a) **EXTEND** the Maidstone and Tunbridge Wells NHS Trust partnership for 12 months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

(b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

Contact details

Report Authors: Name: Chloe Nelson Job title: Senior Commissioner Email address: chloe.nelson2@kent.gov.uk Name: Vicky Tovey Job title: Assistant Director of Public Health Email address: Victoria.tovey@kent.gov.uk	Director: Dr Anjan Ghosh Job title: Director of Public Health Email address: anjan.ghosh@kent.gov.uk

Appendix 1

Table 1. Maidstone and Tunbridge Wells NHS Trust (MTW) Contract Value (Estimated)

	2024/25
West Kent Integrated Sexual Health Services, including HIV and online sexual health testing.	£6m*

Notes

* The MTW Contract Value for 24/25 has yet to be agreed with MTW and is therefore still subject to change. It is in the region of £6m.

* The figures include NHS Pay uplift for 24/25 based on 2% increase but exclude non-recurrent spend (which remains subject to KCC approval).

* Exact values will also be subject to performance levels delivered as some service costs are based on activity.

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Dan Watkins, Cabinet Member for Adult Social Care and Public Health	24/00037

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Subject Matter / Title of Decision – Extend the MTW partnership (for 12 months) from 1st April 2025 until 31st March 2026.

Decision:

As Cabinet Member for Adult Social Care and Public Health I propose to:

(a) **EXTEND** the MTW (Maidstone and Tunbridge Wells NHS Trust) partnership for twelve months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

(b) **DELEGATE** authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

Reason(s) for decision:

Kent County Council (KCC) Public Health is leading a transformation programme designed to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that services are efficient, evidence-based, deliver outcomes and best value.

Many of the services within the transformation programme expire at the same time (March 2025) as they form part of an overarching partnership contracts with Kent Community Health NHS Foundation Trust (KCHFT) and Maidstone and Tunbridge Wells (MTW) NHS Trust.

MTW entered in a Co-Operation Agreement with Kent County Council on 3rd May 2019 and this agreement expires on 31st March 2025.

MTW provide KCC with West Kent sexual health services across the county.

The West Kent Sexual Health services, HIV services and the online sexual health testing service are highly specialised services, being delivered to a high quality.

The MTW partnership currently provides an effective and efficient mechanism for their delivery and provides value for money. It is recommended that the MTW partnership is extended for a maximum period of twelve months to secure stability across services and the workforce and to allow sufficient time to consider all the interdependencies and risks, whilst the transformation work continues.

A partnership extension would help to:

- Minimise risk of destabilising the workforce; these are specialist roles and as the end of the contract approaches staff may choose to move organisation. The change of service model and/or supplier needs to be carefully managed.
- Maximise interdependencies – this is a complex programme with many interdependencies and sufficient time is needed to explore and consider these in full. For example, HIV commissioning which is currently part of this service but funded by NHSE (NHS England) and due to transfer to the ICB (NHS Kent and Medway Integrated Care Board).
- Allow time to balance resources of Public Health and Integrated Commissioning staff in KCC across a number of recommissioning programmes.
- Develop comprehensive business cases for alternative service delivery models, including financial appraisals.
- Develop understanding and application of new procurement legislation by taking a stagged approach across the transformation.
- Build further insights (both service user insights and insights with underserved communities who do not currently access services, but may benefit from accessing services)
- Build engagement with existing providers and other providers in the market and help to shape commissioning models.

All parties will remain committed to delivering efficiencies and financial savings in the extension year in line with current terms to ensure best value.

KCC will closely monitor expenditure alongside performance.

The proposed twelve-month partnership extension would include contract break clauses.

Any substantive service change or updates required prior to the next partnership agreement decision would be managed via fresh decisions.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 14 May 2024 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

The alternative options, considered but disregarded include: -

1) Option 1 – Re-procuring services and putting in place new contracts for 1st April 2025. This option has been dis-regarded because there would be little time and officer capacity to ensure services offer the best value and will not allow time to explore alternative service delivery models. With the extension, the service and the workforce will, as a result, not be de-stabilised and service quality will not be compromised.

2) Option 2 – Contracting outside of the partnership This option is not considered suitable in the short-term as the partnership offers Kent, high quality, stable services within a financial envelop that offers value for money, operating within a partnership. The risk of discontinuing these services in the partnership, at this time, could have an adverse impact on the provider, their workforces and quality.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

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EQIA Submission – ID Number

Section A

EQIA Title
MTW Partnership extension

Responsible Officer
Chloe Nelson - CED SC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Victoria Tovey - CED SC

Type of Activity

Service Change
No

Service Redesign
No

Project/Programme
No

Commissioning/Procurement
Commissioning/Procurement

Strategy/Policy
No

Details of other Service Activity
No

Accountability and Responsibility

Directorate
Adult Social Care and Health

Responsible Service
Integrated commissioning

Responsible Head of Service
Victoria Tovey - CED SC

Responsible Director
Anjan Ghosh - CED SC

Aims and Objectives

MTW (Maidstone Tunbridge Wells NHS Trust) deliver; integrated sexual health services, HIV services, sexual health online testing across Kent.

The partnership extension is being proposed to ensure service stability and continuation during the Public Health Transformation programme (due to complete March 2026).

During this time the service will remain the same and the extension will help to stabilise and ensure the continuation of high quality, specialised services in Kent.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?
Yes

It is possible to get the data in a timely and cost effective way?
Yes

Is there national evidence/data that you can use?
Yes

Have you consulted with stakeholders?
Yes

Who have you involved, consulted and engaged with?

The Public Health Transformation programme have engaged with providers and stakeholders through workshops.

Research has been commissioned to understand how Kent residents (and underserved groups) would like to access services.

Further local engagement will take place i.e. focus groups, continued dialogue with market providers etc.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

Do you have evidence that can help you understand the potential impact of your activity?

Incomplete, supporting evidence is required.

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

Staff/Volunteers

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

MTW provide West Kent Sexual health services including, integrated sexual health services, online sexual health testing, HIV services. KCC and MTW have been in partnership delivering these services since 2019.

Extending the MTW partnership will have a positive impact by ensuring the continuation of high-quality services across Kent (and simultaneously assessing alternative service delivery models through the Public Health transformation programme.

Residents across West Kent will continue to receive high quality sexual health services delivered by MTW (Maidstone and Tunbridge Wells NHS Trust).

The contractual extension will not impact how services are delivered and residents will not experience a change because of the extension.

Current evidence suggests that the services delivered by the partnership have a positive impact on the population and help to contribute to reducing health inequalities.

As the Public Health transformation programme progresses EQIAs will be completed at a service-by-service level, to fully understand the potential impact of proposed service change, on individual services.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Age
Not Completed
Mitigating Actions for Age
Not Completed
Responsible Officer for Mitigating Actions – Age
Not Completed
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval
Details of Negative Impacts for Disability
Not Completed
Mitigating actions for Disability
Not Completed
Responsible Officer for Disability
Not Completed
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval
Details of negative impacts for Sex
Not Completed
Mitigating actions for Sex
Not Completed
Responsible Officer for Sex
Not Completed
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Gender identity/transgender
Not Completed
Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed
Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed
Responsible Officer for mitigating actions for Religion and Belief
Not Completed
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Completed
Mitigating actions for Sexual Orientation
Not Completed
Responsible Officer for mitigating actions for Sexual Orientation
Not Completed
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Completed
Mitigating actions for Pregnancy and Maternity
Not Completed
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships
Not Completed
Mitigating actions for Marriage and Civil Partnerships
Not Completed
Responsible Officer for Marriage and Civil Partnerships
Not Completed
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer's responsibilities
Not Completed
Mitigating actions for Carer's responsibilities
Not Completed
Responsible Officer for Carer's responsibilities
Not Completed

From:	Dan Watkins, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee - 14 May 2024
Subject:	**Performance Management Overview: Public Health Commissioned Services**
Classification:	Unrestricted

Summary: This paper provides an overview of the Key Performance Indicators for Public Health commissioned services which Kent County Council commission, including the approach of the Kent Analytics performance team to the selection and target setting of Key Performance Indicators.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the approach being taken to Key Performance Indicator selection and target setting.

1. Introduction

1.1. This paper provides an overview of the Key Performance Indicators (KPIs) for the Public Health services which Kent County Council (KCC) commission (see: https://www.kent.gov.uk/social-care-and-health/health), including our approach to KPI selection and target setting.

1.2. The paper includes a subset of KPIs which are presented to the Cabinet via the KCC Quarterly Performance Report (QPR). The KPIs represent the key performance measures for monitoring mandated services and align with strategic priorities. They provide a clear focus which facilitates discussion, enabling better-informed decisions to drive the continuous improvement of service performance, quality, and effectiveness.

2. Approach

2.1. The process for performance management is outlined in the Performance Management Toolkit available to Public Health colleagues. This includes additional guidance such as the ten principles of good performance management and their impact on performance, guidance on target setting, the performance management framework, and the performance management cycle. This information is further covered in detail in the Commissioning Handbook available to Public Health colleagues.

2.2. For Public Health commissioned services, performance measures for each contract should be designed to meet the specific requirements of each service

and should be clearly explained in the tender documentation. This is to ensure suppliers are fully aware of the performance measures through which the contract will be monitored before it is awarded. All performance measures should be SMART (Specific, Measurable, Attainable, Realistic and Timely) and must enable effective monitoring of the following:

- value for money
- performance against contract and customer satisfaction levels
- added value and benefits realised
- delivery capacity
- relationship strength

2.3. The Public Health commissioned services therefore include a number of performance metrics ("business-as-usual" measures) and KPIs (critical measures). Of note, the underlying data includes evidence in two forms, numerical (or quantitative data) and case studies or insight (qualitative data). For some services, performance measures are available at a finer level of geographic granularity (e.g., district level). The further underlying data provides a useful way of considering performance which extends beyond the high-level KPIs presented in the Health Refrom and Public Health Cabinet Committee (HRPHCC) paper. However, as regularly noted by members of this committee, local variation would need to be tracked and monitored through normal contract management processes.

2.4. Kent Analytics (Performance and Analytics) work closely with Public Health colleagues and providers to monitor the performance of commissioned services. Service-specific dashboards, including current and historic performance, trend analysis, benchmarking and [where available] forecasting, and ad-hoc analysis are produced by Kent Analytics to provide Public Health colleagues with the information they need to make decisions and encourage positive change through contract monitoring. This encourages performance management to be a dynamic process.

2.5. KPIs for Public Health commissioned services are agreed through the annual business planning cycle and performance against targets is regularly reported to Cabinet Committees (HRPHCC) and Cabinet (QPR). The KPIs are selected to align with the priorities of each service, as well as areas identified through needs analysis, national guidelines, the Public Health Outcomes Framework, or policy. For example, the Smoking Cessation Service has a target to engage with Routine and Manual Smokers as these are a group with higher smoking prevalence who may not always engage.

2.6. Target setting of KPIs typically involves using one or a combination of historical performance data and trends and benchmarking (national, regional, nearest neighbour), where they are not determined by national guidance of budgetary restrictions, to ensure they are SMART. Increasing targets to support continuous improvements is always considered but needs to be balanced alongside practical restraints, for example, do staff have enough hours in the working day to undertake additional activity or will the budget fund additional consumables?

2.7. Thresholds (upper and lower limits) of desired performance around a target value are determined for KPIs. These thresholds are used to create the boundaries related to the RAG ratings as below:

- Red (Poor): Performance is below a pre-defined floor standard
- Amber (Satisfactory): Target level is not being achieved but performance is above the floor standard
- Green (Good): Target level is currently being achieved or exceeded.

2.8. These performance thresholds are periodically reviewed, particularly where providers are consistently RAG rated Green (Good) or Red (Poor), to ensure they are set at the right level. Where providers are consistently achieving KPIs, alternative KPIs are considered to encourage continuous improvement. Any necessary corrective actions are discussed at contract monitoring. This ensures KPIs remain challenging, relevant, and meaningful. Any changes to Public Health commissioned services KPIs require working in partnership with providers to get agreement and contract changes to be completed.

3. Key Performance Indicators: Commissioned Services

3.1. The following section provides a summarised overview of the KPIs covering the Public Health commissioned services, as presented in the HRPHCC paper and QPR. Each section covers the primary service aims and the rationale for KPI selection and the approach to target setting, with recent performance data presented in the Appendix 1 for context.

3.2. **Health Visiting:** The overarching aim of the service is to protect and promote the health and wellbeing of children aged 0–4 years. The National Institute for Health and Care Excellence (NICE) recognises the health visiting services have the potential to:

- build resilience and reduce costs later in life
- tackle inequalities and promote healthy lifestyles

3.3 Health visitors lead the Healthy Child Programme, the key element of which is the five universal health and wellbeing reviews: Antenatal health promoting review, new baby review, six to eight-week review, nine to twelve months developmental review, and the two to two-and-a-half-year developmental review.

3.4 The selected KPIs for the service report the level of activity related to the five universal health and wellbeing reviews, and the proportion of each review being delivered within the suggested timeframes. The information used to inform target setting for both KPIs includes historic performance data (trends) and national and similar local authority benchmarking data.

3.5 To use the Health Visiting Service as an illustrative example of the underlying data captured for Public Health commissioned services, there are a large number of KPIs and metrics which are captured and reviewed as part of

contract management. This includes activity and outcomes metrics such as the number of healthy child clinics held or the proportion of children partially/fully breastfed at six to eight weeks, quality metrics such as patient experience (satisfaction rate) and workforce compliance with mandatory training, and financial metrics such as the agency spend and total spend. These are available at the district level for the Health Visiting Service.

3.6 **Substance Misuse:** Helping people overcome drug and/or alcohol dependence and/or harm reduction are the primary aims of the Substance Misuse Service. To monitor and assess the effectiveness of the treatment and recovery services, both of the KPIs (PH03 [Adults] and PH13 [Young People]) focus on the successful completion of structured treatment. Those people achieving this outcome demonstrate a significant improvement in health and wellbeing, including increased longevity, reduced blood-borne virus transmission, reduced alcohol-related illnesses and hospital admissions, and improved mental health.

3.7 Furthermore, developing resilience, particularly in young people, leads to improved life skills and the ability to make better choices. These KPIs align with those present in the outcomes framework within both the Kent Drug and Alcohol Strategy and the UK Government strategy (From Harm to Hope).

3.8 The information used to inform target setting for both KPIs includes historic performance data (trends) and national and similar local authority benchmarking data.

3.9 **Health Checks:** The NHS Health Check programme aims to prevent heart disease, stroke, diabetes, and kidney disease. It targets people aged 40–74 who have not been diagnosed with a pre-existing condition. These people receive an invitation once every five years for an NHS health check. During the check, their risk of the aforementioned conditions is assessed and they receive advice to reduce or manage their risk. Prevention and earlier detection of disease can improve the quality of life and outcomes for people in addition to saving money for the wider health system and reducing future demand on staff resource. Encouraging participation is crucial.

3.10 Therefore, the KPI measures the effectiveness of the NHS Health Check programme by monitoring the uptake of these checks. The target (23,844) has regularly been reviewed to recover performance towards pre-COVID levels but the target is determined by the budget available, and the capacity of primary care and core provider.

3.11 **Smoking Cessation:** The primary aim of the service is to deliver a programme to smokers who wish to quit and achieve a successful quit rate. Smoking has been proven to cause premature death and a range of adverse health outcomes. It is also a major risk factor for social deprivation and health inequalities.

3.12 The KPI measures the effectiveness of the Smoking Cessation Service in converting people from setting a quit date to quitting. Quitting is the ultimate

aim rather than simply engagement in the service. The information used to inform target setting for the KPI includes historic performance data (trends) and national and similar local authority benchmarking data.

3.13 **One You Kent:** The primary aims of the service (Healthy Lifestyle Service and Weight Management Service) are to promote healthier lifestyles amongst the Kent population with the broader objectives of:

- extending life expectancy through prevention of chronic conditions such as obesity, cardiovascular diseases, and diabetes
- reducing health inequalities
- reducing avoidable demand on the health and care system in Kent
- signposting people to relevant community support options
- support people in reaching and maintaining a healthy Body Mass Index (BMI).

3.14 The service has a target to predominantly support people from Quintiles 1 and 2 as research suggests people living in deprivation tend to have more unhealthy lifestyle behaviours. Therefore, the selected KPI encourages the providers to focus on those most in need of assistance and those with no fixed abode who may not be able to access other mainstream services. Historic performance data (trends) is used to inform the target setting for this KPI. The challenge with a KPI of this type is that the current model is open access and as such providers will see people who are referred or self-refer to the service. Despite targeted marketing and delivery, the performance against this KPI can therefore be challenging for suppliers.

3.15 **Sexual Health:** The Integrated Sexual Health Service seeks to improve sexual and reproductive health by ensuring people have timely access to high-quality services. Key service outcomes include:

- increasing the proportion of new first-time patients receiving a full sexual health screen
- improving the detection rates of Sexually Transmitted Infections (STIs)

3.16 Knowledge of STI status leads to improvements in quality of life for individuals but importantly reduces the risk of onward transmission. The current KPI assures that newly opened episodes of care (i.e., new first-time patients) are offered a full sexual health screen, with the purpose of improving detection rates. Historic performance data (trends) is used to inform the target setting for this KPI.

3.17 **Live Well Kent & Medway:** The vision of the Community Mental Health and Wellbeing Service (Live Well Kent and Medway) is to keep people well and provide an holistic offer of support for people living with and without a mental health diagnosis. The service supports people with a Common Mental Illness (such as depression and anxiety) and/or Serious Mental Illness (such as schizophrenia or psychosis) to prevent the escalation of need and also provide support as part of their recovery journey. The primary aims, therefore, are to aid recovery and prevent relapse, improve health and social care outcomes for

people with poor mental health and wellbeing, prevent suicide, and reduce the stigma of mental illness.

3.18 The current performance measure assesses the satisfaction of people using the service, via a recommendation measure, which is directly linked to a positive experience of support. Therefore, this indirectly measures the service effectiveness. Historic performance data (trends) is used to inform the target setting for this KPI.

3.19 This is a jointly commissioned service with Kent and Medway NHS Integrated Care Board (ICB).

3.20 **National Child Measurement Programme:** The primary purposes of the National Child Measurement Programme (NCMP) are to:

- provide robust data on the child weight status of eligible children in reception class (age 4–5) and year six (age 10–11) to understand obesity prevalence and inform related commissioning
- provide parents (or carers) with feedback on their child's weight status and further information regarding where to access relevant support and advice

3.21 Understanding NCMP participation rates is therefore crucial for achieving these purposes and promoting child health and wellbeing. The selected KPIs for NCMP provide this data. The information used to inform target setting for both KPIs includes historic performance data (trends) and national and similar local authority benchmarking data. The current target (92%) for both targets exceeds the suggested target (90%) in the latest NCMP operational guidance.

4 Performance paper changes for 2024–25

4.1 The following changes to the HRPHCC paper for 2024–25:

- the KPIs for the Public Health commissioned services are to be reviewed with the relevant commissioner(s) and provider(s), with KPI selection and target setting aligned to current service priorities and demand. The KPI proposals will be brought to the next Cabinet Committee (July 2024)
- the HRPHCC paper is to include, where available, historical trend analysis, national benchmarking data, and nearest neighbour comparisons within the appendix to provide context for the Kent data
- the HRPHCC paper is to include detailed geographic data on an ad-hoc basis where available and appropriate, for example for persistently red and/or non-improving KPIs
- the Health Intelligence team (Kent Public Health Observatory) will provide data to cover strategic indicators aligned with the five shared outcomes in the Integrated Care Strategy for Kent & Medway as below:
    - Give children and young people the best start in life
    - Tackle the wider determinants to prevent ill health
    - Supporting happy and healthy living

- Empower people to best manage their health conditions
- Improve health and care services

5 Conclusion

5.1 This paper provides an overview of the Key Performance Indicators for Public Health commissioned services which Kent County Council commission, including the approach of the Kent Analytics performance team to the selection and target setting of Key Performance Indicators. Furthermore, this paper covers the expected changes to the HRPHCC paper, which will be included as part of the full report (Q4 23–24) presented to the next Cabinet Committee (July 2024).

6 Recommendation

6.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the approach being taken to Key Performance Indicator selection and target setting.

7 Background Documents

7.1 None

8 Appendices

8.1 Appendix 1: Public Health commissioned services KPIs and activity.

9. Report Authors

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Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPIs	Target 22/23	Target 23/24	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	68,000	69,082 (G)	68,852 (G)	68,713 (G)	68,579 (G)	68,050 (G)	⇩
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,656 53%(G)	1,706 57%(G)	1,901 56%(G)	1,754 54%(G)	1,561 52%(G)	⇩
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	3,868 93%(A)	3,463 93%(A)	3,550 94%(A)	3,730 94.6%(A)	3,604 94%(A)	⇔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,899 91%(G)	3,453 90%(G)	3,472 93%(G)	3,768 94%(G)	3,650 93%(G)	⇩
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,139 52%	1,812 50%	1,866 52%	2,043 52%	1,971 52%	⇔
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	4,119 92%(G)	3,896 93%(G)	3,796 92%(G)	4,004 93%(G)	4,088 93%(G)	⇔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,452 86%(G)	3,417 85%(G)	3,536 89%(G)	3,578 91%(G)	3,818 93%(G)	⇧
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	27 77%(A)	37 90%(G)	37 88%(G)	53 84%(A)	52 84%(A)	⇔
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,306 26%(G)	1,275 25%(G)	1,291 25%(G)	1,349 26%(G)	1,407 26%(G)	⇔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	23,844	23,844	22,255 (A)	25,114 (G)	26,565 (G)	28,722 (G)	30,188 (G)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	691 57%(G)	786 54%(A)	612 54%(A)	690 50%(A)	690 58%(G)	⇧
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,494 54%(A)	1,929 59%(G)	1,794 62%(G)	1,833 52%(A)	1,896 58%(G)	⇧
Sexual Health	PH24: No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	7,954 96%(G)	8,230 98%(G)	8,517 98%(G)	8,643 98%(G)	8,458 99%(G)	⇧

Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	388 99%(G)	721 99%(G)	nca	271 99.6%(G)	250 97%(A)	⇩

Commissioned services annual activity

Indicator description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	DoT
PH09: Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	93% (G)	⇧
PH10: Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	90% (G)	⇧
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	198,980	36,093	76,093	79,583	96,323	121,437	-
PH06: Number of adults accessing structured treatment substance misuse services	4,466	4,900	5,053	4,944	5,108	5,084	⇩
PH07: Number accessing KCC commissioned sexual health service clinics	75,694	76,264	71,543	58,457	65,166	58,012	⇩

** In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities to achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

Key:

RAG Ratings

(G) GREEN	Target has been achieved
(A) AMBER	Floor Standard achieved but Target has not been met
(R) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

**Relates to two most recent time frames

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

From: Dan Watkins Cabinet Member for Adult Social Care and Public Health

Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 14th May 2024

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

Classification: Unrestricted

Summary:
This report provides members of the Health Reform and Public Health Cabinet Committee 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 Kent and Medway Integrated Care 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. Given that the Kent area covers most of the Integrated Care System's footprint, having a single strategy for the health and wellbeing of the population of Kent will provide clarity and ensure that all partners are focused on delivering the shared outcomes that have been identified.

In order to capture what action is in train, and is required, across the whole system to deliver the outcomes agreed, a system wide Shared Delivery Plan is being 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, will endeavour 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 being used to develop the plan, as well as how it might provide assurance to the Committee alongside the measures in the associated log-frame matrix. Crucially, delivery and its ownership must sit with sovereign organisations and local systems with the Shared Delivery Plan being a composite of all actions owned by partners across the system.

Recommendation(s):
The Health Reform and Public Health Cabinet Committee is asked to:

1) **NOTE** the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy
2) **SUPPORT** the continued development of the Shared Delivery Plan, alongside the log-frame matrix, to support assurance on delivery of the Integrated Care Strategy.

1. Introduction

1.1 Following partner agreement and commitment to the Integrated Care Strategy refresh, 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 is therefore being 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 additionally meets the requirements of the NHS Joint Forward Plan. The draft plan is being developed in conjunction with the log-frame matrix which outlines the key health improvements we wish to see. The draft log-frame is attached as Appendix 1.

1.3 The Draft Shared Delivery Plan is attached as Appendix 2. It is still in development and this paper outlines the approach that will be taken to continue this development and agree a delivery plan for the Integrated Care Strategy/Joint Health and Wellbeing Strategy.

2. The Shared Delivery Plan

2.1 The Draft 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 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. This is not an exhaustive list but aims to include significant or appropriate areas of work.

2.3 Ensuring delivery of these plans, and monitoring of progress towards this, will remain with the identified lead partners. 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. The Joint Forward Plan

3.1 The NHS is required to develop a Joint Forward Plan

3.2 Updated NHS England guidance was published in December 2023 on the production of Joint Forward Plans (JFP). The guidance encourages systems to “use the JFP to set out a shared delivery plan for the ICP integrated care

strategy". It is planned that the Shared Delivery Plan additionally fulfils the major requirements of the JFP.

3.3 The guidance also lists a number of legislative duties the JFP must meet, which are either in the remit of the Shared Delivery Plan or readily addressed through the addition of a short appendix and links to supporting documentation such as the NHS Operational Plan.

4. Development of the Plan

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

- Health and Care Partnership (HCP) input. Health and Care Partnerships are developing plans which both deliver the Integrated Care Strategy and respond to their local population need. Some of these plans have been included in the draft and more information will be added as it becomes available. 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 a likely high level of progress by the end of May and will need to be reflected in the draft as soon as they are available.

- Voluntary sector services. Discussions will be had with voluntary sector representatives and HCPs, VCSE alliance leads on how their contribution to the delivery of the strategy will be reflected in the plan.

- Kent County Council divisional business plans for 2024/25 are in development and significant relevant activity that will contribute to delivery will be reflected in the draft.

- Further work is ongoing with the Police and Crime Commissioner, Kent Housing Group and the KALC to capture their plans that will help delivery of the Strategy.

- Kent Joint Local Health and Wellbeing Strategy reporting. Since the Integrated Care Strategy is also the Kent JLHWS the reporting routes for this will be reflected in the plan.

- Medway Joint Local Health and Wellbeing Strategy alignment. Whilst there is clear alignment between the Medway JLHWS and the draft plan, as the plan for JLHWS develops it will need to be clearly referenced.

- NHS Operational Plan links. This is in development, with a May deadline. Information will be included as it becomes available.

4.2 Following reflections from the Integrated Care Partnership, the project team will also continue to share the draft with a wide range of stakeholders to seek input, feedback and support for the plan. The aim is to complete the plan by the end of May.

5. Monitoring Delivery

5.1 Members will wish to consider how best the Health Reform and Public Health Cabinet Committee is kept sighted on and can contribute to the delivery of this important plan.

5.2 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.

5.3 The Shared Delivery Plan will be a useful tool to coordinate and provide 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.

5.4 A number of mechanisms are being set up to support the ICP in this role which will additionally provide assurance:

- The ICP will receive updates on the strategic indicators developed through the log-frame matrix, this is likely to be annually.

- From April, the ICP will receive regular updates from the Inequalities, Prevention and Population Health (IPPH) committee which will cover a significant amount of the activity across the system to deliver the shared outcomes.

- Thematic discussions / deep dives on particular areas of interest within the shared outcomes are being proposed as part of the new approach for ICP meetings.

6. Financial Implications

6.1 The Integrated Care Strategy Delivery Plan sets out the key actions underway and planned within the system to improve meet health and wellbeing.

6.2 It is recognised that this work is taking place against a background of serious financial challenges and increasing need for services and support.

6.3 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.

7. Legal implications

7.1 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.

8. Equalities implications

8.1 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.

8.2 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.

8.3 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.

9. Conclusions

9.1 As noted above the Draft 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 log-frame matrix.

9.2 The Committee is asked to consider whether the Shared Delivery Plan meets the assurance requirements of a delivery plan for the Integrated Care Strategy

9.3 Partners are also asked to consider the role they play in delivering the strategy and how this could be reflected in the developing plan.

10. Recommendation(s):

10.1 The Health Reform and Public Health Cabinet Committee is asked to:

1) **NOTE** the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy
2) **SUPPORT** the continued development of the Shared Delivery Plan, alongside the log-frame matrix, to support assurance on delivery of the Integrated Care Strategy.

11. Appendices

1: Draft Kent and Medway Integrated Care Strategy Log-frame Matrix
2: Draft Kent and Medway Integrated Care Strategy Shared Delivery Plan

12. Contact details

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Logframe Matrix for the Kent and Medway Integrated Care Strategy

■ Indicators highlighted grey are still work in progress.

Contents

Kent and Medway Integrated Care System

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.	Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government. English indices of deprivation. Align more closely with best performing CIPFA nearest neighbours in 2019. Swindon (Medway) and Hampshire (Kent).	
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.	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). *Align more closely with best performing CIPFA nearest neighbours in 2018-20. Swindon (Medway) and Hampshire (Kent).*	
G.3	Health life expectancy		Explore adding healthy life expectancy indicator in the future. The ONS healthy life expectancy publication on 26 March doesn't have data at Upper Tier Local Authority (UTLA) level. This is because of the robustness of data from the Annual Population Survey. ONS are working on improving the survey methodology and sample sizes and hope to reinstate UTLA level data at the end of the year.
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.	Deprivation: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government. English indices of deprivation. Ethnicity: Nomis. Office for National Statistics. Census. TS021 - Ethnic group. *Match CIPFA nearest neighbours in 2019. Swindon (Medway) and Hampshire (Kent).*	

Kent and Medway Integrated Care System

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. Public health profiles - OHID (phe.org.uk)	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. https://www.gov.uk/government/collections/children-in-low-income-families-local-area-statistics *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.*	

Kent and Medway Integrated Care System

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%. Included in strategy.	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%. Included in strategy.	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 attainment gap (in terms of percentage of pupils who met the expected standard in RWM at Key Stage 2) between SEN and non-SEN pupils will be better than the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback. Indicator wording and level of ambition still to be approved by all partners. In 2022/23, the K&M average gap was 50% (the same as England).
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 groups will be 5 points lower than the national average. Included in strategy.	Department for Education (DfE): Pupils' attainment across eight government approved qualifications. In line with best performing CIPFA nearest neighbour in 2021/22	
1.6	By 2028/29, the attainment gap (in terms of percentage of pupils who met the expected standard in RWM at Key Stage 2) between SEN and non-SEN pupils will be better than the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback. Indicator wording and level of ambition still to be approved by all partners. In 2022/23, the K&M average gap was 50% (the same as England).
1.7	By 2028/29, the attainment gap (in terms of average attainment 8 scores) between the disadvantaged and non-disadvantaged pupils will be similar to the national average.	Department for Education (DfE)	New indicator added following stakeholder feedback. Indicator wording and level of ambition still to be approved by all partners. In 2022/23, the K&M average gap was 14% compared to 11% across England.
1.8	By 2028 pupil absence rates will have fallen from 7.9% in 2021/22 to below 5%. Included in strategy.	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.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
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.
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%. Included in strategy.	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. Indicator wording and level of ambition to be approved all partners.
1.19	By 2028, the rate of children in need is similar to the national average (within 5%).	Department for Education (DfE)	New indicator added following stakeholder feedback. Indicator wording and level of ambition to be approved all partners. Also suggested that this should be a goal level indicator.
1.20	By 2028, the rate of children subject to a child protection plan is similar to national average (within 5%).	Department for Education (DfE)	New indicator added following stakeholder feedback. Indicator wording and level of ambition to be approved all partners. Also suggested that this should be a goal level indicator.
1.21	By 2028, the rate of children in care is similar to the national average (within 5%).	Department for Education (DfE)	New indicator added following stakeholder feedback. Indicator wording and level of ambition to be approved all partners. Also suggested that this should be a goal level indicator.

Kent and Medway Integrated Care System

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. Included in strategy.	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. Included in strategy.	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. Included in strategy.	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. Safeguarding adults. 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	All NHS organisations and local authorities will make progress towards their net-zero targets. Included in strategy.		This indicator is being taken to the Kent and Medway Strategic Environment and Sustainability Steering Group to clarify if this indicator can be made SMART.
2.7	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.	OHID. Fingertips. Indicator ID: 93736.	Looking to replace this indicator with something that is more outcome focused. To be discussed with the Kent Housing Group.
2.8	By 2028, the rate of serious violence will be lower or similar compared to the national average.	OHID. Fingertips. Indicator ID: 11202.	Indicator amended to focus on serious violence following stakeholder feedback.
2.9	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. Also suggested that this should be a purpose level indicator.
2.10	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%. Included in strategy.	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%. Included in strategy.	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 rates of overweight and obesity in adults in 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	
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. Included in strategy.	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 have reduced by at least 1.5% to the rate it was in 2018 (4,556 per 100,000). Included in strategy.	OBH FD33	Data source will need to change.
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). Included in strategy.	OBH DM49	Data source will need to change.

No.	Objectively verifiable indicators (OVIs)	Means of verification (MOV)	Notes
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. Included in strategy.		
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%. Bowel cancer screening programme standards.	OHID. Fingertips. Indicator ID: 91720.	
3.16	By 2028, cervical cancer screening will meet or exceed the national acceptable performance level of 80%. Cervical screening programme screening standards.	OHID. Fingertips. Indicator ID: 93560 & 93561.	
3.17	By 2028, breast cancer screening will meet or exceed the national acceptable performance level of 70%. Breast screening programme screening standards.	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. Learning Disabilities Health Check Scheme.	New indicator added following stakeholder feedback. Indicator wording and level of ambition to be approved by partners.

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%. Included in strategy.	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%. Included in strategy.	Survey of Adult Carers in England (SACE) 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		This is a suggested new indicator. Wording to be amended to also reflect the number of people in treatment.
4.7	By 2025, the rising trend in the percentage of days disrupted by hospital care for those with long term conditions will have reversed since April 2021. Included in strategy.		Due to data source changes, it has been suggested that this indicator is replaced with: 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. New indicator TBC.
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. Included in strategy.		

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. Included in strategy.	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. Included in strategy.	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. Included in strategy.	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 in line with the national average (2021/22: Medway lower at 61.7%). Included in strategy.	Office for Health Improvement and Disparities (OHID). Fingertips. Indicator ID: 90584. NHS Digital. ASCOF indicator 2B(1).	Wording amended slightly following stakeholder feedback: 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%).

Kent and Medway Integrated Care System

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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Kent and Medway Integrated Care System

Kent and Medway Integrated Care Strategy

Shared Delivery Plan 2024 - 2026

Draft Version 1.8

29 April 2024

Kent and Medway Integrated Care System

Shared Delivery Plan Contents Page

Kent and Medway Integrated Care System

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.

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.

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.

Kent and Medway Integrated Care System

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.

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

Kent and Medway Integrated Care System

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.*

Kent and Medway Integrated Care System

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 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 bringing 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.*

- 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					
• 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 could 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 Counselling Service	Children and Young People Vision Statement	Family Hubs	SEND Accelerated Progress Plan	Healthy weight
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 & 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.	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. 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.	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. 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. The programme is due to be launched in March 2024, with wider partnership integration and sustainability planning taking place later in the year.	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. 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.	Dartford, Gravesham and Swanley HCP is prioritising Children & 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.
	Vision Statement co-produced, agreed and shared **May 2024**	**Launch Family Hub programme** **March 2024**	**Delivery of Accelerated Progress Plan (APP)** **March 2025**	

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

Reduce the % of children living in poverty

Strategies / plans in place to deliver	Led by / responsible
Economic framework Financial hardship programme – KCC Framing Kent's Future	Kent County Council (KCC)
Kent Association of Local Councils (KALC) cost of living initiatives	Local District Council/Vol sector Cost of Living work

Improve and join up access to local support for families

Strategies / plans in place to deliver	Led by / responsible
Family Hub Programme – Medway & KCC	K&M Children and Young People Programme Board Codesign with partners in districts

Ensure access to benefits for families

Strategies / plans in place to deliver	Led by / responsible
Financial Hardship Programme – KCC	Kent Public Health Team
Family Hub Programme – Medway & KCC	K&M Children and Young People Programme Board

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

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	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 % children who are obese and overweight	K&M Children and Young People Programme Board, Dartford, Gravesham and Swanley Health and Care Partnership
Core20PLUS5 project • National Institute for Heath and Care Excellence (NICE) Guidance NG18: Diabetes in CYP: Diagnosis & Management • Implementation of Diabetes Technology Appraisal (Hybrid-closed systems) • NHSE CYP Epilepsy National Bundle of Care • NHSE CYP Asthma Bundle of Care	NHS Kent and Medway K&M Children and Young People Programme Board
Libraries Business Plan	KCC - Growth, Environment and Transport (GET)
Developer Contributions Guide	KCC - Growth, Environment and Transport (GET)

Give more support to those more likely to experience poorer outcomes

Strategies / plans in place to deliver	Led by / responsible
Children in Care Strategy – KCC Interest Company (CIC) chapter update	Kent Public Health Team
Medway Joint Strategic Needs Assessment (JSNA) Community	Medway Public Health Team
Refugee resettlement programmes	ICB Asylum Accommodation Working Group
Looked After Children project area	K&M Children and Young People Programme 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

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
West Kent Health and Care Partnership children's mental health programme	West Kent Health and Care Partnership

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	Safeguarding Boards
Community Safety Plans Kent Community Safety Agreement and Action Plan	Kent Community Safety Partnership (CSP)

Improve levels of physical activity in young people

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

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 % 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	IPPH Prevention Subcommittee
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

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

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	IPPH Prevention Subcommittee Kent Public Health Team
Medway Oral Health Strategy	Medway Public Health Team Medway Oral Health Strategy Group
Trading Standards & KSS Business Plan & Community Wardens	Kent County Council

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	Medway's Children's Safeguarding Partnership

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	Kent Public Health Team
Family Hubs	Kent Public Health Team Medway Public Health Team

Support access to high quality nursery education

Strategies / plans in place to deliver	Led by / responsible
KCC Early Years and Childcare strategy in development	Kent County Council

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	Kent County Council Kent Children Young People and Education (CYPE)
Family Hubs	Kent Public Health Team Medway Public Health Team
Libraries Registrations and Archives Business Plan	KCC GET

Tackle low school attendance reducing pupil absence

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan - KCC	Kent County Council

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	Kent County Council

Ensure young people are skilled and ready for adult life

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan – KCC	Kent County Council
Framing Kent's Future	Kent County Council
Libraries Registrations and Archives Business Plan	Kent County Council

Improve pupil attainment measured through average attainment 8 scores

Strategies / plans in place to deliver	Led by / responsible
School Improvement Plan – KCC	Kent County Council

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 LDA Strategy	Learning Disability and Autism Delivery Partnership
Home to school transport	Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board , KENT CC

Work with families with children & young people with SEND

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway LDA Strategy	Learning Disability and Autism Delivery Partnership Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board

Provide specialist SEND support with early identification and good coordination

Strategies / plans in place to deliver	Led by / responsible
Kent and Medway LDA Strategy	Learning Disability and Autism Delivery Partnership Kent SEND Improvement and Assurance Board, Medway SEND Partnership Board

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
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. 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.	'Move Together' is Kent and Medway's 2023 – 2027 strategy for sport and physical activity. The core vision is to get *more people, more active, more often.* 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.	The Duty requires specified authorities to work together through an agreed partnership arrangement to prevent and reduce serious violence. 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.	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. 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.	Each of the HCPs uses population health management 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. During 24/25 working in partnership, we will refresh our population health management roadmap to enable us to continue to build our knowledge and capabilities to fully embed population health management across all levels and sectors of our system.
Co-produced Work and Health Strategy March 2025	**Deliver 'Move Together' action plan March 2026**	**Serious Violence Prevention Board and Strategy established March 2025**	**System Wide Adaptation Strategy agreed March 2025**	**Deliver health inequalities funded projects and refresh population health roadmap March 2025**

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	K&M Economic Partnership (KMEP)
Framing Kent's Future-Priority 1 Levelling up	Inward Commission
Libraries, Registration & Archives (LRA) Business and Intellectual Property Centres (BIPC) Trading Standards Business Advice	Kent County Council Growth, Environment and Transport (GET)

Encourage all large employers to develop as anchor organisations

Strategies / plans in place to deliver	Led by / responsible
K&M Economic Framework	K&M Economic Partnership (KMEP) Kent and Medway Employment Task Force Kent County Council GET

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, Kent CC HROD
Green Plan, Procurement Policies, Social Value	Kent County Council GET Kent County Council Procurement and commissioning

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
K&M Economic Framework	Medway Council Benefits and Financial Welfare Team Kent CC GET
ICS Prevention Sub-Committee	Inequalities Prevention and Population Health Committee (IPPH)
KCC Financial Hardship Programme	Kent County Council
Framing Kent's Future	Kent County Council
Cost of living initiatives	Local District Councils KALC Local Health Alliances Voluntary sector
Libraries, Community Wardens	Kent County Council
Energy and Low Emissions Strategy	Kent County Council

Education and skills development for employment

Strategies / plans in place to deliver	Led by / responsible
K&M Economic Framework	Employment Taskforce
Local Skills Improvement Plan	KCC GET
Framing Kent's Future-Priority 1 Levelling up	KCC GET

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
K&M Economic Framework Local Skills Improvement Plan	Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Operational Delivery Groups

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 Kent County Council Adult Social Care
Research – HDRC	Medway Social Isolation and Loneliness Action Alliance
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	Kent County Council GET
Kent Cultural Strategy	Kent County Council - GET
Positive Wellbeing	Kent County Council - GET

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

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
Medway CSP Action Plan	Medway Community Safety Partnership
Kent Community Safety Strategy	Kent Community Safety Partnership (CSP), District CSPs, Office of Police and Crime Commissioner
Violence Reduction Unit	Office of Police and Crime Commissioner
Trading Standards Action	Trading Standards
Kent Design Guide	Kent CC GET

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 CSP Action Plan	Kent Community Safety Partnership
Medway CSP Action Plan	Medway Community Safety Partnership
Violence Reduction Unit	Office of Police and Crim Commissioner

Reduce level of substance misuse

Strategies / plans in place to deliver	Led by / responsible
Kent CSP Action Plan	Kent Community Safety Partnership
Medway CSP Action Plan	Medway Community Safety Partnership
Kent Drug and Alcohol Strategy	IPPH Prevention Subcommittee

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	IPPH Prevention Subcommittee
Kent Drug and Alcohol Strategy	Kent Substance Misuse Alliance Kent Public Health Team
Trading Standards	Kent County Council

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
IPPH Action Plan, Social Prescribing Strategy	NHS Kent and Medway, Kent CC Strategy, Policy and Relationships, PH, KCC Adult Social Care, KCC GET, ICB and HCPs
Medway and Swale Social Prescribing 5 Year Plan	Medway and Swale Social Prescribing Strategy Group
Community Wardens	Kent County Council - GET
Green Social Prescribing Network	Kent County Council GET
Kent Cultural Strategy	Kent County Council GET
Libraries	Kent County Council GET
Active Wellbeing	Kent County Council - GET

Voluntary and community capacity

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

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	Kent County Council GET
Medway Active Travel Group for strategies/plans in place	Medway Council Transport Service
Local Transport Plan (LTP 5) (Kent Cycling & Walking Infrastructure Plan)	Kent County Council GET
Carbon Net Zero	
Vision Zero' Road Safety Strategy	Kent County Council GET
Rights of Way Improvement Plan	Kent County Council GET
Kent and Medway Energy and Low Emissions Strategy	Kent County Council GET
Kent Environment Plan (2024 onwards)	Kent County Council GET
Kent Design Guide, Neighbourhood Plans & Strategic Planning Applications	Kent County Council 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	Kent County Council GET
Heritage Strategy	Kent County Council GET
Creative Estuary	Essex/Kent Partnership, Arts Council England
District led initiatives	District Councils
Cultural Planning Toolkit	
Priority Places	
Creative Health and Wellbeing Working Group	

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

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	Kent County Council 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	Kent County Council GET
Kent County Council Local Transport Plan	Kent County Council GET
Local Flood Risk Management Strategy	Kent CC GET , District Council Planning teams
Kent Waste Disposal Strategy	Kent County Council GET

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	Kent County Council GET
Medway Climate Change Action Plan	Medway Council
Framing Kent's Future-Priority 3 Environmental Step Change	Kent County Council GET
Local Transport Plan 5	Kent County Council GET
Local Flood Risk Management Strategy	Kent County Council GET
Kent Waste Disposal Strategy	Kent County Council 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	Kent Housing Group
Better Homes – Kent County Council	Kent County Council
Developer Contributions Guide	Kent County Council GET
Kent Design Guide	Kent County Council GET
Infrastructure Mapping Platform	Kent County Council GET
Local Housing Plans	District Council Planning Teams

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	Kent County Council Adult Social Care
Framing Kent's Future- Priority 4 New Models of Care and Support	Kent County Council Adult Social Care
Population Health Management Roadmap, Core20PLUS5	Turning the Tide Oversight Board
Mental Health Together Plus programme	MHLDA Provider Collaborative
Adult Social Care Strategy	Kent County Council Adult Social Care Medway Council Adult Social Care
Community Wardens	Kent County Council GET
Local Transport Plan 5	Kent County Council GET
Libraries	Kent County Council GET
Developer Contributions Guide	Kent County Council GET

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	MHLD Provider Collaborative
Good Day Programme	
Health Checks	ICB and HCPs
Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health	
Mental Health Together programme	MHLD Provider Collaborative
Learning Disability and Autism work plan	Learning Disability and Autism Delivery Partnership
Libraries	Kent County Council - GET
Move Together – Active Kent and Medway Strategy	Kent Public Health Team Medway Public Health Team

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/ICP
Individual Placement and Support service	MHLDA Provider Collaborative
Live Well Kent and Medway	
Employment Advisors in NHS Talking Therapies	

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 Operational Delivery Groups

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.

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

Priorities to deliver this outcome:
Together we will…

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.

Indicators for this outcome include:

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
We have a comprehensive strategy 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, the strategy aims 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.	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.	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. 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.	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. 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).	Frailty and supporting individuals to age well is a focus for each of the Health and Care Partnerships. 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. Medway & Swale HCP are focusing on community frailty. West Kent HCP are focusing on frailty and complex care.
Increase GP referrals by 10% **Launch of targeted campaigns e.g. vaping** **March 2025**		**Begin to work with the Criminal Justice System 2024/25**	**Deliver Kent and Medway suicide and self-harm prevention plan** **March 2025**	**Deliver HCP led frailty and ageing well programmes March 2025**

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	Inequalities, Prevention and Population Health Committee (IPPH) Prevention Subcommittee
Drug and Alcohol Strategy	IPPH Prevention Subcommittee
Social Prescribing Strategy	IPPH Inequalities Subcommittee
Population Health Management Roadmap	IPPH Population Health Subcommittee
NHS Long Term Plan (LTP) Tobacco Dependence Treatment Service Programme	IPPH Prevention Subcommittee
Stop smoking services	IPPH Prevention Subcommittee
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	Kent Public Health Team Medway Public Health Team
Trading Standards Activity	Kent County Council GET
Explore Kent	Kent County Council – GET
Public Rights of Way	Kent County Council – Growth, Environment and Transport (GET)
Country Parks & Countryside Partnerships	Kent County Council – GET
Safer Active Journeys (part of Road Safety & Active Travel)	Kent County Council – 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
Roll out of MECC	Kent Public Health Team Medway Public Health Team NHS Providers and Commissioners
Libraries, Positive Wellbeing, Community Wardens	Kent County Council - GET

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	Kent Public Health Team
A Better Medway	Medway Public Health Team
Move Together	Active Kent
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
Medway CSP Action Plan	Medway Community Safety Partnership
K&M Domestic Abuse Strategy	Domestic Abuse Partnership Board
Police and Crime Safety Strategy and Outcomes	Kent OPCC Kent Police
Tackling Violence Against Women and Girls Strategy	Kent Police

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	Kent County Council Adult Social Care
KMCR	All HCPs
Data sharing agreements	All HCPs
Integrated Neighbourhood teams	All HCPs
Personal Health Budgets (PHB's)	All HCPs
Engagement	All HCPs
Medway Adult Social Care strategy and Peoples Strategy	Medway Adult Social Care
Community Wardens	Kent County Council GET

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 Kent County Council Adult Social Care
Local dementia café work	Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Kent County Council Adult Social Care
Community Wardens, Libraries	Kent County Council – GET
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

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 & KCC Public Health
Gypsy, Roma and Traveller Service	Gypsy, Roma and Traveller Service-KCC GET

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	Kent County Council Adult Social Care Medway Council Adult Social Care
District Safeguarding Policies	KENT (Designated Safeguarding Lead) DSLs 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	Kent County Council Adult Social Care Kent Public Health
IPPH Prevention Subcommittee action plans	IPPH Prevention Subcommittee
Social Prescribing and Community Navigation Strategy	NHS Kent and Medway IPPH Committee Inequalities Subcommittee, Kent ASC, Kent Strategy, Policy and Engagement, Kent GET
Medway Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Move Together - Active Kent and Medway Strategy	Kent Public Health, KCC GET
Kent Cultural Strategy	Kent County Council GET
Positive Wellbeing	Kent County Council - GET
Community Wardens	Kent County Council GET
Libraries – Reading well collections	Kent County Council GET
Explore Kent	Kent County Council GET
Country Parks & Countryside Partnerships	Kent County Council GET
Safer Active Journeys	Kent County Council GET
Kent Karrier	Kent County Council GET

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
Locally based Commissioning Model	NHS K&M, providers and Health and Care Partnerships, Kent Adult Social Care
Kent County Council ASC Commissioning Strategy and Delivery Plan	Kent County Council Adult Social Care
Dementia Friendly communities	Kent County Council Adult Social Care, KALC, VCSE alliances, Districts, KCC Strategy, Policy and Relationships
Technology enabled care	Kent County Council Adult Social Care
Digital pathways and digital front door	Kent County Council Adult Social Care
Ageing Well	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	Kent County Council GET
Community Wardens	Kent County Council GET
Libraries	Kent County Council GET
Developer Contributions Guide	Kent County Council 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 providers
Health and Wellbeing Plans	District, Borough & Medway councils
Integrated Commissioning	Kent County Council Adult Social Care
Care and Support Pathways	Kent County Council Adult Social Care
Kent and Medway Care Record (KMCR)	NHS K&M and providers
Medway Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Frailty 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	
Mental Health Together	
Kent and Medway suicide and self-harm prevention strategy 2021-2025	Kent and Medway Suicide Prevention Strategic Oversight Board
Suicide Prevention Strategy - Kent County Council	Kent County Council

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 Operating Plan 2024/25	NHS Kent and Medway Improving Outcomes Board Subcommittee and NHS providers

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 Care Navigation	Carers' Short Break Services	Primary Care and Long-Term Condition Management
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. 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. 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.	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. 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.	Social Prescribing and Care 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. 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.	The Carers' Short Breaks Service is currently delivered by Crossroads Care Kent and is jointly funded by Kent County Council and the NHS Kent & Medway Integrated Care Board. The service provides replacement / respite care for carers so that they can take a break from their caring responsibilities. This service sits alongside several other commissioned services with the purpose of 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.	DGS HCP is prioritising primary and community care transformation, with Integrated Neighbourhood Teams a key component of this for 2024/25. Medway & Swale HCP is prioritising end to end pathway improvement across ambulatory care services as well as self-harm, frailty, INTs, cancer and dentistry. WKHCP is prioritising Long-Term Condition management over the next five years Each of the HCPs will support the implementation of the Primary Care Strategy
Integrated Neighbourhood Teams programme board and plan established **September 2024**	**Complete pilot programme – digital in adult social care** **March 2025**	**Implementation of the Social Prescribing and Care Navigation Strategy** **March 2025**	**Launch new model of Carers' Short Break Service aligned with Community Navigation Service** **April 2025**	**Delivery of HCP programmes and Primary Care Strategy** **March 2025**

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 Adult Social Care
Locality Based commissioning model	Kent Adult Social Care, NHS Kent and Medway
Integrated Neighbourhood Teams (INT)	NHS Kent and Medway and HCPs

Shared decision making to support individuals to achieve their goals

Strategies / plans in place to deliver	Led by / responsible
Self-Directed Support	Kent County Council Adult Social Care
Community Wardens	Kent County Council – Growth, Environment and Transport (GET)
Positive Wellbeing	Kent County Council – 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	Kent County Council Adult Social Care
Libraries	Kent County Council GET
Developer Contributions Guide	Kent County Council GET
Social Prescribing	Kent CC Adult Social care , KCC Strategy, Policy and Relationships, HCPs, VCS Alliances

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	HCPs
Long term condition management	HCPs
Community Wardens	Kent County Council GET
Positive Wellbeing	Kent County Council 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	Kent County Council Adult Social Care
Medway Joint Carers Strategy	
Libraries, Community Wardens	Kent County Council GET
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

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 could 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
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. 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.	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.	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.	Live Well Kent will continue to be jointly funded by Kent County Council, the Kent & 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. 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.	Transforming flow and discharge is an area of focus for each of the HCPs. They are aiming to improving access to the right service at the right time, including urgent and emergency care. Improvements to urgent and emergency care aim to support people to access the right care at the right place (including through Integrated Neighbourhood Temas (INTs)). This work includes same day emergency care, urgent treatment centre use, urgent community response team model, UEC navigation and winter planning. Community services transformation is a shared priority for the HCPs. This also supports flow.
Integrated model of rehabilitation, recovery and reablement care developed March 2025	**Revised Community Equipment Service launched May 2024**	**Continue to seek opportunities to develop joint commissioning March 2025**	**Deliver Live Well Kent programmes March 2025**	**Deliver Community transformation programme March 2025**

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 Adult Social Care
Care and Support pathways	Kent County Council Adult Social Care
Community Diagnostic Centres	ICB
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Community Transport Grant	Kent County Council – Growth, Environment and Transport (GET)
Developer Contributions Guide	Kent County Council – GET

Making best use of community assets to provide more local care

Strategies / plans in place to deliver	Led by / responsible
Build Resilient Communities	Kent County Council Strategy, Policy and Relationships, Adult Social Care, Public Health and GET. Kent Association of Local Councils (KALC), VCS Alliances
Micro-providers	KCC Strategy, Policy and Relationships
Social Prescribing Strategy	Kent County Council Strategy, Policy and Relationships, Adult Social Care, Public Health and GET. Kent Association of Local Councils (KALC), VCS Alliances NHS Kent and Medway
Self-directed support	Kent County Council Adult Social Care
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Transforming community services programme	
Green Social Prescribing	Kent County Council GET
Libraries	Kent County Council GET
Community Wardens	Kent County Council 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	Kent County Council Adult Social Care
Digital Front Door	Kent County Council Adult Social Care
Medway Council Adult Social Care strategy and Peoples Strategy	Medway Council Adult Social Care
Libraries E resources	Kent County Council GET

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	IPPH Prevention Subcommittee
NHS Operational Plan 2024/25	NHS Provider trusts

Identify and address any inequalities in access to elective care

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan 2024/25	NHS 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 providers, Health & Care Partnerships, Provider Collaboratives
Joint Commissioning	ICB, HCPs, KCC and Medway ASC and PH
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 providers, Health & Care Partnerships, Provider Collaboratives Kent County Council Adult Social Care

Discharge to their home with relevant reablement, recovery and rehab

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and providers, Health & Care Partnerships, Provider Collaboratives Kent County Council Adult Social Care

System winter planning, making use of collective resource

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and providers, Health & Care Partnerships, Provider Collaboratives Kent County Council Adult Social Care
Better Care Fund	
Resilience and preparedness	Kent County Council 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
WK HCP Adult Mental Health programme	WK 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	IPPH Committee
Mental Health delivery plan	MHLDA Provider Collaborative KCC Public Health Medway Public Health
Mental Health Concordat	NHS K&M and providers
Kent and Medway Local Transformation Plan for Children and Young People	K&M Children and Young People's Programme Board MHLDA Provider Collaborative

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, Kent County Council Adult Social Care, HCPs
Integrated Commissioning	Health and Care Partnerships, Kent County Council Adult Social Care
KMCR	
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
Establish Community Diagnostic Centres	NHS K and M

Improve Outcomes and Experience

Strategies / plans in place to deliver	Led by / responsible
NHS Operational Plan	NHS K&M and providers
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

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
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.	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. 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.	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. 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.	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. 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.	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. 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. Each of the HCPs recognise workforce as a key enabler to achieving their priorities.
Develop the Health and Care Academy as a Community Interest Company **March 2025**	**Create a partner Workforce Sharing Agreement** **March 2025**	**Develop the Health and Wellbeing website offer and promotion to staff** **March 2025**	**Use good practice examples to improve the reporting and response to staff harassment** **March 2025**	**Deliver HCP workforce plans** **March 2025**

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
KCC Human Resources & Organisation Development	Medway Council HR
K&M ICS People Strategy	NHS Kent and Medway People Directorate
HCP Specific Plans	HCPs

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
Empower our workforce to use research evidence		
	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
	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
Establish better ways to collaborate		
	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
Environmental sustainability		
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
Best use of our estate		
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.

What we have committed to	Strategies / plans in place to deliver	Led by
Involve people from all walks of life and through multiple channels		
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

Drafting note: may replace table with narrative regarding commitment and approaches
To be updated following Comms plan to SOG

Kent and Medway Integrated Care System

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.

Kent and Medway Integrated Care System

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

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.

Kent and Medway Integrated Care System

Drafting note – HCP annual plans still to be fully reflected

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 sub-committee of the Integrated Care Partnership.

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

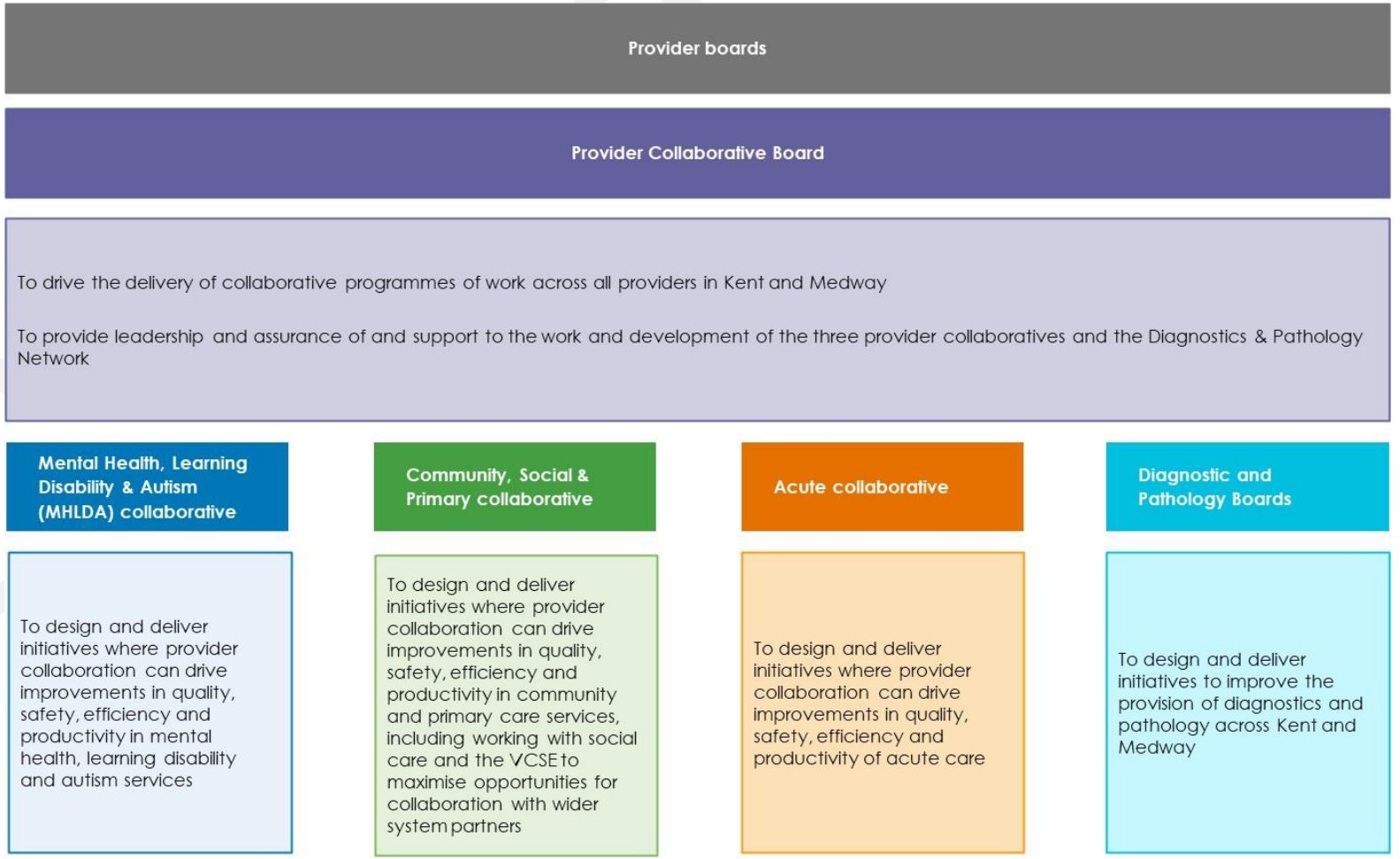
Partnership working – NHS Provider Collaboratives

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



Kent and Medway Integrated Care System

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 including a range of voluntary and community sector leaders as well as 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

Kent and Medway Integrated Care System

Partnership Working – Voluntary and Community Sector

There is a huge VCS capacity across Kent and Medway with thousands of organisations and tens of thousands of volunteers playing a crucial role in improving health and wellbeing. The importance of the VCS in terms of understanding and addressing specific local needs and the acceptability and accessibility of VCS services is recognised, as is the current challenges to the sector in attracting and retaining resources.

The VCS across Kent and Medway is supported through local VCS Alliances that allow local VCS groups to meet and engage.

At district level, VCS partners are key members of local Alliances.

To be completed following VCSE Health alliance discussion

Kent and Medway Integrated Care System

Commissioning in Collaboration

Collaboration is not new, and 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.

Kent and Medway Integrated Care System

Delivering Services Together

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

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.

Kent and Medway Integrated Care System

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.

All HCPs priorities for 2024/25	Dartford, Gravesham & Swanley HCP	East Kent HCP	Medway & Swale HCP	West Kent HCP
• Flow and discharge (SO 5) • Health inequalities (SO 2) • Integrated Neighbourhood Teams (SO 4) • Transforming community services (SO 5) • Frailty (SO 3)	• Children and Young People – inequalities, improvement in health, particularly obesity (SO 1) • Ageing and dying well (SO 3) • Primary and community care improvement and integration (SO 4)	• Integrated Neighbourhood teams (SO 4) • Urgent and Emergency Care (SO 5) • Population health management (SO 2)	• Transforming flow and discharge (SO 5) • Community frailty (SO 3) • Health inequalities (SO 2) • Financial control incorporating population health management, ambulatory care services, self-harm, cancer, INTs & dentistry (SO 2, 4,5)	• Frailty & complex care (SO 3, 5) • Adult and Children's mental health (SO 5, 1) • Integrated Neighbourhood Teams (SO 4) • Health Inequalities (SO 2) • Discharge & Flow (SO 5)

Kent and Medway Integrated Care System

Summary of District & Borough Health and Wellbeing Plans

District	Priorities for 2024 to 2026
Ashford	• Housing (SO 2) • Young people (SO 1) • Substance misuse (SO 3)
Canterbury	• . • . • .
Dartford	• . • . • .
Dover	• . • . • .
Folkestone & Hythe	• Ageing Well (SO 3) • Prevention (SO 1,2,3,4) • Building Community Capacity (SO 1,2,3,4)
Gravesham	• Homelessness and Vulnerable groups (SO 1,2) • Youth health (SO 1) • Low income and ethnic minority families (SO 1,2)

District	Priorities for 2024 to 2026
Maidstone	• . • . • .
Sevenoaks	• Addressing the wider determinants of health (SO 2) • Promoting healthy behaviours (SO 3) • Leveraging the power of communities and Places (SO 1,2,3,4)
Swale	• Community (SO 2) • Economy (SO 2) • Environment (SO 2) • Health & Housing (SO 2)
Thanet	• . • . • .
Tonbridge & Malling	• . • . • .
Tunbridge Wells	• . • . • .

Kent and Medway Integrated Care System

Kent Association of Local Councils (KALC) priorities for action

Priority
Cost of Living
Loneliness
People with dementia and their carers
Physical Activity
Weight Loss

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.

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.

GET and the ICS Outcomes

Outcome 2
Tackle the wider determinants to prevent ill health

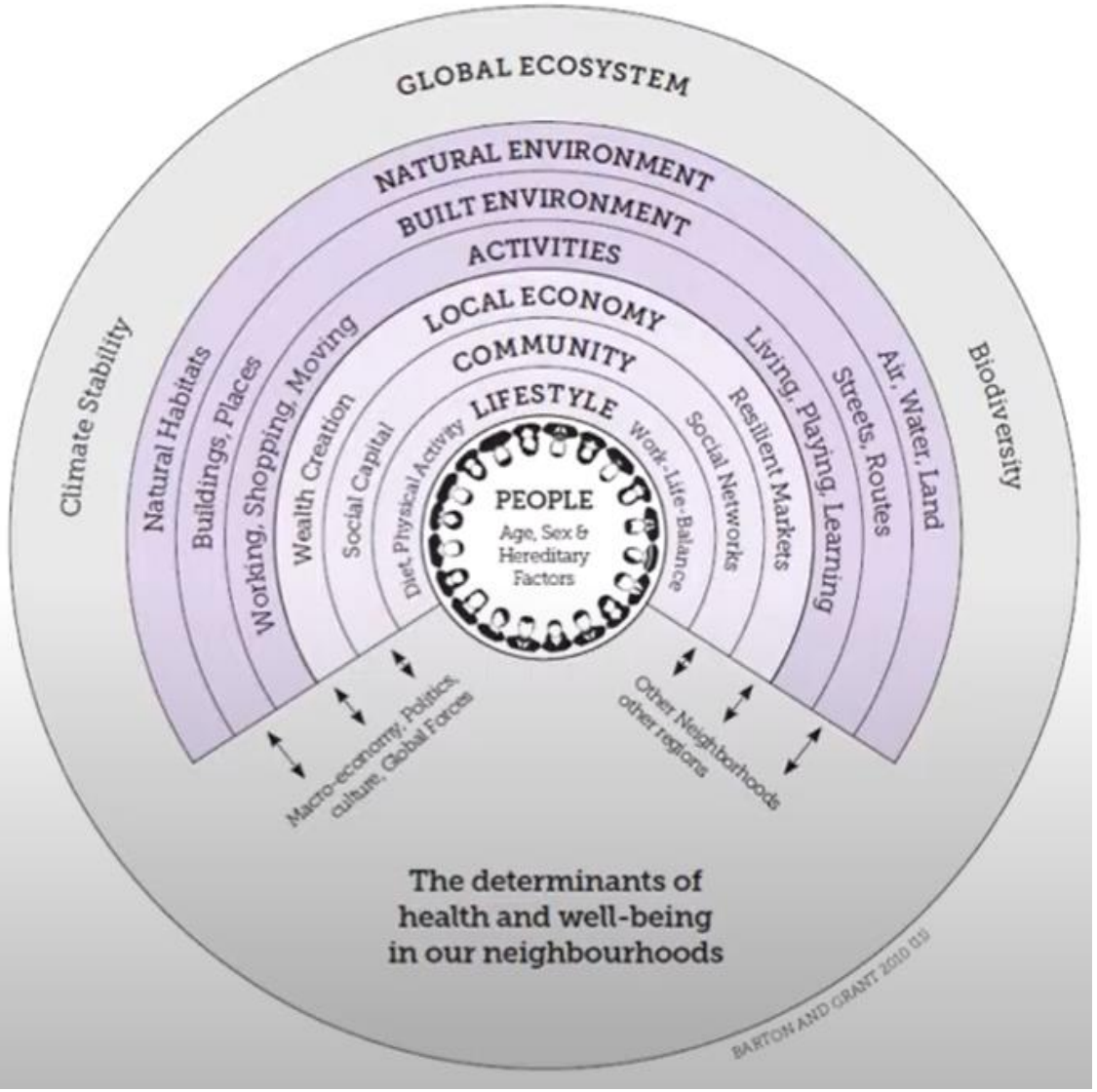
All services in GET play a crucial role in preventing illness and promoting overall health and well-being by addressing the social, economic, and environmental factors that influence health. GET services work systemically to create conditions that support people to grow, work, live and age well, and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

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

Environmental services in GET tackle climate change which is now the context in which we need to protect health from environmental hazards and infectious diseases and will determine future risks to health. Whilst everyone will be at some risk from adverse health impacts from climate change, the 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 through their 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 community services. This sustainable approach equips communities with the skills they need to flourish and be resilient, thus avoiding the inequitable conditions that disadvantages health in the first place.

Highways and Transportation services offer essential, safe and reliable transport links to health, 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 traffic congestion and promote active travel contributes to the reduction of injuries and promotion of 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.

Kent and Medway Integrated Care System

? Insert infographics – 24/25 budget info

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.

Kent and Medway Integrated Care System

Drafting note: To be updated following Comms plan to SOG

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 or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP

Kent and Medway Integrated Care System

Appendices

1. Logframe matrix
2. NHS Operating Plan 2024/25 which includes *(or will be added separately if it doesn't)*:
   - delegated commissioning plans,
   - capital plan links,
   - continuous improvement approach
   - system quality priorities
   - digital inclusion
   - further reference to choice and personalised care
3. Kent and Medway NHS Strategy development?

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 14 May 2024

Subject: **Work Programme 2024**

Classification: Unrestricted

Past and Future Pathway of Paper: Standard agenda item

Summary: This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2024.

1. Introduction

1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.

1.2 Whilst the chairman, in consultation with the cabinet members, is responsible for the programme's fine tuning, this item gives all members of this cabinet committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme

2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.

2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.

2.3 The schedule of commissioning activity which falls within the remit of this cabinet committee will be included in the work programme and considered at future agenda setting meetings to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.

2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

sent to members of the cabinet committee separately to the agenda and will not be discussed at the cabinet committee meetings.

3. Conclusion

3.1 It is vital for the cabinet committee process that the committee takes ownership of its work programme to deliver informed and considered decisions. A regular report will be submitted to each meeting of the cabinet committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude members making requests to the chairman or the Democratic Services Officer between meetings, for consideration.

4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2024.

5. Background Documents: None

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Update on COVID-19	Temporary Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Biannually (January and July)
Draft Revenue and Capital Budget and MTFP	Annually (November)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (March)

2 JULY 2024		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy	Key Decision
7	Nourishing our next generation: a 5-year infant feeding strategy	Key Decision
8	Public Health Performance Dashboard – Quarter 4 2023/24	Regular Item
9	Update on Public Health Campaigns/Communications	Regular Item
10	Update on GRT	
11	Substance Misuse Paper	
12	Preventative Agenda	Member Requested Item
13	Healthy Weight Management Strategy	Deferred from 14 May 2024 meeting
13	Work Programme	Standing Item
17 SEPTEMBER 2024		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item

4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 1 2024/25	Regular Item
7	Implications of Climate Change for Public Health	Member Requested Item
8	Work Programme	Standing Item
19 NOVEMBER 2024		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Draft Revenue and Capital Budget and MTFP (TBC)	Annual Item
7	Annual Report on Quality in Public Health, including Annual Complaints Report	Annual Item
8	Young People and Mental Health	Member Requested Item
8	Work Programme	Standing Item
21 JANUARY 2025		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 2 2024/25	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Work Programme	Standing Item
11 MARCH 2025		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 3 2024/25	Regular Item
7	Risk Management report (with RAG ratings)	Annual Item
8	Work Programme	Standing Item

1 JULY 2025		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 4 2024/25	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022 – Young People, Body Image, and Mental Health (Requested by Mr J Meade 05/09/23) (Expected November 2024)
Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022
Substantive item on Social Prescribing – added by Andrew Kennedy 31/03/2023 – (ongoing updates to be presented to committee)
Benchmarking and Learning from Best Practice – added by Mr R Streatfeild 23/01/24 – July meeting to covered as part of Dashboard and performance paper

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