

KENT HEALTH AND WELLBEING BOARD

Tuesday, 11th February, 2025

2.00 pm

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

KENT HEALTH AND WELLBEING BOARD

Tuesday, 11 February 2025 at 2.00 pm
Council Chamber, Sessions House, County
Hall, Maidstone

Ask for: **Georgina Little**
Telephone: **03000 414 034**

UNRESTRICTED ITEMS

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

Item No

- 1 Chairman's Welcome
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda for this meeting
- 4 Minutes of the Meeting held on 25 April 2024 (Pages 1 - 10)
- 5 Director of Public Health Verbal Update
- 6 2025 Kent Joint Strategic Needs Assessment (JSNA) Summary Report (Pages 11 - 28)
- 7 2025 Pharmaceutical Needs Assessment (Pages 29 - 34)
- 8 Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan (Pages 35 - 162)

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

Monday, 3 February 2025

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KENT COUNTY COUNCIL

KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 25 April 2024.

PRESENT: Mr D Watkins (Chairman), Dr B Bowes (Vice-Chairman), Cllr M Blakemore, Mrs S Chandler, Dr A Ghosh, Mr R W Gough Mrs S Hammond Mr R Smith, Ms Malti Varshney, Ms Bisi Dada

IN VIRTUAL ATTENDANCE: Cllr A Harrison

UNRESTRICTED ITEMS

36. Chairman's Welcome

(Item 1)

37. Appointment of co-opted member(s)

(Item 2)

RESOLVED to approve the re-appointment of Dr Bob Bowes as a co-opted member of the Kent Health and Wellbeing Board.

38. Election of Chair

(Item 3)

Mr Gough proposed and Mrs Chandler seconded that Mr Watkins be elected as Chairman of the Kent Health and Wellbeing Board. No other nominations were received.

RESOLVED that Mr Watkins be elected as Chairman of the Kent Health and Wellbeing Board.

39. Election of Vice-Chair

(Item 4)

Mr Gough proposed and Mrs Chandler seconded that Dr Bowes be elected as Vice Chairman of the Kent Health and Wellbeing Board. No other nominations were received.

RESOLVED that Dr Bob Bowes be elected as Vice Chairman of the Kent Health and Wellbeing Board

40. Apologies and Substitutes

(Item 5)

Apologies for absence were received from Mr Vincent Badu and Mr Paul Bentley who were substituted by Ms Malti Varshney, Mr Robbie Goatham who was substituted by Ms Bisi Dada and Cllr Howes. Cllr Harrison, was present virtually.

41. Declarations of Interest by Members in items on the agenda for this meeting
(Item 6)

There were no declarations of interest.

42. Minutes of the Meeting held on 6 December 2023
(Item 7)

RESOLVED that the minutes of the meeting held on 6 December 2023 were an accurate record and that they be signed by the Chairman.

43. Director of Public Health Verbal Update
(Item 8)

1. Dr Ghosh provided a verbal update on the following:
 - (a) Measles infections continued to rise nationally, particularly in London. Kent and Medway partners were working together to target areas where the uptake of vaccinations was low. To date, there had not been a confirmed case of measles in Kent.
 - (b) In regard to infection prevention and control, KCC Public Health had a dedicated team of two nurses who were working to reduce the risk of infection and outbreaks in various settings. These settings included care homes, refugee, and asylum seeker settings.
 - (c) Work was ongoing around the implementation of the Family Hubs delivery plan. The strategic emphasis was centred around the sustainability of the activity and ensuring its integration created better outcomes for families and children.
 - (d) The public consultation on two co-created strategies had closed on 3rd April 2024. These strategies were:
 - Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy; and
 - Nourishing our next generation: a 5-year infant feeding strategyThe feedback from the consultation was being collated and final versions of the strategies were due to be presented to the Health Reform and Public Health Cabinet Committee in July for consideration.

(e) Two papers were presented to the Association of Directors of Public Health (ADPH) South East conference in March. These papers focussed on shared learning objectives and covered the following topics:

- 'Tackling complex public health issues using combined methodologies: improving dads' perinatal experiences through systems thinking and co-production'; and
- 'Through a mother's eyes: Using co-discovery and co-creation to understand barriers and motivators to breastfeeding among the most deprived communities within Kent'

In association with perinatal mental health, in October 2023 KCC launched a free 24-hour text and phone line for those with low to moderate perinatal mental health needs and had also launched a number of social media campaigns earlier in the year (2024). The helpline could be accessed via text message by sending the word KENT to 85258 or via phone on 08001070160.

(f) Work was underway to deliver the Public Health Transformation Programme which sought to deliver services in a more efficient and collaborative way.

(g) In October 2023 the government published *Stopping the Start: our plan to create a smoke free generation*. Kent received £1.9m to deliver a nationwide comprehensive offer to increase the rate of quits and reduce the prevalence of smoking. In Kent, it was estimated that 11.6% of the adult population smoked, however, smoking rates were much higher among certain groups, particularly those in lower socio-economic and vulnerable communities, making smoking a major risk factor for health inequalities. Within Kent, the aim was to achieve 26,937 quits in the next 5 years, with 1,347 quits due to be achieved in the first year (25% increase on current performance). Dr Ghosh highlighted that the grant presented KCC with an opportunity to do things differently and to do them well.

(h) KCC Public Health had launched a survey which would help to identify the behaviours of young people in relation to vaping and aimed to compare this to national data. The information would be used to inform the targeting of clear, helpful public health messages and to support schools, key partners and agencies, along with young people and their parents, to help reduce the take up and use of vaping. A total of 31 schools had signed up to the survey, which would generate circa 210 surveys per school, totalling 6510 surveys.

(i) Public Health continued to work alongside the Kent and Medway Partnership Trust and other stakeholders to improve the Mental Health Needs Assessment

- (j) Work had also progressed amongst the districts in relation to the Healthy Alliance Model, particularly within Thanet which was linked to the community mental health transformation programme. Dr Ghosh advised that should health inequality reduce in Thanet, this would also eradicate inequality within Kent as a whole.
 - (k) Dr Ghosh announced the launch of the 2024/25 Better Mental Health and Wellbeing Community Fund. The fund offered grants to support mental health and wellbeing initiatives in Kent & Medway and aimed to test innovative ideas and develop evidence of what works. It also supported grassroots projects that continued to serve their communities. The deadline for applications was 29th April.
 - (l) In relation to substance misuse, a significant amount of work had taken place to plan the next phase of commissioning for the Kent Substance Misuse Services. There had also been the launch of Kent Substance Misuse Lived Experience Research Organisation (Kent ROAR).
 - (m) The building of Kent's Health Alliances had progressed well with the establishment of 11 alliances amongst the 12 districts. Dr Ghosh confirmed that Swale was not included in the alliance.
 - (n) Work was underway to develop a prevention plan between adult social care and public health with the aim of reducing social care demand through identifying and implementing the correct interventions at the right level to ensure residents could continue to receive care closer to home.
 - (o) A focussed piece of work was underway regarding health improvements within the Gypsy Roma traveller community.
 - (p) A statutory requirement of the Kent Health and Wellbeing Board included the production and publication of the Pharmaceutical Needs Assessment. The next statement was due to be published in October 2025 and would be presented to the Board in due course.
2. In relation to the additional work on substance misuse, Dr Ghosh confirmed that the findings from the independent review of drugs carried out by Dame Carol Black highlighted the challenges related to drug deaths and the need to boost levels of inpatient admissions. The Government allocated additional money to all Local Authorities with the aim of reducing demand for drugs by getting those suffering from addiction into treatment and deterring recreational drug use. Kent had also seen a rise in the number of deaths linked to synthetic opioids and work was underway to address this.
 3. RESOLVED to note the verbal update.

44. Kent and Medway Integrated Care Strategy/Joint Local Health and Wellbeing Strategy
(Item 9)

1. Dr Ghosh introduced the report which provided the Board with the final version of the Kent and Medway Integrated Care Strategy for approval, which would also perform the role of the Kent Joint Local Health and Wellbeing Strategy. Dr Ghosh noted the extensive engagement with partner organisations and that the Strategy would be the catalyst for tackling health and wellbeing challenges together with an aligned approach. It was noted that whilst previous iterations of the strategy separated Kent and Medway, the majority of the population served and the action required focussed on the people of Kent. For this reason, a single strategy was agreed to help optimise NHS alignment along with the interest and actions of the Health and Wellbeing Board and the Integrated Care Partnership.
2. Ms Varshney commented on both the aligned approach and the strength of the partnerships in Kent which had been enabled through the development of the Strategy.
3. In response to comments and questions from Members of the Board, it was noted:
 - (a) That the Strategic Oversight Board would be responsible for monitoring the work, however, overall accountability sat with the Integrated Care Partnership to scrutinise and challenge the impact of delivery of those shared outcomes within the Strategy.
 - (b) Members of the Board were reminded that there was a national requirement for all Integrated Care Partnerships to publish the first iteration of the Integrated Care Strategy by the end of December 2022, a request which inevitably created a number of challenges and presented limitations on what could be achieved. Partners committed to refreshing the Strategy by the end of 2023 to allow engagement with stakeholders and the public which created time and scope to identify deliverable outcomes and an action plan. There had also been a number of participatory workshop sessions which addressed the major projects within the Strategy, the first of which focussed on work and health. A significant amount of work had been done since the first iteration of the strategy to ensure the correct structures were in place to effectively engage and report on the deliverable outcomes.
4. RESOLVED to approve the Integrated Care Strategy in its role as Kent's Joint Local Health and Wellbeing Strategy.

45. Draft Kent and Medway Integrated Care Strategy /Joint Local Health and Wellbeing Strategy Delivery Plan
(Item 10)

1. Dr Ghosh introduced the report which provided an update on the development of the Integrated Care Strategy Shared Delivery Plan, which in turn encompassed the Delivery Plan for Kent's Joint Local Health and Wellbeing Strategy. The final iteration of the Shared Delivery Plan was due to be completed by June 2024 and would be presented to the Integrated Care Partnership for approval before going through the various governance routes of the partnerships within the Strategy. The Shared Delivery Plan had been developed in conjunction with the log-frame matrix which outlined the key health improvements identified in the Strategy. Dr Ghosh noted the challenges with creating a document that synthesised the actions required across both Kent and Medway whilst also encompassing both the local and hyperlocal geographical footprint. However, the Shared Delivery Plan was developed to capture the action in train, and what was required across the whole system to deliver the outcomes agreed, with each health alliance accountable for developing a number of deliverable priorities within their district.
2. Ms Varshney expressed her thanks to Mr Gogarty for the work carried out across the partnerships. She noted that from an NHS perspective, there was a legislative requirement for Integrated Care Boards and their partner trusts to develop a joint forward plan, however, given the strength demonstrated through the joint Integrated Care Strategy, the Integrated Care Board agreed that the Shared Delivery Plan perform the role of the forward plan and this would be submitted from the NHS to NHS England. The draft Shared Delivery Plan was still in the developmental stage and therefore comments were invited from the Board to inform the final edition.
3. Mr Gogarty commended the action plan and advised that everyone had a responsibility in helping to drive the actions forward.
4. In response to comments and questions from Members of the Board, it was noted:
 - (a) There needed to be a holistic approach when delivering on those ambitions set out within the Shared Delivery Plan, specifically in relation to early diagnostics. Whilst measures could be put in place to ensure the population received early diagnostics, it was essential that the appropriate infrastructure was in place to then manage those diagnostics effectively and efficiently.
 - (b) In relation to Children's Services and the way in which it was regulated, there needed to be a clear separation between Kent and Medway. Mr Gogarty confirmed that engagement had taken place with the Children's, Young People and Education Directorate Management Team and confirmed that a separate Kent and Medway plan would be developed to clearly reflect this.

- (c) Concerns were raised regarding the extensive level of commitment and ability to ensure that all organisations who had agreed to lead on those actions could contribute in a meaningful way.
- (d) In response to the effectiveness of utilising Kent Association of Local Councils (KALC) as a means to promote the work being done and ensuring there was a clear and consistent message being relayed to individuals in recognising their responsibility in improving their own health and outcomes, Mr Gogarty advised that the local parishes and districts were all aware of their role, however, the Integrated Care Strategy provided a new approach to the way in which communities and individuals held themselves to account to improve their own health and the new way of working needed to be driven from the bottom up.
- (e) In relation to queries regarding how the ambitions set out within the Shared Delivery Plan would be achieved, with specific reference to tackling loneliness and isolation, Dr Ghosh advised that a number of the district plans had prioritised this and a KALC Strategy had been developed to deliver on a number of initiatives in association with tackling loneliness.
- (f) Dr Ghosh acknowledged the point made in relation to why the Public Health team was not listed within the 'led by' column and confirmed that whilst Public Health did not commission any services for loneliness and isolation, this was delivered indirectly through Live Well Kent and through the Public Health mental health work. The Shared Delivery Plan would be updated to address this.
- (g) In response to concerns regarding the level of support in place for those Young People no longer managed through the Criminal Justice System but with severe Mental Health needs, Mrs Hammond (*Corporate Director for Children's, Young People and Education*) confirmed that there was an increasing cohort of adolescents whom prior to Government reforms would have been managed through the criminal justice system or would have been held in a secure tier 4 hospital. Work was carried out by agencies to increase the number of those living out in the community, however, for many young people this equated to being placed in an alternative institution with increased levels of loneliness and isolation. A collective response was required to ensure those young people led meaningful lives. In addition, Mrs Chandler (*Cabinet Member for Integrated Children's Services*) highlighted the ambition of the Family Hub work which emphasised the need for alternative intervention at an earlier stage in a child or a families life to prevent longer term harm.
- (h) Dr Ghosh advised that a future expectation would be to hold an annual summit which brought together the districts as well as health and care partnerships to both reflect on the achievements and discuss future

ambitions of the health alliances. However, there needed to be democratic accountability.

- (i) Ms Varshney noted that the Shared Delivery Plan did not replace the detailed action plans which were the responsibility of the sovereign organisations to deliver on. These were not included within the Shared Delivery Plan as this was primarily focused on a partnership perspective.
- (j) In response to comments made around the enablement teams, Ms Varshney advised that the Integrated Care Strategy would be a catalyst for the transformation of services to improve outcomes for the local population, which included finding efficient ways to provide care closer to home.
- (k) Ms Varshney agreed to deliver on an action and ensure Mr Gogarty was acquainted with the Director of Primary Care.
- (l) Ms Varshney agreed to deliver on the action to share the Delivery Plan with the provider collaboratives.
- (m) Members of the Board were asked to send any additional comments to Dr Ghosh, for inclusion in the final iteration of the Shared Delivery Plan prior to formal submission.

5. RESOLVED to:

- (a) Note the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy
- (b) Consider their role as partners in delivering the strategy and how this could be reflected in the delivery plan
- (c) Support the continued development of the Shared Delivery Plan, alongside the log-frame matrix, to support assurance on delivery of the Integrated Care Strategy; and
- (d) Agree that a positive statement from the Health and Wellbeing Board be included within the Shared Delivery Plan

46. Kent and Medway Safeguarding Adults Board Annual Report April 2022 - March 2023

(Item 11)

Andrew Rabey (Chair, Kent and Medway Safeguarding Adults Board) and Victoria Widden (Kent and Medway Safeguarding Adults Board Manager) were in attendance for this item.

- 1. Mr Rabey introduced the report which set out the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2022– March 2023. The Annual Report set out in detail the work carried out by the Board and partner agencies. It provides the H&WB with the opportunity to

understand the strategic processes applied to adult safeguarding in Kent and Medway. Mr Rabey noted that the KMSAB continued to implement the Self-Assessment Framework (SAF) to ensure agencies evaluated the effectiveness of their internal safeguarding arrangements and that learning from the safeguarding adults reviews were embedded into their processes. Mr Rabey highlighted some key areas from the Annual Report, which included:

- the updated Safeguarding Adult Review (SAR) policy
- delivery of multi-agency training programmes
- the increase of awareness raising through the Board's website
- the sharing of best practice with district leads through the district forums to drive consistency across Kent
- the increase of section 42 referrals in Kent, which was a possible consequence of a change in practice.
- the introduction of safeguarding leads meeting across health services, Kent Police and the Local Authority to ensure effective collaboration between services; and
- how the national review of Safeguarding Adults Reviews was consistent with the themes identified in the Kent safeguarding reviews, including issues such as self-neglect, Mental Health, dual diagnosis, drug and alcohol misuse; and that the work undertaken by the Board aimed to ensure consistent delivery of services.

2. In response to comments and questions from Members of the Board, it was noted:

(a) In relation to the increased number of section 42 referrals into Kent and how this compared to the national picture, Mr Rabey advised that Kent had moved away from the consultation process. Whilst this change in the system equated to an influx in safeguarding referrals, it placed the onus on the referring service to ensure that those who were identified as not needing further safeguarding support were appropriately signposted. There had been a significant increase nationally in the number of Safeguarding Adult Reviews (SARs).

(b) Mr Rabey confirmed that self-neglect and hoarding were incorporated into the training programmes.

3. RESOLVED to endorse the Kent and Medway Safeguarding Adults Board Annual Report, 2022-2023.

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

To: Kent Health and Wellbeing Board, 11 February 2025

Subject: 2025 Kent Joint Strategic Needs Assessment (JSNA) Summary Report

Classification: Unrestricted

Summary:

The JSNA exception report summarises key population health highlights arising from various health needs assessments and other reports and analyses completed this year. This report enables the Kent Health and Wellbeing Board and the Kent and Medway Integrated Care Partnership to be aware of the relevant issues and trends which need to be addressed and reflected in the key priorities and outcomes of the Integrated Care Strategy and district local plans.

Recommendations:

The Kent Health and Wellbeing Board are asked to **COMMENT** and **ENDORSE** selected recommendations from the needs assessments summarised in this paper:

[Health needs assessment for 5-11 year olds in Kent](#)

- Online parenting courses should be available and promoted, with a focus on “understanding your child” and developing personal, social, and emotional skills in families.
- Trauma informed approaches should be used more widely, and all professionals working with children should be trained.
- Activities which address wider determinants of health should be undertaken, for example addressing damp and mould in housing and reducing excess weight in children.

[Sexual Health Needs Assessment](#)

- Increasing monitoring and methods to prevent human immunodeficiency virus (HIV) transmission by increasing collaboration with wider partners to help identify at risk individuals and refer them for testing, for example drug and alcohol services, adult social care, domestic abuse.
- Raise awareness to increase visibility of sexual health services through marketing and campaigns.

Armed Forces and Veteran Community in Kent Needs Assessment

- Service providers in Kent should be “veteran aware” to accommodate their treatment needs.

Kent & Medway Housing Strategy Evidence

- Kent County Council (KCC) and partners should commit to activities which prevent, reduce and delay the need for Adult Social Care including, monitoring and evaluating the impact of interventions on falls in the elderly.

Dartford, Gravesham and Swanley HCP Needs Assessment

- Local survey data should be collected to explore the efficiency of service utilisation for children aged 0-4 in Dartford, Gravesham and Swanley Health Care Partnership (HCP), such as GP, pharmacy and urgent care.

East Kent HCP Needs Assessment

- A dedicated mental health needs assessment should be carried out to review services for mental health and evaluate the increase in the burden of depression in East Kent.

Stakeholder insight

- GP surgeries should also invite transgender men and non-binary patients with a cervix for their cervical screening, if they are not registered as female and keep an updated register.

Kent JSNA Evaluation

- KCC Public Health will coordinate with the Kent JSNA Steering Group to put in place a regular online process for disseminating reports, updates or any new data to the public.

1. Background

1.1 The JSNA exception report is presented annually to the Kent Health and Wellbeing Board (the previous report was presented in December 2023) and, where necessary, the Kent and Medway Integrated Care Partnership Board. The format of the report contains:

- An overview of key population highlights taken from various reports and a review of population health intelligence tools.
- Summary of health needs assessments, analyses and insight work conducted in the past year.
- Recent changes to the Kent JSNA development process and any other improvements in data and intelligence across the health system.

1.2 The following needs assessments, insight work and analyses have been completed over the last year by the KCC Public Health team and other partner organisations. Where available, final reports have been published on the Kent Public Health Observatory (KPHO) website after approval from the Director of Public Health:

- [Mid-year population estimates](#)
- [Health and Care Partnership profiles](#)
- [National Child Measurement Programme](#)
- [Health needs assessment for 5-11 year olds in Kent](#)
- [Sexual Health Needs Assessment](#)
- Armed Forces and Veteran Community in Kent Needs Assessment
- Kent & Medway Housing Strategy Evidence
- Dartford, Gravesham and Swanley HCP Needs Assessment
- East Kent HCP Needs Assessment
- Stakeholder Insight
- Programme insights report
- Kent JSNA Evaluation

1.3 Governance

1.3.1 The Kent JSNA Steering Group has met regularly for the second year running to provide oversight for this process. In addition to needs assessment, analyses and various reports, the steering group have also discussed notable improvements or changes to intelligence tools such as the JSNA Cohort Model and the public health intelligence linked data set within Kent and Medway Care Record (KMCR). Furthermore, new updates on stakeholder insight work have been shared, such as the Kent and Medway Insight Bank which is described further in section 3.2.

1.4 Context and Overarching Priorities

1.4.1 The Kent and Medway Integrated Care Strategy was approved in 2024. Consequently, a Shared Delivery Plan was developed to set out how partners will deliver the Integrated Care Strategy alongside a log frame matrix which lists key indicators that measure health improvements of importance.

1.4.2 The log frame matrix was presented at the Kent and Medway Integrated care Partnership Board on 2nd December 2024 (see page 34 of the [meeting](#))

[papers](#)) and will be updated and reported once a year, which will inform deep dive discussion areas for the Integrated Care Partnership.

2 Key population highlights

2.1 Demographic changes

2.1.1 The [2023 mid-year population estimates](#) show that Kent remains the most populous county council area in the South East with a population of 1,610,300 people. Kent's population grew by 1.0% (15,800 people) between 2022 and 2023. This is equal to the population growth in the South East and England. Kent has a population density of 4.5 persons per hectare. This is higher than England (4.4) but lower than the South East (5.0).

2.1.2 Dartford has the highest population density in Kent of 16.6 people per hectare. Ashford has the lowest population density of 2.4 people per hectare. Maidstone has the largest population of Kent's local authorities with 184,200 people. This is equivalent to 11.4% of Kent's total population.

2.1.3 Population summary

2.1.3.1 Age and sex

- In Kent there is a greater proportion of people aged 65 to 84 and a lower proportion aged 15 to 24 and 25 to 34 compared to England. Other broad age groups are within 1 percent of the national figures. The median age in Kent is 42 compared to 40 in England. Among older age groups, there are more women than men.
- [Life expectancy datasets](#) show female life expectancy at birth is about four years higher than for males. Since 2001, life expectancy has increased for both genders.
- It remained stable from 2012 to 2019, then dropped in 2020 and 2021 due to the COVID-19 pandemic. It has slightly increased in 2022 and 2023. In Kent, life expectancy is higher than the national average for England, but the gap has narrowed since 2012.
- From 2021 to 2023, the average female life expectancy in Kent was 83.3 years, compared to 83.1 years across England. For males, it was 79.3 years in Kent, compared to 79.1 years in England.
- At district level, life expectancy at birth is lowest in coastal areas, which are also the most deprived. These areas include Thanet, Folkestone and Hythe, Swale, Dartford, Gravesham, Dover, and Canterbury. The areas with the highest life expectancy are Sevenoaks, Tonbridge and Malling, Tunbridge Wells, Maidstone and Ashford.
- The [slope index of inequality](#) measures the gap in life expectancy between the most and least deprived community segments. Between 2018 and 2020, this gap was 7.8 years for males and 5.6 years for females in Kent.

2.1.3.3 Selected equality characteristics

2.1.3.4 Ethnicity

- In Kent at the time of the Census in 2021, 83.2% of the population were classified as 'White: English, Welsh, Scottish, Northern Irish or British'. This compares to 73.5% in England.
- Apart from White British, African (1.9%), Any other ethnic group (1%), Indian (1.7%), Other Asian (1.6%) and Other White (5%) ethnic groups account for more than 1 percent of the population.

2.1.3.5 Main language

- There are 98 distinct main languages spoken by people in Kent. 37 are spoken by at least 500 people. The top 5 languages are: English 89.8%, Polish 0.7%, Romanian 0.6%, Nepalese 0.5% and Panjabi 0.3%.

2.1.3.6 Religion

- In Kent, 48.5 percent are Christian, 1.6 percent are Muslim and 1.2 percent Hindu. 40.9 percent declared no religion and 5.8 percent declined to answer.

2.1.3.7 Sexual orientation and Gender identity

- In Kent at the time of 2021 Census, 90.6 percent of residents aged 16 years and over responded that they were Straight or Heterosexual. 2.7 percent were Gay or Lesbian, Bisexual or another sexual orientation. This question was not answered by 6.7 percent of people.

2.1.3.8 Limited day-to-day activities (disability)

- [Datasets](#) show that 17.9 percent of Kent residents are disabled using this definition, compared to 17.3% in England. There are five districts with higher rates than Kent and England average: Thanet (22.9%), Folkestone and Hythe (21.8%), Dover (21.2%), Canterbury (19.6%) and Swale (19.5%). Dartford, Tunbridge Wells, Sevenoaks, Tonbridge and Malling and Maidstone are all below 16%.

2.2 Emerging health concerns between 2023 and 2024

- 2.2.1 The [Health and Care Partnership \(HCP\) profiles](#) are produced by the Medway Public Health Intelligence Team on behalf of all four HCPs across the Kent & Medway Integrated Care System. The profiles have been developed annually since 2019 and describe key health indicators, across the life course, in terms of trend and comparison across HCPs and Primary Care Networks (PCNs) They are updated every year, where data is available. Some of the key highlights from the latest profile updates are:

2.2.2 West Kent HCP

- The prevalence of overweight and obesity in adults has remained constant in Tonbridge & Malling and Maidstone districts which are 63% and 67% respectively.
- Antibiotic prescribing rates continue to reduce.
- Breast screening rates have improved to 69%, up from 66%.
- The rate of attendance at Accident and Emergency (A&E) among those aged under 5 continues to increase above pre-pandemic levels.
- Self-harm hospital admissions in
 - those aged 10 to 24 years show a slight reduction overall (479 per 100,000), but the rate is worse than other HCPs in Kent, possibly due to different recording practices across different acute trusts.
- The rate for hospital admissions due to substance misuse in those aged 15-24 is 82 per 100,000, worse than England notably higher in Tunbridge wells (101 per 100,000) and Maidstone (95 per 100,000).
- Emergency hospital admissions due to hip fracture (persons aged 65+) has increased with Tonbridge and Malling and Maidstone worse than England.

2.2.3 Medway and Swale HCP

- Sittingbourne PCN
 - The overall rate of antibiotic prescribing has increased but the rate is similar to national levels.
 - A&E attendances for under 5s increased above pre-pandemic levels.
 - Emergency hospital admissions for asthma (under 19s) has reduced but the rate remains worse than England average.
 - Hospital admissions for self-harm among 10-to 24-year-olds has continued to increase and GP recorded depression among adults has increased by over 1% to 16.2%.
- Sheppey PCN
 - Antibiotic prescribing remains high.
 - Breast cancer screening has reduced to 63% which is similar to the national average.
 - A&E attendances for under 5s have continued to increase above pre-pandemic levels.
 - Emergency hospital admissions for asthma (under 19s) has reduced but the rate remains worse than England.
 - Hospital admissions for self-harm among 10- to 24-year-olds has reduced and GP recorded depression among adults has increased by over 1% to 17.4%.

2.2.4 HCP summaries of the Dartford, Gravesham and Swanley (DGS) and East Kent profiles have been replaced by the area-based needs assessment for those areas which are described further in section 2.8.

2.3 National Child Measurement Programme 2023/24

2.3.1 Excess weight in children remains a concern in Kent. The National Child Measurement Programme in 2023/23 found that 22.7% of reception children and 34.9% of year 6 children in Kent have excess weight. Excess weight in reception children is significantly worse than the England average (22.1%) and the South-East average (20.8%).

Reception: Prevalence of overweight (including obesity)

National Child Measurement Programme 2023 to 2024

In 2023 to 2024, 22.1% of children in reception (aged 4 to 5 years) were overweight or living with obesity (boys 22.2%, girls 21.9%)



Office for Health Improvement and Disparities

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Figure 1: Infographic showing the national prevalence of excess weight in reception children (2023/24) Source: [OHID](#)

2.3.2 There is variation in excess weight by Kent Districts. Folkestone and Hythe and Ashford have significantly higher excess weight and Tunbridge Wells have a significantly lower excess weight than the England average. For year 6, Kent generally has lower levels of excess weight than the national average in Year 6 but show a steadily increasing long-term trend. However, Gravesham, Dover and Swale have significantly higher prevalence of excess weight than England.

2.3.3 The prevalence of excess weight in Kent has increased since the previous JSNA Exception Report in reception year from 21.3% (21/22) to 22.7% (23/24). However, the prevalence of excess weight for year 6 children has reduced from 35.8% to 34.9% of year 6 children in Kent.

2.4. **Child Health Needs Assessment (Aged 5-11)**

2.4.1 The health needs assessment post pandemic emphasised the differences in outcomes experienced by those children living in deprivation, in terms of health and education. This is particularly notable in terms of their emotional and mental health. Key points to note are:

2.4.2 Worsening emotional and mental health

- emotional and mental health needs are seen to be more prevalent
- Increased exposures to trauma experienced.

- Detrimental impact of the COVID-19 pandemic on primary school aged children’s learning, mental health and wellbeing, socialisation, routine, and sleep being apparent.
- Schools is an integral part of identification and support for primary aged children who have faced adversity.
- A need to understand the mental health needs of children with epilepsy.

2.4.3 Declining learning and education outcomes:

- Developmental milestones in terms of learning are not being met.
- Lower uptake of free school meals where entitlement is highest.
- Decreased school attendance.

2.4.4 Increased healthcare demand:

- Emergency admission to hospital is highest in districts with greatest proportions of the population from different ethnic groups.
- Increasing health and health care needs as seen in the prevalence of obesity and dental decay.

2.4.5 Increasing health inequalities:

- Widening inequalities with increased entitlement to child disability living allowance.

2.5 Sexual Health Needs Assessment

2.5.1 Kent's sexual health landscape has changed significantly since 2018 due to the COVID-19 pandemic, leading to reduced clinic access and a shift to online services. There have been increases in Sexually Transmitted Infections (STI) rates, reduced hormonal contraception use, late HIV diagnoses, and increased pregnancy terminations.

2.5.2 STI testing is increasing across Kent and has recently risen above pre-pandemic levels, however, the trajectory has slowed and remains lower than England.

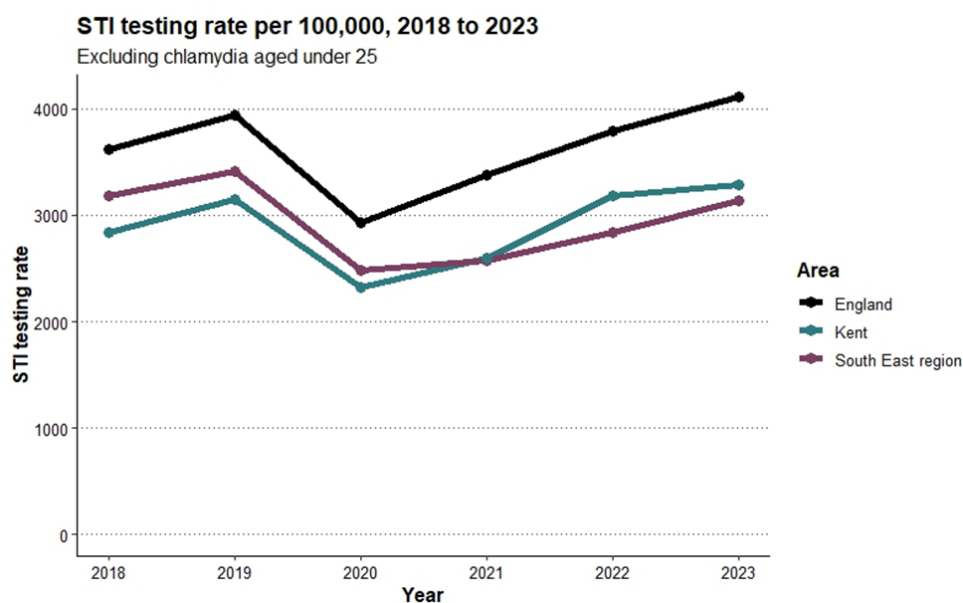


Figure 2: STI testing rate per 100,000, 2018 to 2023

2.5.3 Gonorrhoea has increased above pre-pandemic levels. Syphilis rates in Kent do not appear to be following the national trends and has decreased. All other STI diagnosis rates are following national trends.

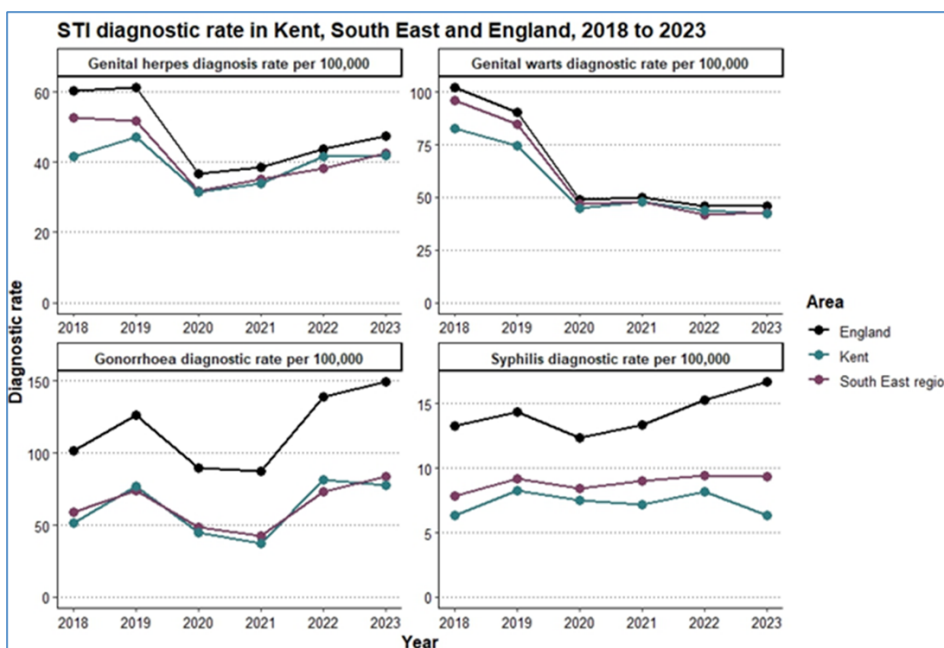


Figure 3: STI diagnostic rate in Kent, Sout East and England, 2018 to 2023

2.5.4 HIV diagnosis rates in Kent continue to increase. Trends show an increase over the past decade. Overall, Kent is not categorised as a high prevalence area, which are areas with a prevalence between 2 and 5 per 1,000 people aged 15 to 59 years¹. However, Gravesham (2.22 per 1,000) and Thanet (2.03 per 1,000) have the highest prevalence of HIV diagnoses of the Kent districts, surpassing South East figures and meaning that they are classed as areas of high prevalence.

2.5.5 Use of hormonal contraception overall is declining. LARC prescriptions have not returned to pre-pandemic levels, however, Kent has stayed in line with England rates. Oral contraception use has been steadily and consistently declining since 2018. Decreases in hormonal contraception are happening in parallel to increases in abortion rates in Kent. For females 15 to 44 years, in 2021, the total abortion rate per 1,000 of the population was 19.0 compared to 19.2 for England.

2.5.6 Certain groups in our communities have been identified as potentially more at risk of poor sexual health outcomes and experiencing sexual health inequalities. For example, young people, black and ethnic minority populations, migrant communities and LGBTQ+ people.

2.5.7 Finally, women are known to experience poorer sexual health consequences than men and are also more likely to experience sexual abuse and violence.

2.6 Armed Forces and Veteran Community in Kent Needs Assessment

¹ <https://www.nice.org.uk/guidance/ng60/chapter/Recommendations>

- 2.6.1 There are 410 serving UK armed forces personnel in the County along with 900 Gurkha soldiers. There are 340 reservists (including Rochester) as well as the cadet community. The Kent veteran population make up over 52,000. A substantial number (58%) are over 65 years of age and reside in the eastern coastal fringes of Kent.
- 2.6.2 Mental health disorders are similar to those rates found in the general population. Kent veterans are statistically more likely to attend substance misuse treatment services for treatment for alcohol rather than opiates or non-opiates compared to non-veterans. Over the period 2020 to 2023 there have been seven service/veteran recorded suicides in Kent.
- 2.6.3 Consultations with the veteran community highlights that employment, housing, mental health and finance are the main issues raised by veterans.
- 2.6.4 The needs assessment identified that 418 applicants expressing a need for local authority housing. Ashford (71) and Dover (70) have the highest numbers whilst Tunbridge Wells (9) and Gravesham (0) have the lowest numbers. There were 19 cases of veteran homelessness in the County over a year in 2024.
- 2.6.5 Data on service personnel and their circumstances is provided by the Armed Forces Continuous Attitude Survey which cites that more family support is needed.
- 2.6.7 Veterans who enter the Justice System exhibit similar risk factors to offending as do nonmilitary civilians. Experiences resulting from deployment and mental health issues such as Post-traumatic stress disorder (PTSD) and alcohol misuse can increase the risk of offending. Veterans in the Kent prison estate range from 2% (Standford Hill) to 5% (Maidstone). Nationally they tend to be male (98%) and within the age ranges 30-39 and 40-49 with almost 7% aged 70+.
- 2.6.8 The Criminal Justice Liaison and Diversion Service scheme via OpNOVA operates in Kent and all offenders are asked to disclose their veteran or serving member status. Since late 2022 to late 2023 114 veterans/serving members have been listed in Police Custody (92 veterans and 22 serving members) with ages ranging from 18 to 87.

2.7 Kent & Medway Housing Strategy Evidence

- 2.7.1 The population has grown by 7% over the last 10 years and by 18% over 20 years, with some authorities growing more rapidly notably Ashford, Dartford, Maidstone, Swale and Tonbridge and Malling. The dwelling stock across Kent has grown by 9% over the last 10 years, but not sufficient to meet growing demand. The key highlights from the evidence review include:
- 2.7.1.1 There is a lack of affordable housing. Average prices increased by 15-30%. The most affordable authority area (Dover) has median house prices that are more than 8 times median earnings and least affordable in Sevenoaks where house prices are 14 times median earnings. As a whole, 19.2% of households (145,566 households) live

in the private rented sector in 2021. The poor affordability of even the cheapest rental properties in the private rented sector for those reliant on housing benefit directly has contributed to households becoming homeless.

- 2.7.1.2 There are 3,597 children who are homeless and living in temporary accommodation in Kent and Medway (March 2024). This is one of the most insecure forms of housing, often lacking in adequate space and facilities and families can sometimes be placed a long distance from schools, impacting on attendance, behaviour, and longer-term educational outcomes.
- 2.7.1.3 Over 26,000 households in Kent and Medway live in overcrowded homes in 2021. The largest proportion are in the private rented sector (9,378), followed by the social rented sector.
- 2.7.1.4 Across the South East, over 10% of homes are non-decent according to the Survey of English Housing, for example not in a reasonable state of repair, hazardous or lacking in modern facilities. Of which a large significant proportion lead to fuel poverty. Increasing older population means it will result in increased need of adapted housing especially for those with physical disabilities.

2.8 Area Based Needs Assessment

2.8.1 Dartford Gravesham and Swanley HCP Needs Assessment – Key findings

- Smoking rates in Dartford, Gravesham, and Swanley have reduced from 14.4% to 12% between 2017 and 2022. There are large disparities in the levels of smoking between ethnic groups with 36.4% of Gypsy/Irish traveler ethnicities smoking compared to 12% in the total Dartford, Gravesham, and Swanley population.
- The rate of admissions with Mental Health as a primary diagnosis has reduced by 44% over the last 10 years, from 297 per 100,000 to 165 per 100,000.
- Admissions for falls which have resulted in a leg or hip fracture in those over 65 have reduced by 16% in Dartford, Gravesham, and Swanley between 2013 and 2023.
- Dartford, Gravesham, and Swanley has higher rates of emergency admissions and gastroenteritis admissions in children aged 0-4 years old compared to Kent.
- Obesity rates in Dartford Model Primary Care Network (PCN) are significantly higher than in the rest of Dartford, Gravesham, and Swanley. Furthermore, Gravesham has the highest obesity rates in Kent for year 6 students, and the highest rates of admission for dental conditions for children aged 5-11 years old.
- Hospital admissions where mental health is a secondary condition are higher in Dartford, Gravesham, and Swanley than in the rest of Kent. In addition, the rate of annual physical health checks in those with

severe mental illnesses (SMI) is lower in Dartford, Gravesham, and Swanley compared to the other health care partnerships in Kent. This is concerning due to the higher rates of premature mortality within this group.

- Alcohol related admissions are higher in Dartford, Gravesham, and Swanley than the rest of Kent, and are increasing.
- Coverage of Cervical Screening is below target in every PCN in Dartford, Gravesham, and Swanley.
- STI and HIV rates in Dartford are significantly higher than the rest of Kent.
- Flu and pneumonia admission rates in over 65 year olds are higher in Dartford, Gravesham, and Swanley than the rest of Kent, and are 70% higher in the most deprived areas compared to the least deprived.
- Dartford, Gravesham, and Swanley, and the rest of Kent and Medway, show persistently high rates of premature mortality from Cardiovascular Disease.

2.8.2 East Kent HCP Needs Assessment – Key findings

- Canterbury and Thanet have the highest rates of premature births in all of Kent, at 100.4 and 87.1 premature births per 1,000 respectively.
- Smoking rates remain high in routine and manual workers, at 17%. 11% of adults in East Kent are smokers.
- Canterbury has the highest diagnosis rate of gonorrhoea, at 133/100,000 in 2023 — 1.5 times higher than in 2018.
- The positivity rate of STI diagnosis via online testing services are higher in East Kent than in North or West Kent.
- Deaths related to drug misuse is higher than the average for England and for Kent.
- The age-standardised suicide rate has been relatively static since 2018, at approximately 12.5 deaths per 100,000.
- Obesity rates in adults are increasing in East Kent, while the rate of physical activity remains static.
- Osteoporosis rates are rising across East Kent. While hip fractures occur at a greater rate in women than in men, neither group is seeing an increase in their fracture rate as a result of greater osteoporosis prevalence.
- Folkestone and Hythe has the greatest prevalence of dementia in East Kent, at 9.3 cases per thousand population. Ashford has the lowest prevalence, at 7.5 cases per thousand population.

- In terms of end of life care, Canterbury sees the highest proportion of deaths occurring at home, at 34.1%. The proportion for the rest of the East Kent is roughly similar, at approximately 30%.

2.9 Inclusive health groups

2.9.1 Stakeholder Insight

2.9.2 A qualitative study was conducted to understand the current provision of cervical screening for the LGBTQ+ population in Canterbury and investigate confidence amongst staff members. The key barriers and facilitators are highlighted below. On a related note, the quality of coding which varies across different practices also affected cervical screening uptake.

	Barriers		Facilitators
System process challenges	Administrative burden	Leadership, education & shared responsibility	Leadership
	Lack of comprehensive register		Shared responsibility
	Unreliable coding		Whole team approach
	Variation between practices		Staff education
	Confidentiality		Guidance/protocols
Poor patient acceptability/ awareness	Negative prior experience	Effective communication	Open communication
	Physical discomfort		Clear information
	Lack of patient awareness		Targeted promotion
	Lack of patient acceptability		Dispelling myths
Low staff confidence	Lack of training/experience	Safe Spaces	Signifiers
	Fear of offending		Sense of Safety
	Cultural differences		Equal Treatment
Intersectional factors		Constructive system processes	Clinic/appointment set up
			Reliable recall system
			Accurate coding
			Co-production & feedback

Figure 4: The key barriers and facilitators to the provision of cervical screening

2.10 Public Health Transformation Programme Insights

2.10.1 Insight was undertaken to support the Public Health Service Transformation (PHST) Programme. There were six Public Health funded services in Kent in-scope including: 1. Adult lifestyle 2. NHS Health Check programme 3. Sexual Health 4. Condom Programme 5. Postural stability 6. Children and YP 13 – 24. The project prioritised CORE20PLUS5 population groups including deprivation, protected characteristics and inclusion health groups. Key themes were found to be:

2.10.2 A range of barriers to access was highlighted. These include time constraints due to work or parenting commitments, affordability and access to public transport. Digital exclusion existed for some because of capacity and capability to get online to access services. Cultural factors were highlighted by people from ethnic minority groups such as inadequate representation in services and inability to communicate.

- 2.10.3 Some respondents reported difficulty in finding information about healthy lifestyles services, not knowing where to look, challenges in getting referrals or signposting from professionals.
- 2.10.4 People with Severe Mental Illness (SMI) and Autism Spectrum Disorders expressed a lack of understanding and support amongst frontline staff. There was a belief that smoking or drinking alcohol was necessary for stress relief and therefore wouldn't consider reducing consumption or quitting as a result.
- 2.10.5 Enablers for accessing services were highlighted as being able to be supported long term and having regular 'check-ins'. Participants highlighted advertising and delivering services in the places they go, knowing what to expect and that services are 'for me' as important enablers.
- 2.10.6 Healthy lifestyles services need to be delivered in a range of ways to meet the needs of the different types of residents who need to access them. Some participants highlighted the importance of face-to-face support, group sessions and peer support, while others preferred self-directed or online support, telephone support or support via apps.

2.11 Kent Joint Strategic Needs Assessment (JSNA) Evaluation

- 2.11.1 An evaluation of the Kent JSNA has been undertaken to understand its impact. The evaluation focussed on the following:
- How is the Kent JSNA influencing decision making, policy making and strategic plans?
 - How do self-serve users engage with and navigate the Kent Public Health Observatory (KPHO) website?
- 2.11.2 Interviews were carried out alongside a web search and documentary review. Fourteen people participated in the evaluation either through one-to-one interviews or focus groups. Participants were from a range of sectors and seniority levels across Kent.
- 2.11.3 Participants reported that the Kent JSNA has been effective in influencing decision making, policy making and strategic plans and it is central for setting work plans, activities, strategies, internal reports, bid writing and planning engagement and involvement with communities.
- 2.11.4 Participants expressed that the evidence provides a license to do things differently, forms a basis for joint working, provides justification for allocating funds and can be used as a tool for advocacy and lobbying.
- 2.11.5 Participants were generally not familiar with the full range of JSNA resources, but reported to refer to one or two specific items that best suited their needs. The area based needs assessments and the HCP/PCN profiles were most frequently described as a well-used resource.
- 2.11.6 The Kent JSNA was considered an important tool in doing things differently, examples provided to demonstrate this included the Population Health Management [video] by West Kent HCP, <https://vimeo.com/920391859>, Kent

and Medway Integrated Care Strategy, the creation of an urgent care service for 0-5 year olds and the elderly.

2.11.7 Overall, participants found the Kent Public Health Observatory website (which hosts the Kent JSNA) simple and easy to navigate, those who have contacted the KPHO team for support reported having a good experience. However, participants highlighted that providing real time data would enable users to monitor the impact of services and interventions and having consistency with names and dates of publications would be advantageous.

3. Other JSNA Products, new information and intelligence

3.1 Use of the JSNA Cohort Model

3.1.1 The JSNA Cohort model helps to model and forecast population health and care needs and to simulate the impact of various behavioural interventions on health status. The outputs have been used in many reports both in public health as well as for the NHS over the years. The tool is exceptional in terms of its magnitude and scope (containing more than 9000 variables), and possibly one of the first developed and designed in collaboration with a Local Authority Public team in the UK.

3.1.2 More recently modelling outputs have fed into the PHST Programme work. The tool was further expanded and updated to understand and simulate the impact of the NHS health checks programme on the Kent population. Results of scenario generation have been discussed with commissioners for planning and decision making.

3.1.3 A separate simulation modelling tool using systems dynamics was used to analyse the regional bed demand for inpatient detoxification services for drugs and alcohol abuse. Model outputs were also discussed in detail with commissioners and contributed to planning investment for bed capacity going forward.

3.1.4 Both projects have been written up in detail and submitted for peer-review publication journals due out later this year, adding further to our local evidence of service and system planning work.

3.1.5 The JSNA cohort model was employed in the area based needs assessment for East Kent HCP and Dartford, Gravesham and Swanley HCP. It was used to model and simulate impact of different prevention intervention options over 25 years for each defined population.

3.2 Development of an Insight Bank for Kent and Medway

3.2.1 Kent and Medway ICB communications team are creating a central "insight bank" to pool and share valuable knowledge about patient and public experience and views. of health, wellbeing, and care services, collecting and collating information from local partner organisations. This will support collaboration and learning, minimise duplication, maximise the impact of

feedback from communities, and identify gaps in engagement, particularly in communities facing health inequalities.

3.2.2 Information will be organised around the six key themes of the Integrated Care Strategy. There will be a key word search based on protected characteristics, location or area, health inequalities and the wider determinants of health and exploring building in an AI-enhanced analysis function to search for information across a range of texts.

3.2.3 The insight bank will be easy to use (uploading reports or information), regularly updated, and supported with ongoing assistance. Only anonymised information will be included and options for different web-based locations are being considered to make it as accessible as possible.

3.3 Prevention Framework

3.3.1 The 'Prevention Framework' is a practical guide which will set out the strategic direction for Kent County Council to prevent, reduce and delay the need for Adult Social Care, in accordance with The Care Act 2014. The goal is to do this in a way that is integrated with system partners, and co-produced with residents and the VCSE sector to ensure the approach is sustainable and meaningful.

3.3.2 Through the identification of gaps in the literature locally and nationally, the team aim to conduct a series of 'chapter summaries' on areas not covered by a full Health Needs Assessment. The framework will include national and local policy and partnership landscape, thematic priorities and the guiding principles, understanding of the current and changing nature of future demand for preventative interventions, expectations about what services and interventions should be provided steps to be taken in monitoring progress on delivery

3.3.3 The framework will be expected to align with existing council strategies including the 'Making a Difference Every Day Strategy', 'Framing Kent's Future' and 'Kent and Medway Integrated Care Strategy'.

3.3.4 Deep dive analysis is under way to look at health characteristics of Kent residents who are in receipt of social care services, using the locally linked data in the Kent and Medway Care Record (KMCR). This analysis will lead to building appropriate evidence base for local prevention and resource allocation further 'upstream'.

3.4 Research, Innovation and Improvement (RII)

3.4.1 KCC Public Health's Research Innovation and Improvement function has made significant progress since its inception 2 years ago. The team has grown to 10 including 3 academics and has processed over 300 research related enquiries, initiated recruitment for 4 national NIHR portfolio studies with another 6 in the pipeline, rejuvenated our local research network aka Kent & Medway Research & Innovation Collaborative of over 100 research leads, including NHS Kent & Medway for which we now have a joint coordination function. and a new and emerging evaluation support team for local commissioning. Building up these vital activities and resources will

generate better understanding of our population health and, more importantly, local evidence of service impact.

3.5 New datasets

3.5.1 KCC public health now have access to the linked data within KMCR and are using it for public health intelligence purposes.

3.5.2 The Kent, Medway and Sussex Secure Data Environment (KMS SDE) programme allows approved researchers to apply, securely access and analyse de-identified health and social care data from across the region. For example, analysis of coastal health needs by university of Kent. Formal launch events are planned in February 2025 to share more information around how the SDE works to potential future researchers.

4. Recommendations

4.1 The Kent Health and Wellbeing Board are asked to **COMMENT** and **ENDORSE** the following recommendations:

[Health needs assessment for 5-11 year olds in Kent](#)

- Online parenting courses should be available and promoted, with a focus on “understanding your child” and developing personal, social, and emotional skills in families.
- Trauma informed approaches should be used more widely, and all professionals working with children should be trained.
- Activities which address wider determinants of health should be undertaken, for example addressing damp and mould in housing and reducing excess weight in children.

[Sexual Health Needs Assessment](#)

- Increasing monitoring and methods to prevent human immunodeficiency virus (HIV) transmission by increasing collaboration with wider partners to help identify at risk individuals and refer them for testing, for example drug and alcohol services, adult social care, domestic abuse.
- Raise awareness to increase visibility of sexual health services through marketing and campaigns.

Armed Forces and Veteran Community in Kent Needs Assessment

- Service providers in Kent should be “veteran aware” to accommodate their treatment needs.

Kent & Medway Housing Strategy Evidence

- Kent County Council (KCC) and partners should commit to activities which prevent, reduce and delay the need for Adult Social Care including, monitoring and evaluating the impact of interventions on falls in the elderly.

Dartford, Gravesham and Swanley HCP Needs Assessment

- Local survey data should be collected to explore the efficiency of service utilisation for children aged 0-4 in Dartford, Gravesham and Swanley Health Care Partnership (HCP), such as GP, pharmacy and urgent care.

East Kent HCP Needs Assessment

- A dedicated mental health needs assessment should be carried out to review services for mental health and evaluate the increase in the burden of depression in East Kent.

Stakeholder insight

- GP surgeries should also invite transgender men and non-binary patients with a cervix for their cervical screening, if they are not registered as female and keep an updated register.

Kent JSNA Evaluation

- KCC Public Health will coordinate with the Kent JSNA Steering Group to put in place a regular online process for disseminating reports, updates or any new data to the public.

5. Background Documents

- [Mid-year population estimates](#)
- [Health and Care Partnership profiles](#)
- [National Child Measurement Programme](#)
- [Health needs assessment for 5-11 year olds in Kent](#)
- [Sexual Health Needs Assessment](#)

Report Authors

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Relevant Director

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

Dr Anjan Ghosh, Director of Public Health

To: Kent Health and Wellbeing Board, 11 February 2025

Subject: 2025 Pharmaceutical Needs Assessment

Classification: Unrestricted

Summary: Each Health and Wellbeing Board has the responsibility to publish and update a pharmaceutical needs assessment (PNA) as outlined by the Health and Social Care Act 2012 and The NHS (Pharmaceutical Services and Local Pharmaceutical Service) Regulations 2013. The current Kent PNA was published in September 2022 and is due to be revised by October 2025.

This paper sets out the plan to update the PNA and proposed sign-off process to ensure the 2025 PNA is published according to legislative requirements.

Recommendations: The Health and Wellbeing Board is asked to:

1. **AGREE** the production plan and sign-off process of the Pharmaceutical Needs Assessment (PNA) 2025
 2. **DELEGATE** authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to draft and approve the first iteration of the PNA to go out to statutory consultation.
 3. **DELEGATE** authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to revise the PNA following the statutory consultation and identify if a subsequent consultation period is required.
 4. **CONFIRM** that approval of the PNA will be subject to decision making by the Health and Wellbeing Board in the autumn of 2025.
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1. Introduction

- 1.1 The Health and Wellbeing Board have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services in Kent, referred to as the "Pharmaceutical Needs Assessment" (PNA).

- 1.2 The PNA assesses current and future need for pharmaceutical services by systematically identifying any gaps in service and making recommendations for improvement.
- 1.3 The PNA is a key document used by the National Health Service (NHS) and Kent County Council (KCC), to support commissioning decisions; including, but not limited to, approving applications to open new pharmacies and commissioning services through pharmacies based on population health needs.
- 1.4 Since April 2013, the statutory responsibility of the PNA became that of the Health and Wellbeing Board when the Health and Social Care Act 2012 transferred responsibility from primary care trusts. The NHS (Pharmaceutical Services and Local Pharmaceutical Service) Regulations 2013 sets out the legal requirements and process for developing the PNA.
- 1.5 The Health and Wellbeing Board is required to publish a PNA at least every 3 years, or sooner if significant change to the pharmaceutical needs of its population is identified. In the interim, supplementary statements may be published to describe changes to the availability of pharmaceutical services when relevant to the granting of applications or preventing significant detriment to the provision of pharmaceutical services. Once published, supplementary statements form part of the PNA.

2. PNA production plan and sign-off process

- 2.1 The current PNA was published in September 2022 and has a life span of three years.
- 2.2 Production of the PNA is a complex process and requires input from multiple stakeholders, hence, a PNA Steering Group was established in September 2024 to oversee and ensure production of a robust PNA. The Steering Group includes representation from KCC Public Health, KCC Engagement, Kent Public Health Observatory, the Kent Local Medical committee, the Kent Local Pharmaceutical Committee, Healthwatch Kent and the NHS Kent and Medway Integrated Care Board.
- 2.3 A specialist provider called Soar Beyond Limited have been commissioned, via a competitive tender process, to support delivery of the 2025 PNA.
- 2.4 Taking into account the scheduled 2025 Health and Wellbeing Board meetings and local Kent election, request is made for the Health and Wellbeing Board to delegate authority of the PNA to the Director of Public Health and agree the proposed plan and sign-off process to ensure publication of the PNA before the statutory deadline of October 2025, subject to consultation with the Chair of HWB. (See section 7).
- 2.5 Outlined below is the proposed plan and sign-off process to ensure timely delivery of the 2025 PNA.

Proposed PNA production plan and sign-off process:

Activity	Time
Establish PNA Steering Group	September 2024
First Steering Group meeting- agree data to collect	October 2024
Information/ data gathering	October 2024 - January 2025
Key stakeholder engagement	November - December 2024
Second Steering Group meeting- review data	January 2025
Draft first iteration of PNA	February - March 2025
Draft PNA circulated for Steering Group review and sign-off	March 2025
Third Steering Group meeting- PNA draft sign-off	March 2025
PNA draft sign-off by Director of Public Health (via delegated authority), in consultation with Chair of the Health and Wellbeing Board, for consultation	April 2025
Statutory 60 day consultation	May - July 2025
Draft final iteration of PNA from the consultation report If substantial revisions are required post consultation, the Director of Public Health (via delegated authority) will amend the draft PNA, identify the timescale required for a further period of consultation and oversee the subsequent consultation process	July 2025
Final draft PNA circulated for Steering Group review and sign-off	July 2025
Fourth Steering Group meeting – sign-off final draft PNA and incorporate any amendments	July - August 2025
Final draft PNA sign-off by Director of Public Health	August 2025
Submit final draft PNA to Health and Wellbeing Board for final approval and publication	August 2025

Publication of PNA	Before October 2025

3. Actions to date

- 3.1 The PNA Steering Group have met twice, in October 2024 and January 2025, to agree and review data collection. A minimum of two further meetings are scheduled for March 2025 and July 2025 to review and finalise critical stages of PNA development; meetings are chaired by KCC's Director or Deputy Director of Public Health.
- 3.2 Engagement with key stakeholders was completed in December 2024; questionnaires were used to seek public, dispensing doctors and pharmacy contractor views and experiences of pharmaceutical services in Kent. Responses are currently being analysed and used to inform the PNA.
- 3.3 Data and information have been sought from the Council, NHS and healthcare partners to inform the current and future pharmaceutical needs of Kent.
- 3.4 Prior to the release of the Government's English Devolution White Paper, in consultation with KCC Democratic Services and Engagement, an agreement to delay the 60 day consultation to May 2025 had been taken to observe democratic proceedings pertaining to the 2025 election.

4. Financial Implication

- 4.1 A specialist provider has been commissioned at a cost of £33,500 to support delivery of the PNA following a competitive tender process in 2024.

5. Legal implications

- 5.1 The Health and Wellbeing Board have a statutory responsibility to produce and publish the next PNA by October 2025 under the Health and Social Care Act 2012. The Health and Wellbeing Board may risk facing a judicial review if the deadline is breached.

6. Equalities implications

- 6.1 An Equality Impact Assessment will be included in production of the PNA.

7. Governance

- 7.1 Considering the schedule of Health and Wellbeing Board meetings and election activities taking place in 2025, to ensure the PNA meets regulatory requirements and is published in a timely manner, it is proposed that delegated authority be given to Director of Public Health, in consultation with the Chair of

the Health and Wellbeing Board, to draft and approve the first iteration of the Pharmaceutical Needs Assessment to go out to statutory consultation.

- 7.2 It is also proposed that the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, have delegated authority to make any revisions following the consultation. If no substantial changes are required, the final Pharmaceutical Needs Assessment will be presented to the Health and Wellbeing Board for approval in the autumn of 2025.
- 7.3 However, should the PNA require substantial changes following the initial statutory consultation with the relevant bodies, the Director of Public Health, via delegated authority will amend the draft PNA, identify the timescale required for a further period of consultation and oversee the subsequent consultation process. If no further revisions are required, the final version of the PNA will be presented to the Health and Wellbeing Board for approval and publication.

8. Conclusion

- 8.1 The PNA is a statutory requirement of the Health and Wellbeing Board. The current PNA will expire by October 2025 and a revised PNA must be published in its place.
- 8.2 A specialist provider has been commissioned and the PNA Steering Group has been established to oversee production of a robust PNA.
- 8.3 Considering activities in 2025, request has been made for the Health and Wellbeing Board to delegate authority of the PNA to the Director of Public Health to prevent breach of legislative duty and ensure timely publication of the 2025 PNA.
- 8.4 Final draft of the PNA will be presented to the Health and Wellbeing Board in September 2025 for final approval and publication.

9. Recommendation(s):

- 9.1 The Health and Wellbeing Board is asked to:
- 9.1.1 **AGREE** the production plan and sign-off process of the Pharmaceutical Needs Assessment (PNA) 2025.
 - 9.1.2 **DELEGATE** authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to draft and approve the first iteration of the PNA to go out to statutory consultation.
 - 9.1.3 **DELEGATE** authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to revise the PNA following the statutory consultation and identify if a subsequent consultation period is required.
 - 9.1.4 **CONFIRM** that approval of the PNA will be subject to decision making by the Health and Wellbeing Board in the autumn of 2025.

10. Background Documents

- 10.1 Department of Health and Social Care: Pharmaceutical Needs Assessment Information Pack for local authority health and wellbeing boards, 2021.
<https://assets.publishing.service.gov.uk/media/617bdc31d3bf7f5601cf3168/pharmaceutical-needs-assessment-information-pack.pdf>

11. Contact details

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

To: Kent Health and Wellbeing Board, 11 February 2025

Subject: **Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan**

Classification: Unrestricted

Summary:

This report provides members of the Health and Wellbeing Board with an overview of the Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan

The Health and Wellbeing of the people of Kent is not improving in the way we would wish and, in some areas, has shown signs of declining. To address this, we need to focus on the full breadth of wider determinants of health (WDH) including socioeconomic, health behaviours, clinical and environmental.

The Kent and Medway Shared Delivery Plan for delivery of the Integrated Care Strategy, was shared with and endorsed by the Health Reform and Public Health Committee and is a key catalyst to encourage action by all system partners to address the WDH. Kent County Council has a key role in tackling these determinants.

While Local Authorities have been the lead agencies responsible for public health for over a decade, action to fully capitalise on this shift has not been achieved in any local authorities. In Kent we can now use the integration of health and social care to start to realise this opportunity.

Work has taken place to identify and capture the current activity within Kent County Council which impacts on health and wellbeing. There is a strong recognition and ownership of this role across officers in all council teams. Additionally, priorities for future action have been agreed and outlined, recognising the financial challenges we face. This paper recognises the key importance and role of the council in improving the health and wellbeing of the people of Kent and details the roles each part of the council is, can and will play in this important work. The content and approach have been endorsed by the Kent County Council Health Reform and Public Health Cabinet Committee and agreed by Cabinet.

Work is now progressing on a Kent County Council wide Prevention Framework which will include a focus on how corporately the council meets the requirements of the Care Act as well as wider opportunities for prevention. Much of the activity within this delivery plan will contribute to the prevention agenda.

Recommendations:

The Health and Wellbeing board is asked to endorse the Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan in its role as the delivery plan for Kent's Joint Local health and Wellbeing Strategy, attached as appendices A and B

1. Summary of Approach

1.1 The KCC Integrated Care Strategy (ICS) Delivery Plan

- 1.1.1 KCC is a key partner in the local system and the activity of all parts of the council have a profound impact on health and wellbeing. The work here captures that activity and frames it as our corporate contribution to the Kent and Medway Integrated Care Strategy.
- 1.1.2 The Plan is in two parts. The first curates, at a Directorate level, all the current relevant activity that the directorate is contributing to this endeavour. This work, collated against each of the priority outcomes within the Kent and Medway Integrated Care Strategy, forms Appendix A.
- 1.1.3 The second output details a range of new priority actions defined and developed by each directorate for the next one to three years. This has been included as Appendix B to this paper.
- 1.1.4 Directorates have developed priority outcomes in the context of the challenging financial environment and there is a recognition that not all activity will necessarily continue.

1.2 The approach to developing the KCC ICS Delivery Plan

- 1.2.1 For both pieces of work, the approach in developing the plan was adapted to each directorates' favoured approach. This included working directly with Directorate Management Teams (DMTs), incorporate work undertaken by DMTs, and working with nominated officer leads from the DMTs.
- 1.2.2 The work involved review of key strategies, delivery plans and division plans, bespoke submissions from key officers, and discussions and meetings with key individuals and teams, all of whom were extremely positive and supportive in developing and iterating the outputs included here.
- 1.2.3 The outputs therefore represent a curation of the breadth of work already in train across the council as well as new priority actions developed by officers within directorate teams.
- 1.2.4 The plan and priority actions were agreed by the KCC Corporate Management Team in November 2024, by the KCC Health Reform and Public Health Cabinet Committee on 21st January, and by the Cabinet on 30th January.

1.3 How the delivery plan can be used and is intended to be implemented

- 1.3.1 The plans demonstrate the key role of all Council functions in improving health. The work represents KCC's corporate contribution to the Integrated

Care Strategy and details how we will support the Shared Delivery Plan (SDP).

- 1.3.2 It is proposed that progress against the agreed Priority areas remains owned and monitored by each Directorate with a single council-wide collated progress update.
- 1.3.3 The proposed process by which the Integrated Care Partnership (ICP) is sighted on delivery of agreed improved health outcomes will be through progress towards the developed Log-Frame indicators. The indicators which the agreed KCC priorities impact on have been appended to the directorate Action plans.

2. Introduction

- 2.1 The Health and Social Care Act 2012 conferred duties on Local Authorities to improve public health. While the theoretical benefits of public health resource and responsibilities residing in local authorities was clear, since that time it could be argued that progress to fully capitalise on the opportunity, nationally, has been limited and variable.
- 2.2 Improving health and wellbeing requires a recognition of the full range of determinants of health. These are well captured within the Robert Wood Johnson model which has been widely adopted in the local system.
- 2.3 If we are to improve health in Kent, we need to consider all these determinants and the impact we are having as a council in addressing them. The need for this approach is increasingly recognised in the wider system and has informed the development of the Kent and Medway Integrated Care Strategy and subsequent Shared Delivery Plan.
- 2.4 Work has been undertaken internally to attempt to capture the full range of activity across the council that impacts on the wider determinants of health. This has demonstrated the key ongoing roles of most council functions that affect the health of those we serve.
- 2.5 Conversely, there is a recognition of the impact that the public health function can have on the work of other council directorates. These include impact on demand for adult, and children, young people and families, social care.
- 2.6 Work has taken place with Council directorates to define key priority areas for action over the coming two or three years that will impact on public health and wellbeing. This is against a challenging financial position.
- 2.7 The actions defined in this work, both existing and planned, detail the county council's contribution to delivery of the Kent and Medway Integrated Care Strategy and in turn the Kent Joint Local Health and Wellbeing Strategy.

3. Background

- 3.1 The health and wellbeing of the people of Kent is not improving as much as we would wish and, in many areas, has shown signs of declining. Increases in life expectancy have stalled and levels of poor mental health have increased. On many measures the performance of Kent has been poor relative to the England average and the historic, relatively better health of people in Kent, is increasingly eroded, with risk of further decline. Examples include increasing levels of overweight in adults at a rate significantly higher than the national average, levels of hospital admissions following violent crime moving from significantly better than the England average to significantly worse over a few years, and under 18 contraception rates falling at a slower rate than nationally so that local rates have moved from significantly below to above national rates. Additionally, there are persisting inequalities in health within Kent focussed on both geographic and different care groups and parts of the population.
- 3.2 The Health and Care Act 2012 shifted the lead responsibility for public health from the NHS back to local authorities. This recognised the key opportunities within local authorities to impact on public health. There is a strong historical precedent with most major gains in health in the past resulting from improvements in nutrition, income, sanitation, housing and education.
- 3.3 Health is impacted by a wide range of determinants with around 80% outside the traditional (but not the full potential) remit of the NHS. Locally the Robert Wood Johnson model has been adopted to illustrate the full range of factors that impact on health and their relative contribution.

We need to address ALL the wider determinants of health (WDH)



- 3.4 Clearly a public health approach that largely relies on impacting on health behaviours can at best have a 30% impact and a focus on clinical service will land even less gain. If we are to optimally improve health and wellbeing, we need to consider our full impact on all the determinants of health and wellbeing and how we might work to address them.

- 3.5 The approach recognises the importance of all county council functions in improving health and wellbeing. Indeed, it recognises the roles of a wider range of system players in this endeavour. In parallel with the work with internal council functions, action has been taken to recast and reinforce public health links with key external partners, recognising their role in improving health and wellbeing. This has included work with district and borough councils, with the Kent Association of Local Councils, with the Office of the Police and Crime Commissioner and with the Kent and Medway Housing Group, amongst others.
- 3.6 The Kent and Medway Integrated Care Strategy, evolving from a national NHS driven expectation that Integrated Care Systems produce such a strategy, and the subsequent Shared Delivery Plan, has provided an opportunity to secure NHS commitment to action to tackle inequalities and the wider determinants of health. Given the key beneficiaries of the Integrated Care Strategy in terms of numbers and actions will be the people of Kent, recognising the need to minimise the number of agreed strategies in this arena, and seizing the opportunity to optimise NHS buy in to the approach to focus on the wider determinants of health and tackling inequalities, it was agreed that the IC Strategy should additionally fulfil the role of the Joint Local Health and Wellbeing Strategy for Kent.
- 3.7 In addition to the role of the County Council, as detailed in this paper, there is recognition of the role that district and borough councils can play in improving health. This has led to increasingly close working between public health and local district and borough councils with a named relationship lead from within the public health specialist cadre supporting the work of each council. Local district and borough councils have developed local health alliances and partnerships with local NHS and Voluntary Community Social Enterprise (VCSE) groups, amongst others, and have defined local priorities for health improvement. They are developing local action plans to deliver on these priorities.
- 3.8 Similarly, the role of local communities in owning local health issues and delivering at that level has been recognised through closer relations between public health and the Kent Association of Local Councils (KALC). KALC have also developed a list of priorities to improve health and wellbeing and have developed an action plan around these.

4. The Breadth, Contribution and Impact of Kent County Council on Health and Wellbeing

- 4.1 Health and Wellbeing and its determinants, as defined by the Robert Wood Johnson model, are heavily influenced by council led activity. The priorities within Framing Kent's Future around Levelling Up, around strong community infrastructure, environmental step change and new service models around care and support align well with this agenda. Improvements in all these areas will have a positive impact on the wider determinants of health and therefore the health and wellbeing of the population we serve.

- 4.2 There is recognition that much work is already in train that contributes to improved health. This work is of considerable value and, while difficult financial decisions will need to be made, its continuation will impact positively on health and wellbeing as well as contributing strongly to the delivery of the Integrated Care Strategy.
- 4.3 Work has taken place between public health officers and officers across the council directorates to better understand and collate actions which are in train or planned that will impact on the health and wellbeing of the people of Kent. This included consideration of existing strategies and delivery plans as well as division plans. It is clear that almost all areas of activity within the council's directorates impact strongly on health and wellbeing.
- 4.4 This work has additionally informed the contents of the Kent and Medway Integrated Care Strategy Shared Delivery Plan, outlining where KCC adds value to the delivery of the agreed System Outcomes.

5. Current work within the Council that is impacting positively on Health and Wellbeing

- 5.1 Appendix A provides a detailed picture of current activity within the council which has an impact on health and wellbeing. As described, this has been collated with wide support from directorates and teams across the whole of the council. It is recognised that the financially challenging environment in which we work may mean revision of, and potentially stopping some cited initiatives.
- 5.2 There has been strong historic recognition around the impact of "People Services", Adult Social Care, Children, Young People and Education and Public Health in improving health and wellbeing and the opportunities and contributions in these areas will address a wide range of health determinants. Actions identified here include those detailed in key directorate and division plans.
- 5.3 The importance of Growth Environment and Transport (GET) activity from jobs and employment through community support, arts and culture, and from transport to environment are increasingly well rehearsed and will have major impacts on health and wellbeing in Kent.
- 5.4 In tackling the wider determinants it is recognised that much activity will need to be delivered through optimising our role as an anchor institution including through consideration of optimal use of social value in procurement and our role as an employer.
- 5.5 There is also a recognition that many key challenges including tackling weight loss in adults and loneliness, cannot be managed at the required scale through historic commissioning approaches. This will require an enhanced role for communities themselves with the revised Civil Society Strategy playing a key role in delivering improved health and wellbeing.

5.6 There are key roles around Infrastructure including improving access to local support and services focussing on areas of high need.

6. Council Priorities for further Action

6.1 Additionally, work has taken place with council officers to try and identify, given the limited resource and capacity and constraints the council faces, priority areas for further development and work that will impact on health and wellbeing over the next one to three years. Progress in these areas will be key to us starting to land improvements in health and wellbeing.

6.2 Appendix B, outlines these priority areas and actions over the next one to three years which will additionally impact on health and wellbeing. Proposed actions and measures have been developed, in the main, by each directorate and collated by public health. Key contributors have been cited in the appendix. These actions have additionally been mapped to relevant outcome measures within the Integrated Care Strategy Log-frame matrix.

6.3 Monitoring and assurance around delivery will remain within each directorates' agreed performance measures rather than an additional and separate process. The high level Log-frame matrix, shared previously, will measure system performance against key health and wellbeing outcomes.

6.4 While this work has been ongoing, the council has additionally started work on developing a Prevention Framework. The Prevention Framework will reflect on the Local Authority's Care Act duties and help to define how investment in prevention work will help deliver against the objectives set out in Framing Kent's Future and Securing Kent's Future. The work presented here will, in turn, inform the Prevention Framework.

7. Financial Implications

7.1 The current challenging financial climate is well rehearsed. It is recognised that actions currently identified within existing plans will have been developed in the light of available funding by each directorate. It is further recognised that some of these areas may require future review given the ongoing challenges to finances.

7.2 The proposed priorities for future action will need to be delivered at low or no cost and indeed have been developed and framed against this background. Further, in a number of the areas, there is an expectation that the planned shift towards prevention will reduce the need for social care services.

7.3 Key initiatives around our role as an anchor institution and enabling an enhanced role for communities will be crucial to success but should be delivered at low or no cost to the council.

8. Legal implications

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

9. Equalities implications

- 9.1 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.
- 9.2 Additionally, 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 meet the requirements of the Public Sector Equality Duty. These benefits are reflected in both the Shared Delivery Plan and in the internal actions that Kent County Council will take.
- 9.3 An Equality Impact Assessment for the Shared Delivery Plan has been completed and shows no negative impact on any protected characteristics.

10. Conclusions

- 10.1 The Health and Wellbeing of the people of Kent is not improving in the way we would wish and, in some areas, shows signs of declining. To address this, we need to focus on the full breadth of wider determinants of health (WDH) including socioeconomic, health behaviours, clinical and environmental.
- 10.2 The Kent and Medway Shared Delivery Plan for delivery of the Integrated Care Strategy is a key catalyst to encourage action by all system partners to address the WDH. Kent County Council have a key role in tackling these determinants.
- 10.3 While Local Authorities have been the lead agencies responsible for public health for over a decade, action to fully capitalise on this shift has not been achieved in any local authorities. In Kent we have the opportunity to start to better realise our potential impact.
- 10.4 Work has taken place to identify and capture the activity within Kent County Council that impacts on health and wellbeing. There is a strong recognition and ownership of this role across officers in all council teams.
- 10.5 Additionally, priorities for future action have been agreed and outlined, recognising the financial challenges we face.

11. Recommendation(s):

- 11.1 The Health and Wellbeing board is asked to endorse the Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan in its role as the delivery plan for Kent's Joint Local health and Wellbeing Strategy, attached as appendices A and B

12. Appendices

A: Kent County Council Current Activity to Deliver Health and Wellbeing
B: Kent County Council Priorities for Improving Health and Wellbeing

13. Contact details

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**KENT COUNTY COUNCIL ACTION TO
IMPROVE HEALTH AND WELLBEING
INFORMING THE IC STRATEGY AND JHWS**

Overview of the Integrated Care Strategy

Our vision:

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

Together we will...

Give children and young people the best start in life

Tackle the wider determinants to prevent ill health

Support happy and healthy living for all

Empower patients and carers

Improve health and care services

Support and grow our workforce

What we need to achieve

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Support families and communities so children thrive

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

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

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

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

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

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

Enablers:

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

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: Give children and young people the best start in life ~ CYPE input

What we have committed to	Strategies / plans in place to deliver
Strive for children and young people to be physically and emotionally healthy	
Give more support to those more likely to experience poorer outcomes	Children in Care Strategy – KCC Looked After Children project area Refugee resettlement programmes Family Hubs
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	Input to~ CYP Mental Health transformation and procurement project CYP Mental Health Long Term Plan and Local Transformation Plan workstreams CYP Crisis and Complex Pathway project
Reduce level of substance misuse	Support delivery of Kent Drug and Alcohol Strategy
Increase use of Making Every Contact count	Family Hubs to offer MECC with links to support around WDH
Focused support for young carers	Support Triangle of Care action plans
Improve levels of physical activity in young people	Encourage use of Daily Mile programme in schools
Holiday Activities and Food Programme	Support delivery of programmes for 2025-28 (subject to Government funding being agreed)
Safeguarding	
	Deliver Safeguarding priorities working with the Kent Children Safeguarding Multiagency Partnership (KSCMP) Deliver the NHS Kent and Medway Safeguarding Strategy

Shared outcome 1: Give children and young people the best start in life~ CYPE Input

What we have committed to	Strategies / plans in place to deliver
Support families and communities so children thrive	
Whole family approach, co-producing with children, young people and families	Work through and with Children and Young People Programme Board to develop joint areas of focus for coming years. Support system to best deliver universal and lower level support
Improve and join up access to local support for families through the Family Hub model	Family Hub Programme Encourage uptake preschool support through understanding barriers
Ensure access to benefits for families	Link with ongoing Financial Hardship Programme Family Hub Programme
Improve transition to adult services	Mental health transition Long term condition focus
Improve nutrition in infants and young children	Support system to Implement Nourishing our next generation An infant feeding strategy for Kent 2024–2029
Support good mental health in families and children	Support system to implement Nurturing Little Hearts and Minds A Perinatal Mental Health & Parent-Infant Relationship Strategy for Kent 2024 – 2029

Shared outcome 1: Give children and young people the best start in life ~ CYPE Input

What we have committed to	Strategies / plans in place to deliver
Help preschool and school-age children and young people achieve their potential	
Support families so that children are ready for school	<p>KCC Early Years and Childcare strategy in development</p> <p>Support and work through Family Hubs</p> <p>Provide community-based family learning courses through Family Hubs and other local venues, including engagement courses and parenting courses – deliver to parents and children from schools and other community partners, targeting those identified as being in areas of deprivation.</p>
Support access to high quality nursery education Page 50	<p>Sufficient nursery places created to meet demand for new 2-year old entitlement</p> <p>Ensure accessibility to nursery places matches local need through sufficiency planning</p> <p>Sufficient nursery places created to meet demand for new 9-month + aged babies’ entitlement</p>
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	<p>Sufficient nursery places created to meet demand for new 2-year old’ entitlement</p> <p>Implement revised model of universal targeted and specialist support in all settings</p> <p>Sufficient nursery places created to meet demand for new 9-month + aged babies’ entitlement</p>
Help Young People Achieve their potential	Pathways for All: System leadership of the Post 16 sector to improve curriculum pathways for young people. Additional pathways ready to deliver.
Tackle low school attendance reducing pupil absence rates	Work to support and increase attendance
Support Healthy and positive approach to adolescence	Work with partners to increase understanding and “normalisation” of adolescent stresses and anxieties

Shared outcome 1: Give children and young people the best start in life ~ CYPE input

What we have committed to	Strategies / plans in place to deliver
Help preschool and school-age children and young people achieve their potential	
Provide equal access to educational opportunities	<p>Education Strategy– KCC</p> <p>Development of a national register for pupils educated other than in school, requiring Kent to maintain strong monitoring of children missing education and those in elective home education.</p>
Ensure young people are skilled and ready for adult life Improve pupil attainment measured through average attainment 8 scores	<p>Education Strategy – KCC</p> <p>Framing Kent’s Future</p>
Strengthen capability of mainstream settings and universal services to meet the needs of CYP with SEND so that Children with SEND to have a good school place in or near their local community.	<p>Support delivery through the Kent and Medway LDA Strategy</p> <p>Improve pupil attainment in SEN pupils measured through average attainment 8 scores</p> <p>CATIE(Countywide Approach to Inclusive Education)</p> <p>Review of Specialist resource provisions to ensure SRP units in mainstream schools are in the right places to meet needs</p>
Deliver Inclusive early years education	<p>Help early years settings to embed inclusive support for children and build on existing good practice through a model for universal, targeted and specialist support</p>
<p>Work with families with children & young people with SEND</p> <p>Provide specialist SEND support with early identification and good coordination</p> <p>Children and Young People with SEND to have a pathway through education which delivers progress and attainment so that the Young people achieve independence into adulthood</p>	<p>Support delivery through the Kent and Medway LDA Strategy</p> <p>KCC SEND Strategy</p> <p>CATIE(Countywide Approach to Inclusive Education)</p> <p>Priority One: Supporting a school led system to deliver the highest quality core inclusive education,</p> <p>Priority Two: Providing additional intervention and support with engagement and integration,</p> <p>Priority Three: Inclusive Education is part of a broader, holistic, and joined-up offer of support,</p> <p>Priority Four: Ensuring smooth transition between education phases.</p>

Shared outcome 1: Give children and young people the best start in life ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Support families and communities so children thrive	
Whole family approach, co-producing with children, young people and families	Family hubs Implement the National Healthy Child Programme Support Core 20plus5 for children and young people
Improve and join up access to local support for families through the Family Hub model	Family Hub Programme Nurturing Little Hearts and Minds Strategy for early mental health Infant feeding strategy
Ensure access to benefits for families	Work with NHS colleagues on MECC opportunities Support Kent Association of Local Councils (KALC) cost of living initiatives Family Hub Programme

Shared outcome 1: Give children and young people the best start in life ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Strive for children and young people to be physically and emotionally healthy	
Address health inequalities	Increase rates of breastfeeding Increase rates of immunisation in deprived groups Reduce % children who are obese and overweight Reduce the proportion of women who smoke in pregnancy Support delivery perinatal equity and equality action plan and commission for and monitor implementation of personalised care Support Core20PLUS5 projects
Give more support to those more likely to experience poorer outcomes	Input to Refugee resettlement programmes Infection prevention control advice to UASC accommodation sites Data and evidence on health inclusion groups to inform strategy and services Family Partnership Programme
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	Support the Children and Young People Mental Health transformation programme
Protect young people from exploitation and criminal harm	Prevent Duty Support Community Safety Plans Support the Kent Community Safety Agreement and Action Plan Increase understanding of the impact of social channels and gaming on exploitation and abuse

Shared outcome 1: Give children and young people the best start in life ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver Led by / responsible
Strive for children and young people to be physically and emotionally healthy	
Improve levels of physical activity in young people	Support Move Together~ Active Kent and Medway Strategy Support Districts and KALC in developing local plans around physical activity Support for Daily Mile in Primary Schools
Reduce % children who are obese and overweight	Inequalities, Prevention and Public Health Committee (IPPH) - Prevention Subcommittee Action Plan Whole system Obesity Strategy Support Districts and KALC in developing local plans around healthy weight Establish “Relationship with Food” programme Publication of responsive feeding animations
Reduce the proportion of women who smoke in pregnancy	Local Maternity and Neonatal System Delivery Plan
Take a preventative approach to keeping children healthy including oral health and Immunisation	IPPH Prevention Subcommittee Action Plan Health Protection Board - Immunisation assurance as part of the DPH statutory role Targeted work to reach inclusion groups – MMR in GRT communities National Healthy Child Programme
Impact of vaping and cannabis use in families	Explore specific post to work with families around tackling this issue

Shared outcome 1: Give children and young people the best start in life ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Help preschool and school-age children and young people achieve their potential	
Support families so that children are ready for school	Family Hubs Promoting the uptake of key immunisations
Support access to high quality nursery education	Help ensure families access to nursery entitlement working through health visitor service and voluntary sector and community groups
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	Family Hubs Commission evidence based, well targeted parenting support including Triple P

Shared outcome 1: Give children and young people the best start in life ~ GET Input

What we have committed to	Strategy / plan / Service in place to deliver
Support families and communities so children thrive	
Reducing access to vapes, cigarettes and alcohol for children under the age of 18 and raise awareness of the dangers.	Trading Standards & KSS Business Plan & Community Wardens
Ensure access to safe consumer goods	Trading Standards & Kent Scientific Services Business Plan
Raise awareness of alcohol consumption amongst young people	Community Wardens
Reduce the % of children living in poverty	Economic framework
Part of the 5G Improve access to local support for families through the Family Hub model	Community Warden Objectives Libraries Registrations & Archives Business Plan - countywide programme of events and activities Playground National Portfolio Organisation Developer Contributions Guide supporting Integrated Childrens Services
Children have free access to books and learning tools	Libraries Summer Reading Challenge Developer Contributions Guide supporting Libraries

Shared outcome 1: Give children and young people the best start in life ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Strive for children and young people to be physically and emotionally healthy	
Ensure access to safe and accurately described food	Food Enforcement Plan
Provide and promote opportunities for children and young people to improve physical and emotional wellbeing.	Country Parks Strategy Countryside Partnerships Playground National Portfolio Organisation Kent Design Guide Kent Cultural Strategy Libraries - countywide programme of events and activities Move Together - Active Kent and Medway Strategy Active Travel - work with schools Developer Contributions Guide

Shared outcome 1: Give children and young people the best start in life ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Strive for children and young people to be physically and emotionally healthy	
Improve levels of physical activity in young people	Move Together - Active Kent and Medway Strategy Country Parks Strategy Countryside Partnerships Local Transport Plan 5 Vision Zero Road Safety Strategy Rights of Way Improvement Plan
Reduce % children who are obese and overweight	Move Together - Active Kent and Medway Strategy
Take a preventative approach to keeping children healthy, including oral health and Immunisation 158	Community Wardens – safety advisory role Energy & Low Emissions Strategy Active Travel - work with schools

Shared outcome 1: Give children and young people the best start in life ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Strive for children and young people to be physically and emotionally healthy	
Address health inequalities	<p>Kent & Medway High Ambition Pathway (reducing emissions) & the Environmental Improvement Plan</p> <p>Libraries Business Plan – focussing services in areas where there are inequalities</p> <p>Active Kent & Medway</p> <p>Developer Contributions Guide – working with Adult Social Care and Integrated Childrens Services to improve accessibility within residential housing and community facilities.</p>
Give more support to those more likely to experience poorer outcomes	<p>Playground National Portfolio Organisation</p> <p>Libraries - countywide programme of events and activities (most are free). Free computer use, free books, free resources</p>
Protect young people from exploitation and criminal harm	Kent Community Safety Agreement & Action Plan

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Shared outcome 1: Give children and young people the best start in life ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Help preschool and school-age children and young people achieve their potential	
Improve proportion of 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	Libraries - countywide programme of events and activities, Bookstart, Summer Reading Challenge, Playground, access to free books (physical and digital) Playground National Portfolio Organisation
Ensure young people are skilled and ready for adult life Improve pupil attainment measured through average attainment 8 scores	Libraries – working with schools to provide opportunities for young people (school visits, DofE, supporting home education, access to digital and printing)
Strengthen capability of mainstream settings and universal services to meet the needs of CYP with SEND	Home to school transport for SEN
Work with families with children & young people with SEND Provide specialist SEND support with early identification and good coordination.	Playground National Portfolio Organisation Bookstart able to support SEND Home to School Transport for SEN
Provision of SEN infrastructure to support children with SEN	Developer Contributions Guide working in conjunction with CYPE.

Shared outcome 1: Give children and young people the best start in life ~ Infrastructure input

What we have committed to	Plans in Place to Deliver
Deliver the estate objectives in KCC net zero plan	KCC net zero plan
Continue to support the development of the One Public Estate Programme through the Kent Estates Partnership	Kent Estates Partnership
Ensure Young People are Skilled and Ready for Adult Life	<p>Supporting school – KCC supports Education through infrastructure via our capital programme for school and maintaining our sites through our FM partnerships.</p> <p>The Kent commissioning plan sets out KCC's commissioning intentions to plan to ensure there are sufficient school places, in the right locations and at the right time to fulfil our legal responsibility to offer an appropriate school place to all who require one but without compromising on high-quality provision our children and young people deserve.</p>
Support Access to High Quality Nursery Placements	Commissioned Nursery Provision through the Kent Commissioning Plan for Education Provision in Kent.
Improve and Join up access to local support for Families	KCP – Kent Communities programme sought to focus KCC buildings in areas of need. This included several proposed co-location of some of our services within a single building along with NHS partners.
Work with families with children and young people with SEND	MASH sites – our Multi-Agency Specialist Hub sites are centres for special educational needs and disabled (SEND) children and their families. A one stop shop where you can attend appointments with different services in the same place on the same day

Shared outcome 1: Give children and young people the best start in life ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Support families and communities so children thrive	
Improve transition to adult services	Work across both ASCH and CYPE to optimise support for young people between the ages of 14-25, as they transition from children to adult service, promoting independence and adult life.

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, 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 could 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: Tackle the wider determinants to prevent ill health ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Address the economic determinants that enable healthy lives including stable employment	
Encourage all large employers to develop as anchor organisations	Work with large employers around opportunities as anchor institutions Support healthy workplace initiatives Develop systems to ensure people with mental health issues can be retained in the workplace were possible
Optimise our role as public sector anchors including around procurement and employment	Work with districts and NHS colleagues to optimise role as anchor institutions
Cost of living crisis support	ICS Prevention Sub-Committee Support Kent Association of Local Councils (KALC) cost of living initiatives Support DC cost of living initiatives Use MECC to help people access benefits and support
Education and skills development for employment 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	Develop systems to ensure people with mental health issues can be retained in the workplace were possible

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Address the social determinants that enable healthy lives including social networks and safety	
Reduce loneliness	Research – HDRC Support district initiatives including Priority Places Support KALC loneliness initiatives Ensure links One You and Social prescribing Develop MECC to identify and hand off/signpost people who are lonely Ageing well strategy input
Community safety including tackling crime, serious violence, anti-social behaviour and discrimination	Contribute to the Kent CSP Action Plan
Reduce level of substance misuse	Kent Drug and Alcohol Strategy
Reduce level of alcohol misuse	Inequalities Prevention and Population Health Committee (IPPH) Prevention Subcommittee Action Plan Kent Drug and Alcohol Strategy Support licencing to reduce risks from alcohol

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Address the social determinants that enable healthy lives including social networks and safety	
Social prescribing	IPPH Action Plan, Link MECC to social prescribing
Voluntary and community capacity	Work with KALC to develop the role of parishes
Active travel	Ageing well strategy Active Kent and Medway

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
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)	Ageing well strategy
Tackle climate change including sustainable ways of living and working and air quality	Raising awareness around the climate emergency and threats to health Contribute to multi-agency work on climate adaptation and mitigation Contribute to the improvement of air quality (both indoor and outdoor)
Accessible homes Page 67	Public Health support to the Kent Housing Group Contribution to the refresh of the Kent and Medway Housing Strategy Housing and Health Project Officer located in Public Health Support to districts around health and housing Advice to planning applications Advice to planners and developers' networks Ageing well strategy

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Address inequalities	
Ensure access to services people need	Health and Wellbeing Plans Commissioning approach to include access and proportionate universalism as key drivers Develop bespoke services to meet specific needs Support DC plans to improve local access and services Target health checks
Improve employment rates in people with mental health issues	Develop systems to ensure people with mental health issues can be retained in the workplace where possible Contribute to the ICB Work and Health Programme
Improve employment rates in people with Learning difficulties	Through role in LD and autism strategy

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address the economic determinants that enable healthy lives including stable employment	
Attract and support new businesses	<p>K&M Economic Framework</p> <p>LRA Business & Intellectual Property Centres (BIPC) Trading Standards Business advice Kent Downs National Landscape Management Plan</p>
Support all businesses (including SMEs)	<p>Trading Standards Business Advice Kent Scientific Services – product testing and analysis LRA Business & Intellectual Property Centres (BIPC)</p>
Encourage all large employers to develop as anchor organisations	<p>Kent & Medway Economic Framework</p>
Optimise our role as public sector anchors including around procurement and employment	<p>Kent & Medway Economic Framework</p>
Cost of living crisis support	<p>Libraries - warm spaces, access to free PCs/Wi-fi, Community fridge at Wood Avenue, Managing finances course on public PCs</p> <p>Trading Standards Information Programme – supporting consumers and families</p> <p>Community Wardens – supporting access to benefits, hardship funds, warm spaces, food banks etc.</p> <p>England National Concessionary Travel Scheme (Bus Pass)</p> <p>Energy & Low Emissions Strategy - Support for vulnerable / lower income households on water saving tips & devices & tariff</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address the economic determinants that enable healthy lives including stable employment	
Education and skills development for employment	K&M Economic Framework Cultural Strategy Developer Contributions Guide – collections for Adult Education & Children, Young People & Education
Address the social determinants that enable healthy lives including social networks and safety	
Reduce loneliness	Positive Wellbeing – social prescribing service Libraries (inc. mobile libraries & home library service) Know your neighbourhood Thanet Community Wardens Objective – Community Wellbeing, support the elderly & vulnerable Country Parks & Countryside Partnerships Green Social Prescribing Network Heritage Conservation Volunteering Kent Karrier Move Together - Active Kent and Medway Strategy Kent Cultural Strategy
Community safety including tackling crime (inc. serious organised crime), serious violence, anti-social behaviour and discrimination	Kent Community Safety Agreement and Action Plan Trading Standards Action Kent Design Guide
Protecting vulnerable people in our communities	Trading Standards Community Safety Agreement & Community Wardens Kent Karrier Community Transport Grant Scheme Home Library Service
Deliver on Serious Violence Duty	Kent Community Safety Agreement and Action Plan

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address the social determinants that enable healthy lives including social networks and safety	
Reduce level of substance misuse	Substance Misuse Alliance Kent Community Safety Agreement and Action Plan
Reduce level of alcohol misuse	Trading Standards – prevent underage sales
Developing Social prescribing	Positive Wellbeing – social prescribing service Community Wardens Green Social Prescribing Network Kent Cultural Strategy Libraries - prescribed activities, events or self-help books
Voluntary and community capacity	Community Wardens Heritage Conservation & Countryside Partnerships Volunteer programmes Volunteering Opportunities Community transport grant scheme Local Flood Risk Management Strategy
Active travel	Local Transport Plan (LTP 5) (Kent Cycling & Walking Infrastructure Plan) Carbon Net Zero Vision Zero' Road Safety Strategy Rights of Way Improvement Plan Kent and Medway Energy and Low Emissions Strategy Kent Environment Plan (2024 onwards) Kent Design Guide, Neighbourhood Plans & Strategic Planning Applications Developer Contributions Guide
Best use of music, arts and leisure	Kent Cultural Strategy Playground National Portfolio Organisation Heritage Strategy Kent Downs National Landscape Move Together - Active Kent and Medway Strategy Libraries – free access to a range of resources.

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment	
<p>Improve quality of life across built and natural infrastructures (including transport)</p> <p>Page 72</p>	<p>Kent Design Guide Neighbourhood Plans Strategic Planning Applications Nationally significant infrastructure projects (NSIP)</p> <p>Kent Cultural Strategy Cultural Planning Toolkit</p> <p>Move Together - Active Kent and Medway Strategy</p> <p>Local Flood Risk Management Strategy</p> <p>Kent's Plan BEE – Pollinator Action Plan</p> <p>Developer Contributions Guide</p> <p>Kent Waste Disposal Strategy</p> <p>Fly tipping - Support partners with their statutory responsibility to investigate and enforce fly-tipping and promote responsible disposal of waste.</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment	
Tackle climate change including sustainable ways of living and working and air quality	Energy Strategy - incoming Nationally significant infrastructure projects (NSIP) Local Transport Plan 5 – Transport strategy Energy & Low Emissions Strategy Local Flood Risk Management Strategy Kent Waste Disposal Strategy
Accessible homes	Trading Standards – fair treatment of tenants Infrastructure Mapping Platform Kent Design Guide Developer Contributions Guide – working with ASCH

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address inequalities	
<p>Ensure access to services people need</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 74</p>	<p>Community Warden Service – active signposting & referral support</p> <p>Local Transport Plan 5 (& Kent Cycling & Walking Infrastructure Plan - ensuring modal choice) Rights of Way Improvement Plan</p> <p>Libraries</p> <ul style="list-style-type: none"> - signposting services (private meeting areas, Ask a Kent librarian service) - Accessible Libraries, mobile libraries, on-line, Home library Service. Postal loan. - Free membership / Exempt offer removes barriers for people with disabilities. - Free computers with accessibility supports. Free wi/fi. <p>English National Concessionary Travel Scheme (Buss passes)</p> <p>Household Waste Recycling Centres – inc. improved accessibility as a result of digital transformation.</p> <p>Developer Contributions Guide – ensuring developments provide community resources and good access to services.</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Address inequalities	
Maximise independence of those with mental health issues, learning difficulties and neurodiversity	<p>Libraries - Reading well book collections, self-help book collections, autism friendly libraries. Dementia Friendly Libraries. Books Beyond Words reading groups. Volunteering opportunities.</p> <p>Arts Investment Fund - supporting people with learning difficulties and neurodiversity</p> <p>Move Together - Active Kent and Medway Strategy - supporting people with learning difficulties and neurodiversity</p>
Improve employment rates in people with mental health issues	Library volunteering opportunities

Shared outcome 2: Tackle the wider determinants to prevent ill health~ CYPE Input

What we have committed to	Strategies / plans in place to deliver
<p>Address the economic determinants that enable healthy lives including stable employment</p>	
<p>Education and skills development for employment</p>	<p>The Adult Education Budget is changing to become the Adult Skills Fund, with the introduction of new 'Primary Purposes' for funding and a focus on moving learners closer to, into work and up within work. Learning for leisure is no longer fundable.</p> <p>Deliver courses to supporting building learner confidence and supporting wellbeing, focusing on deprived communities in coastal areas. Impact evidenced through learner end-of course feedback</p> <p>Refugees will complete accredited ESOL courses to move them into/closer to sustaining work.</p> <p>Adults without L2, will develop numeracy skills and/or confidence through engagement with Multiply project.</p>
<p>Increase opportunity for parents to work</p>	<p>All primary schools have arrangements in place, directly or in partnership, enabling their pupils to access before and after-school wraparound care (by September 2026)</p> <p>Sufficient nursery places created to meet demand for new 2-year old entitlement</p> <p>Sufficient nursery places created to meet demand for new 9-month + aged babies entitlement</p> <p>Deliver Holiday Activity and Food programme, develop and deliver procurement for 2025-28 (subject to Government funding being agreed)</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Infrastructure input

What we have committed to	Plans in Place to Deliver
Work with Kent & Medway Resilience Forum partners to mitigate risks in respect of mass casualty / mass fatality incidents	KMRF Mass Casualty Plan KMRF Mass Fatality Plan
Work with Kent & Medway Resilience Forum partners to assist survivors / evacuees of incidents / emergencies affecting communities in Kent	KMRF Evacuation & Shelter Plan KMRF Welfare Centre Guidelines
Deliver the estate objectives in KCC net zero plan	KCC net zero plan
Continue to support the development of the One Public Estate Programme through the Kent Estates Partnership	Kent Estates Partnership
Tackle climate change including sustainable ways of living and working and air quality	KCC commitment to achieve Net Zero emissions by 2030 for our own estate, operations and traded services. Monitoring against this target started in April 2021. All Commissioned contractors are enabled to deliver against KCC targets. KCC have also achieved the International Standard for Environmental Management (ISO14001) and have held this standard since 2009.
Address the social determinants that enable healthy lives including social networks and safety	KCP – Kent Communities programme sought to focus KCC buildings in areas of need. This included several proposed co-location of some of our services within a single building along with NHS partners. Community Gateways - These sites allow individuals to access a wide range of services in one building, including to enrol on Adult Education courses, register a birth or death, use the library services and obtain advice on KCC services.
Maximise independence of those with mental health issues, learning difficulties and neurodiversity	Community Day Learning Disability hubs – KCC has a range of hubs that support individuals to build individual and existing capabilities, recognising Individuals as assets, provide peer support networks and blurring distinctions between individuals and professionals. These hubs support promoting independence and wellbeing. This supports individuals to participate in all aspects of community life to work, learn, get ahead, meet people, be part of social networks and access good and services - and have support to do so.

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Adult Social Care Input

What we have committed to	plans in place to deliver
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Address the economic determinants that enable healthy lives including stable employment

Cost of living crisis support	Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.
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Address the social determinants that enable healthy lives including social networks and safety

<p>Reduce loneliness</p> <p>Page 78</p>	<p>Social prescribing - working with the NHS and our partners to co-develop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p>
Community safety including tackling crime, serious violence, anti-social behaviour and discrimination	<p>Safeguarding – review and update current ways of working to ensure that our safeguarding approach in Kent is of the highest standard possible and that best practice is embedded across all teams with a focus on continuous learning and improvement.</p> <p>Prevent and Serious Organised Crime -meet statutory responsibilities under CONTEST, Prevent Duty and Channel Duty. Coordinate a multi-agency approach across partners who include police, health and education and support the delivery of KCC’s Serious Organised Crime Strategy and action plan.</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Address the social determinants that enable healthy lives including social networks and safety	
Social prescribing	Social prescribing - working with the NHS and our partners to co-develop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing
Voluntary and community capacity	<p>Build Resilient Communities</p> <p>Micro-providers – establishing a strong network of small (micro) businesses to improve community resilience and individual choice by offering more diverse activities and resources. Driving culture change towards self-directed support and encouraging staff and people in Kent to access innovative care and support in their local communities.</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p>
Building resilient communities	<p>Dementia friendly communities – promoting Dementia Awareness Sessions, virtual bus tours and dementia interpreter training, shaping and sharing best practice, linking people together to provide peer support in local communities and encouraging participation in the Kent Dementia Action Alliance</p> <p>Social Prescribing - working with the NHS and our partners to co-develop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p>

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Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Adult Social Care Input

What we have committed to	plans in place to deliver
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Address inequalities

<p>Ensure access to services people need</p>	<p>Micro-providers – establishing a strong network of small (micro) businesses to improve community resilience and individual choice by offering more diverse activities and resources. Driving culture change towards self-directed support and encouraging staff and people in Kent to access innovative care and support in their local communities.</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p> <p>Social prescribing - working with the NHS and our partners to co-develop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p> <p>Digital pathways – developing new, accessible and user-friendly ways for people to access clear information and support from adult social care when they need it. Includes the use of self-assessment and financial assessment tools so people can access this remotely</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p>
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Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Address inequalities	
<p>Maximise independence of those with mental health issues, learning difficulties and neurodiversity</p>	<p>Kent and Medway All-age Learning Disability and Autism Strategy – co-producing a system-wide vision and strategy with Autistic people and people with learning disabilities, the NHS and Medway Council in readiness for the formation of the Integrated Care System (ICS) to put the person at the heart of decision making and service design.</p> <p>Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p>
<p>Improve employment rates in people with Learning difficulties</p>	<p>Kent and Medway All-age Learning Disability and Autism Strategy – co-producing a system-wide vision and strategy with Autistic people and people with learning disabilities, the NHS and Medway Council in readiness for the formation of the Integrated Care System (ICS) to put the person at the heart of decision making and service design.</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Procurement input

What we have committed to	Strategies / plans in place to deliver
Local Employment	<ul style="list-style-type: none"> Seek to optimise local employment and training opportunities to reduce unemployment and raise local skills Secure focus on most deprived communities Workforce culture to be inclusive and reflect diversity Opportunities to improve skills and develop young people Support people who have been out of the workforce for some time Support for people who are NEETs, care leavers and have a history of offending Visits to local schools by employer Training opportunities offered and meaningful work placements offered
Local Economy	<ul style="list-style-type: none"> Commissioned provider in turn embraces above and other value for social value in their commissioning Prime contractors to support local supply chain including focus on local microbusinesses, SMEs and VCSE Role contractor as provider advice and support to local SMEs and VCSEs
Community Development	<ul style="list-style-type: none"> Businesses to support resilience in local communities with focus on local need Support local priorities, campaigns and projects and encourage cohesion Donations and in kind support for local community projects including sharing experience and skills Staff to have volunteering opportunities Support for health and wellbeing initiatives in the local community Initiatives to reduce crime and to tackle homelessness Support for people who are older or have a disability within the community Support for the VCSE organisations Increase accessibility to contracting opportunities for local SMEs and VCSEs

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Procurement Input

What we have committed to	Strategies / plans in place to deliver
Good Employer	<p>Support staff development in provider organisations and them in turn in their supply chains</p> <p>Seek to pay National Living Wage to staff under age 25</p> <p>Action to secure gender equality in pay</p> <p>Support for mothers to be an active part of the workforce</p> <p>Support for people with a disability to be part of the workforce</p> <p>Employment of people from the global majority</p> <p>Promote Equality, Diversity and Inclusion in our supply chains' workforces</p> <p>Wellbeing courses and support for staff</p> <p>Support to enable people with mental health issues to be retained in the workplace</p> <p>Ethical procurement including anti-slavery to reduce the risk of modern slavery in our supply chains</p> <p>Reduce the risk of bribery, fraud and corruption in our supply chains</p>
Green and Sustainable	<p>Initiatives to reduce environmental impacts in relation to the contract and similar in supply chains</p> <p>Reduce carbon emissions in our supply chains and securing Net Zero commitments from suppliers</p> <p>Reduce wider environmental impact via procurement (e.g. reducing waste, using sustainable materials)</p> <p>Initiatives to reduce transport impact eg cycle to work, public transport,</p> <p>In kind and finance support towards development of local green infrastructure</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Community Civil Strategy Input

What we have committed to (up until end of 2024)	Strategies / plans in place to deliver
Support a Strong and Vibrant civil society across Kent communities	<p>Refresh the KCC Civil Society Strategy</p> <p>Deliver recommendations NPC report including focus on partnership working, shared responsibility, co-design and longer-term outcomes</p> <p>Continue to strengthen and improve commissioning practice to enable greater partnership with the VCSE.</p>
Understand and value the role of the civil society	<p>Continue to develop a collaborative approach with the VCSE including through the VCS Strategic Partnership Board with a focus on long term challenges and solutions</p> <p>Work with ICB to ensure strong and meaningful VCS engagement in delivering the IC Strategy</p>
Ensure the Social Sector is sustainable and innovative	<p>Continue to look at how we can support a range of funding streams that support innovation and independence</p> <p>Build on the learning and success of Crowdfund Kent to develop alternative funding sources and to better focus resource on what is important to local communities</p> <p>Develop further local opportunities to improve health and wellbeing through crowdfunding working alongside PH.</p>
Ensure available infrastructure support to the diverse sector	<p>Continue to look at how we can support sustainable infrastructure support, organisational and leadership support, peer support, income generation and funding and organisational development within the VCSE reflecting the needs of diverse organisations, as we develop the new strategy.</p>
Develop and effective, efficient and inclusive approach to volunteers	<p>Continue to support the development of countywide volunteering infrastructure to ensure a consistent, sustainable system to manage, promote and attract volunteering through Kent Volunteers this includes volunteering to support health and wellbeing.</p> <p>Support Kent Volunteers to continue to develop the countywide platform for the system to seek and onboard volunteers and for people wishing to volunteer to access</p> <p>Better understand the needs of volunteers and barriers to volunteering through Kent Trustees' Network</p> <p>Target volunteers to key strategic areas of need, work and opportunity including Family Hubs through the work of Kent Volunteers.</p>

Shared outcome 2: Tackle the wider determinants to prevent ill health ~ Community Civil Strategy Input

What we have committed to (up until the end of 2024)	Strategies / plans in place to deliver
Uphold the independence of the social sector and enabling it to influence	Continue to support the independent VCSE Steering Group as a means of wider VCSE engagement and ensure it has a strong voice to advocate Recognise and utilise the established engagement mechanisms put in place by the sector to enable strategic engagement within the health and wellbeing agenda such as the VCSE led place-based Alliances
Revise CSS and supporting resources reflecting System changes and pressures including rising need and challenging financial pressures	Work with system partners as we undertake a review and revision of the CSS, to identify any opportunities for greater partnership and collaboration.

Shared outcome 3: Supporting happy and healthy living

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

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

Indicators for this outcome could include:

What we heard:

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

Support people to adopt positive mental and physical health behaviours

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

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

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

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

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

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

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

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

By 2028, the rate of emergency admissions for those who are frail will have reduced by at least 1.5% to the rate it was in 2018.

By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10%.

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: Supporting happy and healthy living ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Support people to adopt positive mental and physical health behaviours	
Increase use of Making Every Contact count	Social prescribing - working with the NHS and our partners to co-develop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing
Increase physical activity, strength and balance in older people	One You Kent
Victim and offender support. Tackle domestic abuse, exploitation and violence against women and girls	Safeguarding – review and update current ways of working to ensure that our safeguarding approach in Kent is of the highest standard possible and that best practice is embedded across all teams with a focus on continuous learning and improvement.

Shared outcome 3: Supporting happy and healthy living ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Deliver personalised care and support centred on individuals providing them with choice and control</p>	
<p>Work together to ensure all care is focused on the individual including sharing data, seamless transition between services, good communication, understanding user needs</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 88</p>	<p>Data sharing agreements Integrated Neighbourhood teams</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>
<p>People with dementia are supported to live as well and independently as possible</p>	<p>Dementia friendly communities – promoting Dementia Awareness Sessions, virtual bus tours and dementia interpreter training, shaping and sharing best practice, linking people together to provide peer support in local communities and encouraging participation in the Kent Dementia Action Alliance</p> <p>Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p>

Shared outcome 3: Supporting happy and healthy living ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Promote wellbeing to prevent, reduce or delay need for care</p>	<p>Social prescribing - working with the NHS and our partners to codevelop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p> <p>Through co-production we will ensure that people we support are as individuals, making sure we focus on equality, diversity and inclusion as we work with people to help them make more informed</p>
<p>Adult safeguarding</p>	<p>Safeguarding – review and update current ways of working to ensure that our safeguarding approach in Kent is of the highest standard possible and that best practice is embedded across all teams with a focus on continuous learning and improvement.</p>

Shared outcome 3: Supporting happy and healthy living ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Enable people to live safely in their community including through technology</p>	<p>Locally based Commissioning Model Dementia Friendly communities Ageing Well Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p> <p>Digital pathways – developing new, accessible and user-friendly ways for people to access clear information and support from adult social care when they need it. Includes the use of self-assessment and financial assessment tools so people can access this remotely. The digital pathway for people accessing Adult Social Care puts them in control of their journey, future proofs services and provides efficiencies throughout the process</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Kent Enablement At Home (KEaH): Provides a service which supports people to do more for themselves at home, by learning or re-learning skills that make them feel safe and confident in their own home. During the service we will get an understanding of a person’s needs to determine the best way to support them to remain independently in their own home.</p> <p>Kent Enablement Service: Kent Enablement Services delivers a one front door enablement service to Younger People and Adults with a Learning Disability or Autism or adults experiencing mental health difficulties, providing a range of interventions to enable people to achieve their goals providing greater choice, control, and sustainable outcomes</p>

Shared outcome 3: Supporting happy and healthy living ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Support people to live and age well, be resilient and independent</p>	
<p>Multi agency working with clear pathways and ongoing support for those with complex needs</p> <p style="text-align: center;">Page 91</p>	<p>Integrated Commissioning Care and Support Pathways Kent and Medway Care Record (KMCR) Frailty pathway redesign</p> <p>Locality operating model – organising our social care workforce into 12 locality teams aligned with district councils and the NHS, making sure we have the right skills within our workforce to deliver our new models of care. Aiming to give people access to the right person, so that they can receive the care and support they require in their local areas and improve community links with partner organisations</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p>
<p>Ageing and dying well with reduced deaths in hospital and death in a place of choice</p>	<p>Ageing Well Strategy</p>

Shared outcome 3: Supporting happy and healthy living ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Support people to adopt positive mental and physical health behaviours	
<p>Evidenced based support to help people choose healthy lifestyles including through bespoke support including:-</p> <ul style="list-style-type: none"> Healthy weight Diet choices Physical activity Sexual health Drug misuse Alcohol misuse Tobacco and Smoking Immunisation and Screening 	<ul style="list-style-type: none"> Health and Wellbeing Plans IPPH Prevention Subcommittee Action Plan Drug and Alcohol Strategy Social Prescribing Strategy, Population Health Management Roadmap NHS Long Term Plan (LTP) Tobacco Dependence Treatment Service Programme Stop smoking services Kent Association of Local Councils (KALC) Physical Activity initiatives KALC weight loss initiatives Move Together One You Kent Advice and awareness raising on immunisations and screening, targeted to reduce inequalities District health alliance plans
<p>Increase use of Making Every Contact count</p>	<p>Work with NHS Providers and DC officers to roll out model</p>
<p>Increase physical activity, strength and balance in older people</p>	<ul style="list-style-type: none"> One You Kent Support to Move Together KALC Physical Activity initiatives Ageing Well strategy District health alliance plans

Shared outcome 3: Supporting happy and healthy living ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
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	Support the development of Data sharing agreements
People with dementia are supported to live as well and independently as possible	Support KALC dementia and carer initiatives and work at DC and Alliance level Ageing well strategy
Holistic support for at risk groups (Homeless/ Gypsy, Roma, Traveller communities/ veterans/offenders/substance misuse etc.)	Military Covenants Gypsy, Roma and Traveller Service Gypsy, Roma and Traveller community of practice delivery plan
Adult safeguarding	Ageing well strategy Mental health and suicide prevention strategies and plans Substance misuse and co-occurring conditions delivery plan
Health Protection	Gaining assurance that systems are in place in Kent protect the safety of residents, including around infectious diseases, environmental hazards, and emergencies.

Shared outcome 3: Supporting happy and healthy living ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Support people to live and age well, be resilient and independent	
Promote wellbeing to prevent, reduce or delay need for care	IPPH Prevention Subcommittee action plans Prevention initiatives to reduce and delay need for care including <ul style="list-style-type: none"> • Create community capacity to support wellbeing • Ensure more people with cooccurring physical and mental health conditions are identified early and supported to live well and safe from harm and neglect • More people age and live well at home with the right care at the right time in the right place ASC prevention plan
Enable people to live safely in their community including through technology	Dementia Friendly communities Health and Wellbeing Plans Support KALC dementia initiative Support Health Alliance plans at district level ASC prevention plan

Shared outcome 3: Supporting happy and healthy living ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
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	Health and Wellbeing Plans
Ageing and dying well with reduced deaths in hospital and death in a place of choice	Ageing Well Strategy
Reduce self-harm and suicide	K&M Suicide Prevention Strategy Mental Wellbeing Concordat Mental Health Together Kent and Medway suicide and self-harm prevention strategy 2021-2025. Suicide Prevention Strategy - Kent County Council
Deliver prevention with a focus on multi-morbidity in line with major conditions strategy/CMO report.	Ageing Well Strategy
Protect the health of Kent residents	Support UKHSA in the response to infectious diseases and outbreaks, environmental and other hazards Contribute to Emergency Planning and Preparedness, including preparedness for future pandemics Infection Prevention and Control in high-risk settings including care homes, wider care sector, education, asylum settings.

Shared outcome 3: Supporting happy and healthy living ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Support people to adopt positive mental and physical health behaviours	
<p>Evidenced based support to help people choose healthy lifestyles including through bespoke support including:-</p> <ul style="list-style-type: none"> Healthy weight Diet choices Physical activity Sexual health Drug misuse Alcohol misuse Tobacco and Smoking 	<p>Move Together - Active Kent and Medway Strategy Everyday Active</p> <p>Social Prescribing Strategy, including green social prescribing</p> <p>Trading Standards – prevention of underage sales of illicit tobacco, vapes and alcohol. Ensure access to safe, accurately described food.</p> <p>Explore Kent Public Rights of Way Country Parks & Countryside Partnerships Safer Active Journeys (part of Road Safety & Active Travel)</p> <p>English National Concessionary Travel Scheme (bus passes)</p> <p>Developer Contributions Guide - working with ASCH & Integrated Childrens Services</p>

Shared outcome 3: Supporting happy and healthy living ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Support people to adopt positive mental and physical health behaviours	
Increase use of Making Every Contact count	Libraries, Positive Wellbeing, Community Wardens Everyday Active
Increase physical activity, strength and balance in older people	Move Together - Active Kent and Medway Strategy & Everyday Active Public Rights of Way Explore Kent
Victim and offender support. Tackle domestic abuse, exploitation and violence against women and girls	Kent Community Safety Agreement & Action Plan
Reduce instances of Domestic Abuse Related Death (DARD)	Community Safety – preventative learning from the reviews

Shared outcome 3: Supporting happy and healthy living ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
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	Community Wardens – Esther improvement coaches
People with dementia are supported to live as well and independently as possible	Community Wardens – Esther improvement coaches Dementia Friendly Libraries. Dementia groups, Safe space, Home Library Service Arts Investment Fund
Holistic support for at risk groups (Homeless/ Gypsy, Roma, Traveller communities/ veterans/offenders/substance misuse etc.)	Gypsy, Roma & Traveller Service
Adult safeguarding	Community Safety & Community Wardens

Shared outcome 3: Supporting happy and healthy living ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Support people to live and age well, be resilient and independent	
<p>Enable people to live safely in their community, including through technology</p>	<p>Supporting better broadband</p> <p>Community Wardens – improving safety through digital solutions Community Safety – Provision of information in digitally accessible formats.</p> <p>Libraries – free access to computers, the internet, computer buddies, e resources. Home library service. Mobile library, Warm / safe spaces</p> <p>Coroners' duty to make reports to a person, organisation, local authority or government department or agency where the coroner believes action should be taken to prevent future deaths.</p> <p>Kent Karrier</p> <p>Local Flood Risk Management Strategy</p> <p>Developer Contributions Guide - improving home accessibility (inc. digital infrastructure) with ASCH</p>

Shared outcome 3: Supporting happy and healthy living ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
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	Integrated Neighbourhood Teams
Ageing and dying well with reduced deaths in hospital and death in a place of choice	Arts Investment Fund
Reduce self-harm and suicide	Community Safety
Promote wellbeing to prevent, reduce or delay need for care	Move Together - Active Kent and Medway Strategy Kent Cultural Strategy Positive Wellbeing Community Wardens Libraries – Reading well collections Explore Kent Country Parks & Countryside Partnerships Safer Active Journeys Heritage Conservation Kent Karrier

Shared outcome 3: Supporting happy and healthy living ~ Infrastructure input

What we have committed to	Plans in Place to Deliver
Deliver the estate objectives in KCC net zero plan	KCC net zero plan
Continue to support the development of the One Public Estate Programme through the Kent Estates Partnership	Kent Estates Partnership

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.”

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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 could include:

By 2025, the rising trend in the percentage of days disrupted by hospital care for those with long term conditions will have reversed.

By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% to at least 60%.

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: Empower people to best manage their health conditions ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Empower those with multiple or long-term conditions through multidisciplinary teams</p>	
<p>Use Complex Care Teams and Multi- Disciplinary Teams to support people to manage their conditions</p>	<p>Integrated commissioning Locality operating model – organising our social care workforce into 12 locality teams aligned with district councils and the NHS, making sure we have the right skills within our workforce to deliver our new models of care. Aiming to give people access to the right person, so that they can receive the care and support they require in their local areas and improve community links with partner organisations</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p>
<p>Shared decision making to support individuals to achieve their goals</p>	<p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>

Shared outcome 4: Empower people to best manage their health conditions ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Empower those with multiple or long-term conditions through multidisciplinary teams</p>	
<p>Utilise developing technologies, personal health budgets, direct payments and social prescribing to support people to achieve their goals</p>	<p>Digital pathways – developing new, accessible and user-friendly ways for people to access clear information and support from adult social care when they need it. Includes the use of self-assessment and financial assessment tools so people can access this remotely</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p>
<p>Provide high quality primary care</p>	
<p>Access to preventative, early intervention services to prevent admission to hospitals</p>	<p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Social prescribing - working with the NHS and our partners to codevelop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p> <p>Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>

Shared outcome 4: Empower people to best manage their health conditions ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Provide high quality primary care	
Support the provision of primary care to meet community needs	<p>Social prescribing - working with the NHS and our partners to codevelop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Locality operating model – organising our social care workforce into 12 locality teams aligned with district councils and the NHS, making sure we have the right skills within our workforce to deliver our new models of care. Aiming to give people access to the right person, so that they can receive the care and support they require in their local areas and improve community links with partner organisations</p>
Support carers	
Support carers, involve them and provide for their needs	<p>Kent Adult Carers’ Strategy – developing a person-centred five-year vision and strategy co-produced with carers in partnership with the NHS. Focusing on what is important for unpaid carers as experts with lived experience, to help them live full lives, be themselves, maintain their physical and mental wellbeing and be aware of the support provided at each stage of their carer’s journey</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>
Focused support for young carers	Triangle of Care action plans

Shared outcome 4: Empower people to best manage their health conditions ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
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	Work to influence activity PCNs and INTs
Access to preventative, early intervention services to prevent admission to hospitals	One You Health Checks Commission effective targeted PH services and support ASC prevention plan
Ensure pharmacies support people with self-care, healthy living advice etc.	Through Work with HCPs and PCNs
Media and communications	Use media and communications effectively to raise awareness and sign post to services

Shared outcome 4: Empower people to best manage their health conditions ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Provide high quality primary care	
Support the provision of primary care to meet community needs	Commission health checks Develop primary care initiatives driven by need that tackle inequalities with HCPs
Support carers	
Support carers, involve them and provide for their needs	Support Kent Association of Local Councils (KALC) dementia and carer initiatives

Shared outcome 4: Empower people to best manage their health conditions ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
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	Community Wardens
Shared decision making to support individuals to achieve their goals	Positive Wellbeing Community Wardens – Esther Improvement Coaching
Utilise developing technologies, personal health budgets, direct payments and social prescribing to support people to achieve their goals and live the life they want in a place called home.	Positive Wellbeing Community Wardens Libraries (activities could be prescribed. Health book collections. On-line E resources) Developer Contributions Guide –provision of infrastructure to enable people to continue to live in their own home with ASCH
Provide high quality primary care	
Access to preventative, early intervention services to prevent admission to hospitals	Positive Wellbeing Community Wardens
Ensure pharmacies support people with self-care, healthy living advice etc.	Move Together - Active Kent and Medway Strategy & Everyday Active Campaign

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Shared outcome 4: Empower people to best manage their health conditions ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Support carers	
Support carers, involve them and provide for their needs	Community Wardens Libraries - Exempt offers to support carers

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: Improve health and care services ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Improve equity of access to health and care services</p>	
<p>Improve access to services</p>	<p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Locality operating model – organising our social care workforce into 12 locality teams aligned with district councils and the NHS, making sure we have the right skills within our workforce to deliver our new models of care. Aiming to give people access to the right person, so that they can receive the care and support they require in their local areas and improve community links with partner organisations</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>
<p>Making best use of community assets to provide more local care</p>	<p>Locality-based commissioning model – moving to more flexible, open, diverse and locally adopted arrangements to enable more person-centred support, with a balance of ensuring quality and value</p> <p>Micro-providers – establishing a strong network of small (micro) businesses to improve community resilience and individual choice by offering more diverse activities and resources. Driving culture change towards self-directed support and encouraging staff and people in Kent to access innovative care and support in their local communities.</p> <p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Social prescribing - working with the NHS and our partners to codevelop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p>

Shared outcome 5: Improve health and care services ~ Adult Social Care Input

What we have committed to	plans in place to deliver
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Improve equity of access to health and care services

Digital health and advice	<p>Digital front door – launching the new social care website ‘Kent Connect to Support’ that provides information and advice to help people stay independent and connected to their local community.</p> <p>Digital pathways – developing new, accessible and user-friendly ways for people to access clear information and support from adult social care when they need it. Includes the use of self-assessment and financial assessment tools so people can access this remotely</p>
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Shared outcome 5: Improve health and care services ~ Adult Social Care Input

What we have committed to	plans in place to deliver
<p>Communicate better between our partners especially when individuals are transferring between health and care settings</p>	
<p>Improve flow through health and care system</p>	<p>Joint Commissioning Urgent and Emergency Care programmes</p>
<p>Well-coordinated discharge and care planning</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 113</p>	<p>Locality operating model – organising our social care workforce into 12 locality teams aligned with district councils and the NHS, making sure we have the right skills within our workforce to deliver our new models of care. Aiming to give people access to the right person, so that they can receive the care and support they require in their local areas and improve community links with partner organisations</p> <p>Short Term Pathways Teams support people to move through the hospital discharge pathways in a timely way whilst ensuring that we deliver consistent, high-quality, integrated, equitable and seamless services to people who use adult social care</p> <p>Home based (County Wide) enablement & support services, short term pathways including discharge to assess (bed-based enablement), day opportunities (including supported employment), shared lives</p>
<p>Discharge to their home with relevant reablement, recovery and rehab services</p>	<p>Technology enabled care - putting in place an innovative digital technology enabled care offer (e.g. social and health care apps and wearable technology) that empowers a person and supports them to maintain or improve their independence, safety, and wellbeing with greater choice and control</p> <p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>
<p>System winter planning, making use of collective resource</p>	<p>Better Care Fund</p>

Shared outcome 5: Improve health and care services ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Tackle mental health issues with the same energy and priority as physical illness	
Support CYP and adults with emotional health and wellbeing	<p>Mental Health Together</p> <p>Social prescribing - working with the NHS and our partners to codevelop the Social Prescribing Strategy which will ensure a joined-up approach for developing and accessing proactive community that prevents isolation and loneliness and focuses on people’s wellbeing</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>
Support those with mental health conditions with their health and wellbeing through integrated support	<p>Mental Health Together</p> <p>Mental Health delivery plan</p> <p>Mental Health Concordat</p> <p>Develop an enablement Home from Hospital for Mental Health Acute services.</p>

Shared outcome 5: Improve health and care services ~ Adult Social Care Input

What we have committed to	plans in place to deliver
Provide high quality care	
Work in a more integrated way	Locality operating model – organising our social care workforce into 12 locality teams aligned with district councils and the NHS, making sure we have the right skills within our workforce to deliver our new models of care. Aiming to give people access to the right person, so that they can receive the care and support they require in their local areas and improve community links with partner organisations
Improve outcomes and experience	<p>Self-directed support – changing the way a person or their carer, can organise their own support, to enable people to find more creative, personalised, and effective ways of getting their needs and outcomes met, shifting control to the person and their families and improving understanding among staff and providers of the legal requirements that are designed to enable people to live a full life.</p> <p>Person’s voice plan – creating and delivering a plan that promotes and embeds participation and involvement of people with lived experience in our planning and delivery of adult social care.</p>

Shared outcome 5: Improve health and care services ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Improve equity of access to health and care services	
Improve access to services	PH commissioning approach Focus on need and inequalities JSNA
Making best use of community assets to provide more local care	Develop work with KALC Links with Districts providing PH support to Alliances
Digital health and advice	PH Commissioning Approach
Increase early cancer diagnosis in line with Core 20plus5	Inequalities, Prevention and Population Health Committee (IPPH) Prevention Subcommittee action plan
Identify and address any inequalities in access to elective care	JSNA

Shared outcome 5: Improve health and care services ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Tackle mental health issues with the same energy and priority as physical illness	
Support CYP and adults with emotional health and wellbeing	Mental Health Together
Support those at risk of suicide	K&M Suicide Prevention Strategy

Shared outcome 5: Improve health and care services ~ Public Health Input

What we have committed to	Strategies / plans in place to deliver
Provide high quality care	
Work in a more integrated way	Support working with District Alliances
Expand skills and training of our staff	MECC training
Reduce waiting time to be seen and treated	PH Commissioning Plan
Improve outcomes and experience	PH Commissioning Plan

Shared outcome 5: Improve health and care services ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Improve equity of access to health and care services	
Improve access to services	<p>Community Wardens</p> <p>Community Transport grant English National Concessionary Travel Scheme</p> <p>Developer Contributions Guide – with ASCH & Integrated Childrens Services - providing family hubs, & community centres.</p>
Making best use of community assets to provide more local care	<p>Build resilient communities Social Prescribing Strategy, inc. Green social prescribing Community Wardens Libraries – work in partnership to provide many local and accessible health services</p> <p>Developer Contributions Guide – supporting ASCH & Integrated Childrens Services by ensuring provision of family hubs, & Community centres – enabling outreach and bringing services together in one hub.</p>
Digital health and advice	<p>Free on-line E-Resources</p> <p>Playground National Portfolio Organisation (Digital)</p>

Shared outcome 5: Improve health and care services ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
Communicate better between our partners especially when individuals are transferring between health and care settings	
System winter planning, making use of collective resource	Board remit for preparedness, emergency response and resilience across GET – warm spaces, highways, support for vulnerable people and communities.

Shared outcome 5: Improve health and care services ~ Infrastructure input

What we have committed to	Pland in Place to Deliver
Continue to support the development of the One Public Estate Programme through the Kent Estates Partnership	Kent Estates Partnership
Collaborating with partners including Health to explore ways to co-locate services	Asset Management Strategy
Make best use of Community assets to provide more local care	<p>KCP – Kent Communities programme sought to focus KCC buildings in areas of need. This included several proposed co-location of some of our services within a single building along with NHS partners.</p> <p>Community Gateways - These sites allow individuals to access a wide range of services in one building, including to enrol on Adult Education courses, register a birth or death, use the library services and obtain advice on KCC services.</p>
Improve access to services	<p>MASH sites – our Multi-Agency Specialist Hub sites are centres for special educational needs and disabled (SEND) children and their families. A one stop shop where you can attend appointments with different services in the same place on the same day.</p> <p>Sexual Health – Work with partners to provide buildings and infrastructure that enable/facilitates the delivery of Sexual Health Services across the county.</p> <p>The Kent Estates Partnership which is supported by KCC provides an opportunity for all public sector partners to collaborate in relation to its estate plans, identify areas of opportunity to develop joint facilities.</p>

Shared outcome 6: Support and grow our workforce

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

What we heard:

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

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

Grow our skills and workforce

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

Build 'one' workforce

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

Look after our people

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

Champion inclusive teams

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

Indicators for this outcome:

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

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

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

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

Shared outcome 6: Support and grow our workforce ~ HROD input

What we have committed to	Strategies / plans in place to deliver	Led by
Grow our skills and workforce	KCC People Strategy Medway Council Workforce Strategy K&M ICS People Strategy Access to the strategies of each organisation can be found via the following links: Kent County Council People Strategy 2022 – 2027	KCC Human Resources & Organisation Development Medway Council HR NHS Kent and Medway People Directorate
Build 'one' workforce		
Look after our people		
Champion inclusive teams		

Shared outcome 6: Support and grow our workforce ~ HROD input

What we have committed to	Strategies / plans in place to deliver
A safe, supportive and healthy working environment with wellbeing at the heart of change	Health and Wellbeing Strategy taking a holistic approach covering Financial, Mental, Physical and Social Wellbeing
Focus around prevention of ill health, intervention and provision to support staff	Engagement through comms and support awareness days, webinars, events and resources Financial wellbeing including AVC scheme, financial wellbeing advice, ethical savings and lending Support wellbeing through on-line Wellbeing hub Increase level preventative and reactive workplace adjustments Include a focus on Musculoskeletal health
Deliver Activities as part of Mental Health at Work Commitment	Embedding learning into practice from the targeted support for teams and their managers with high MH absence Develop a sustainable approach to reduce sickness through MH building on pilot work Raise awareness of available support including through Mental Health Support Network and support sessions Mental health awareness training, coaching and mindfulness support Explore impact estate on wellbeing including quiet spaces and opportunities to socialise Enable best use support line counselling service
Provide Menopause support	Support through Knet, through Mental Health Support Network and through staff led Menopause Cafe
Create a work environment for people to thrive	Organisational development to achieve an inclusive culture Support opportunities for people aged 16-25 to access careers with expert advice, guidance and development Develop Traineeship Pilot with Kent Scientific Services Optimise Apprentice activity building on Kickstart and Graduate programmes, Social Work Degree Apprentices Further develop the Kent Academy around CPD for social work and allied professions
Address levels of sickness absence	Focus on addressing long term absence with ongoing analysis short term absence. Key areas for action will continue to be Mental Health and Stress and Musculoskeletal issues

Shared outcome 6: Support and grow our workforce ~ HROD input

What we have committed to	Strategies / plans in place to deliver
People's talent is nurtured and their careers developed	Support staff through Skills for Growth and Unlocking Potential, Managing in KCC and Future Manager Programme
Ensure delivery around EDI issues	Deliver the Disability Action Plan and the Race Action Plan Support staff groups for those with protected characteristics to eliminate discrimination and inequality and promote good practice Continue to review requirement for other staff Support staff awareness around disability including neurodiversity and around inclusion using an approach informed by the 6Cs model Dignity at Work and Expect Respect guidance to promote challenge to inappropriate behaviour, with particular focus on behaviour from residents Strengthen staff induction utilise Challenger and T200
Provide Financial support as part of a holistic approach to Health and Wellbeing	Continue support around AVC, and schemes such as flexible mileage support as well as on-line links to financial support including ethical loans Develop app-based Reward Gateway for discounts
Positive action in Recruitment	Target recruitment to lower socio-economic areas to support social mobility Explore opportunities outreach activity using contacts with diverse communities Increase disability representation through targeted and inclusive action Partner with Kent Training and Kent Supported Employment to develop a Supported Internship programme for SEND students around pathways to employment Values Based Interviewing Guidance to include inclusion and cultural attributes Deliver aims Recruitment Strategy focussing on values and potential and how we do things Identify barriers to recruitment for those with a disadvantage and remove them
Support people in the workplace to innovate and change	Flexible working with best use space and technology supported through HROD and engagement work Promote our modern and flexible working patterns , diversity of roles and career pathways Support people to achieve a good work-life balance

Shared outcome 6: Support and grow our workforce ~ HROD input

What we have committed to	Strategies / plans in place to deliver
Address levels of sickness absence	Focus on addressing long term absence with ongoing analysis short term absence. Key areas for action will continue to be Mental Health and Stress and Musculoskeletal issues
Improve Organisational Wellbeing	Develop a positive culture around expectations and empowerment Ensure a flexible, inclusive and empowering work environment Identify and address health risks and support staff to manage stress, anxiety and depression Provide opportunities for personal growth and development Provide a comprehensive wellbeing offer
Improve staff wellbeing	Promote and support positive lifestyle choices and encourage ownership of health issues Promote emotional wellbeing, reduce stigma around MH and increase individual's resilience Provide personalised financial support offer to staff
Positive Attendance Management	Evidence-based targeted interventions in areas high sickness absence Focus on prevention, education and ongoing support for people with long term conditions including workplace adjustments

Shared outcome 6: Support and grow our workforce ~ HROD input

What we have committed to	Strategies / plans in place to deliver
Improve health and wellbeing through Health and Safety initiatives	Health and Safety activity and plans
Optimise opportunity from incident reporting	Promote and encourage reporting with positive role manager and access professional advice with revised reporting and analysis of incidents with focus on early management and support around people with protected characteristics.
Reduce, mitigate and manage stress in KCC workforce	Support and help including HSE Working Minds campaign and stress toolkits
Support and improve experience of frontline staff	Better understand stresses on frontline staff and support through Respect campaign and Voice to say no to abuse and disrespect from contacts

Shared outcome 6: Support and grow our workforce ~ GET input

What we have committed to	Strategy / plan / Service in place to deliver
<p>Attract businesses, people and visitors to Kent to make Kent a great place to live, work and visit.</p>	<p>Locate in Kent, Visit Kent & place-based services in GET (e.g. Country Parks, Heritage, Infrastructure Mapping Platform, Culture strategy, Public Rights of Way)</p> <p>The Kent Property Market Report – position Kent as a place for Developers to invest.</p>
<p>Provide work experience, apprenticeships, long-term placements & traineeships for people to gain skills and experience</p>	<p>Multiple services in GET (Country parks & Countryside Partnerships, KSS, TS, Intelligence, Active Kent)</p> <p>Developer Contributions Guide –supporting adult education services with CYPE.</p>
<p>Build a workforce with the right skills, values and behaviours to support positive public health outcomes.</p>	<p>Kent & Medway Economic Framework Kent Cultural Strategy Active Kent</p>

Shared outcome 6: Support and grow our workforce ~ Infrastructure input

What we have committed to	Plans in Place to Deliver
<p>Ensuring that KCC is able (as far as is reasonably practical) to deliver its critical activities during incidents / emergencies affecting the Council.</p>	<p>Corporate Business Continuity Plan Service-level Business Continuity Plans</p> <p>Business Continuity – KCC promotes and monitors business continuity planning, which supports services to plan to continue their activities during incidents that affect service deliver. KCC also plan to mitigate risks that affect vulnerable individuals and how we respond to support health focussed incidents (i.e. pandemic, flu) with Kent and Medway Resilience Forum partners.</p>

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**Improving Health and
Wellbeing ~ Kent County
Council Priorities and
Actions
DRAFT**

Kent County Council Contributions to Improved Health and the Integrated Care Strategy

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Overview of the Integrated Care Strategy

Our vision:

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

Together we will...

Give children and young people the best start in life

Tackle the wider determinants to prevent ill health

Support happy and healthy living for all

Empower patients and carers

Improve health and care services

Support and grow our workforce

What we need to achieve

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Support families and communities so children thrive

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

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

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

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

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

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

Enablers:

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

Shared Delivery Plan- Shared Outcomes

Shared Outcome	Number
Give children and young people the best start in life	SO1
Tackle the wider determinants to prevent ill health	SO2
Support happy and healthy living for all	SO3
Empower patients and carers	SO4
Improve health and care services	SO5
Support and grow our workforce	SO6

Proposed Priorities to Improve Health and Wellbeing ~ CYPE

What we have committed to	Led by	Timescale	Measure	Shared Outcome
CYPE recognise the importance of early years influences on life-long health and wellbeing. There is a need to influence the whole system in undertaking effective action in this space with CYPE resources focussing on those with the greatest needs. CYPE and PH need to work together to enable, advise and assist system wide partners to best address the full range of health determinants that impact in early years. Key priorities include:-				
Optimise the opportunity of family hubs to demonstrate improvement in the outcomes for infants, children and young people through the roles of the family hub workforce	Lead for Family Hubs	Mar 2026	Agreed metrics on core plus and MOU with PH	SO1
Encourage healthy behaviours within families including around activities such as food preparation and family meals	Lead for Family Hubs	Mar 2026	Systems to offer healthy behaviour support in place and delivering	SO1
Ensure a clear evidence-based approach to parenting	FH workforce leads for parenting	Mar 2026	Agree metrics on core plus	SO1, SO2
Better understand the barriers to low uptake of early years provision to encourage families to take up the offer of early years provision.	Early years lead The Education People	Mar 2026	Increased target group families utilising early years provision	SO1, SO2
Deliver school support for healthy behaviours including the Daily Mile and mental/emotional health	Active Kent	Mar 2026	Proportion of primary schools offering Daily Mile	SO1, SO3
Support economically deprived families receive available benefits building on the Healthier Wealthier Children approach	Lead for Family Hubs/Financial Hardship Programme Manager	Mar 2026	Staff in the family hub are able to connect to appropriate support within the network.	SO1, SO2
Support parents in managing their own anxieties around adolescent challenges and help them recognise and manage “normal” anxiety issues in adolescents including retention in school and in the workplace	Family hubs	Mar 2026	Staff in the family hub have an understanding of mental health issues, including early intervention and emotional/wellbeing support, and are able to connect to appropriate support within the network	SO1
Ensure community learning services focus on skills for employment with links to FE providers	Head of Service Community Learning and Skills	Mar 2026	Number and nature of courses focussing on skills for employment	SO2

Measures within the Logframe~ CYPE

Objectively Verifiable Indicators	Timescale	Progress
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%.	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%.	2028	
Pupil absence rates will have fallen from 7.9% in 2021/22 to below 5%.	2028	
Increase employment rates in Kent	2028	

Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Develop a system wide approach to reduce poor outcomes and reduce health inequalities through the Kent Joint Health and Wellbeing Strategy /Integrated care strategy				
Develop a cohesive and realistic ICS Shared Delivery Plan for Kent and Medway, with comprehensive delivery plans at DC, County and KALC level.	DPH, CPH and PH Specialists, PH District Coordinator.	Sept 2024 for SDP, end Q3 for other delivery plans	Plans signed off by ICP, Districts, KALC and KCC	SO1,SO2,SO3,SO4,SO5,SO6
Support system partners including District Councils, NHS and KALC as well as other KCC divisions to take actions to tackle the wider determinants of health in line with the Kent and Medway Integrated Care Strategy	DPH, CPH and PH Specialists, PH District Coordinator	March 2026	Evidence of delivery actions detailed in above plans	SO2,SO3
By working in partnership with local systems including Health Alliances and HCPs, reducing inequalities in health outcomes (including coastal communities)	CPH	March 2026	From developing Health Inequalities Tracker	SO1,SO2,SO3,SO5
Establish prevention as priority within HCPs. Increased IBA, reduction in alcohol related admissions to hospital Smoking, healthy weight and lifestyle services available to Kent residents in districts and boroughs, Target health checks to priority groups, work with partners to further develop Whole System Approach to Healthy Weight and support local access to lifestyle services via Healthy Living Centres Deliver action on Falls prevention	CPH leads for each area	March 2026	Increased IBA, reduction in alcohol related admissions, Smoking, healthy weight and lifestyle services and health checks available to Kent residents in districts and boroughs and via Healthy Living Centres, reduction in admissions falls	SO2,SO3,SO4,SO5,
Training on trauma informed healing centred approaches, strength-based language- a trauma informed approach to language.	CPH lead	March 2026	Increased stakeholder engagement in healing centred trauma informed practice. Evidence of trauma informed language in assessments, records and communications.”	SO1,SO5
Improve access/ equity to preventative mental health care and support	CPH lead	March 2026	increased equity to Live well & Talking Therapies & domestic abuse IDVAS	SO3,SO4,SO5
Reduce suicides and admissions for self-harm	CPH lead	March 2026	Increased stakeholder engagement in suicide prevention networks in key hot spot areas. Reduction of suicide rates and self-harm admission rates.	SO3,SO4,SO5
Increase numbers entering substance misuse treatment and reduce drug and alcohol related deaths.	CPH lead	1-2 years	Drug death rates. Rates of numbers of opiates and crack users into treatment. Overall increase in numbers into treatment.	SO3,SO4,SO5

Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Gain assurance that there are systems in place to keep residents safe from and respond appropriately to infectious diseases and environmental hazards including through MOU with UKHSA and a local Pandemic and Emergency plan	DPH/DDPH	March 2026	Effective systems in place MOU with UKHSA Local pandemic and emergency plan in place Effective consequence management of health protection issues	SO2,SO3
Public Health Service Transformation ensuring commissioned services are sustainable and flexible to respond to changing population needs and/or policy/legislation/ financial constraints				
Review all services in receipt on the Public Health Grant. This includes internal and external grants and contracts.	AD Integrated Commissioning	March 2026	Revised service models presented to steering group by Sept 24 Key decisions taken by July 2025 New contracts in place by April 2026	SO1,SO3,SO4,SO5
Support opportunities, look across services and maximise impact through better supporting cross cutting themes, gaps or new evidence.	DPH / PH Consultant	March 2026	Cross cutting themes reflected in service specifications no later than April 26 Impact measures agreed and in place April 26	SO3
Support and enhance our prevention offer.	PH Consultant Performance/PH Consultant	March 2026	New models to include /set out how they will measure improvements in the services with a focus on prevention Measures in place and outcome/impact measured	SO3, SO5
Improve access to preventative mental health care and support Including work to support PNMH and investment across the system on workforce development to increase awareness and understanding plus introduction of infant MH specialist health visitors	CPH	1-2 years	Clear public mental health plan in place and shared with whole system – including Prevention Concordat, community engagement, needs assessments, localised community well being action plans, high quality community mental health service – linked to Live Well and social prescribing, and equity of access to talking therapies.	SO5, SO3,SO4,SO1
Establish a robust parent infant mental health service	CPH	2-3 years	Metrics and KPIs identified in the business case	SO1,SO5

Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Prevention Programme supporting the Integrated Care, the Adult Social Care MADE strategy, Smoke Free Generation and the Family Hubs Start for life programme				
Deliver Adult social care prevention programme	CPH lead	2027	Improved understanding of Kent population need for adult social care now and in the future Improved understanding of who is at risk of falls, how to identify and reach these people and an approach to assessing the effectiveness of interventions in maintaining wellbeing and independence for a specific cohort	SO3,SO4
Deliver Ageing Well Programme	CPH lead	2027	A whole system approach to ageing well in place Relevant long term condition/multimorbidity needs assessments and recommendations completed Increase in physical activity in over 50s	SO3,SO4
Deliver Smokefree Generation	CPH lead	2024-2029	Achieve SQDs of 1347 in year1 and 26,937 by year 5	SO3
Establishing and investing in a parent infant mental health service.	CPH lead	3-5 years	Reporting such as GAD7, MORs	SO1
Responsive infant feeding and helping to prevent excess weight in early childhood by developing a sustainable and impactful model of support and care for children and families	CPH lead	4- 5 years	Evaluation of the responsive feeding animations Establishment relationships with food programme Reduction in excess weight in year R NCMP	SO1,SO3
Universal offer with increase uptake of health checks among smokers and deprived groups and follow up treatment action. Sustain Healthy Living Centres and local efforts to improve health and wellbeing. Sustain partnership work through Whole System Approach to Heathy/Obesity and engaging all partners	CPH leads	2025 to 2026	Model of NHS Health Checks in place with upstream prevention, delay and treatment to reduce/mitigate risk of LTCs including among underserved groups. Continue local access to lifestyle service via Healthy Living Centres.	SO4,SO3
Increase identification and treatment of hypertension, cholesterol and AF in underserved groups	CPH lead	2026	Recorded prevalence and treatment levels in defined populations	SO3,SO4

Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Prevention Programme supporting the Integrated Care, the Adult Social Care MADE strategy, Smoke Free Generation and the Family Hubs Start for life programme				
Create a resilient and sustainable Health Protection assurance function for Kent	DDPH	2025	Effective function in place	SO2
Identify system partners, roles and plans for public health emergencies, including epidemics and pandemics.	DPH	commenced 2024	EPRR structures and plans are in place, including PH HP function, epidemic/pandemic plans are drafted.	SO2
Ensuring maximised uptake and equity of immunisations and screening.	DDPH	2025	Levels of immunisation and screening overall and by groups	SO1, SO3,SO4
Improving equity and health outcomes in coastal areas by introducing Marmot Coastal Areas	DPH	2024 to 2026 commissioned activity	Increased number of residents in work. Improved skills for employment.	SO1,SO2, SO3

Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Enabler				
Research <ul style="list-style-type: none"> - Develop and implement joint Research Innovation and Improvement function with ICB - Formal KCC oversight and decision making process for Research related activities - apply for up to 5 to 10 large research funding opportunities (up to or around £1 million) in year with a view to achieve at least 1 successful funding - Complete interactive evaluation framework for Kent & Medway support population health management and health inequalities programmes 	CPH	Commenced Oct 24 Commenced Oct 24	<ul style="list-style-type: none"> - New Joint post for Research Coordination Lead set up - New Research Innovation and Improvement governance committee to start in October. Invites from senior leadership accepted - At least one successful funding approval - Framework launched and cascaded to HCPs 	SO1,SO2, SO2 SO4
JSNA <ul style="list-style-type: none"> - Further Cohort model development supported by Whole Systems Partnership supporting transformation review, health needs assessment and ICB strategic prioritisation - Further education and training for the KPHO team - New Health Inequalities Surveillance tool - Complete full round of Area Based HCP Needs Assessments - Establish network for stakeholder insights - Conducting initial stakeholder evaluation of the Kent JSNA and regular framework for future measurement of impact 	CPH	Ongoing Oct 2025 Commenced Oct 2024 March 2025 Jan 2025	<ul style="list-style-type: none"> - Cohort model outputs acknowledged in various board level reports, at least 2 peer reviewed publications completed to contribute to national evidence base - Regular model development and design by KPHO team - HI Tool launched - All 4 HCP HNAs completed (including Swale) - JSNA evaluation report and evaluation framework completed 	SO1,SO2, SO2 SO4

Proposed Priorities to Improve Health and Wellbeing~ Public Health Education

What we have committed to	Led by	Timescale	Measure	Shared Outcome
MECC Tier 1 training and Train the trainer delivery programme	WFD	Ongoing	Numbers trained	SO2,SO3
MECC Trained Trainer delivery of Tier 1 and Tier 2 training	WFD	Ongoing	Numbers trained	SO2,SO3
Public Health Champions training (2 cohorts annually)	WFD	Ongoing	Numbers trained	SO3
Continue current training placements with <ul style="list-style-type: none"> - Public Health registrars (up to 1 year duration) – 1 to 2 per year - East Kent Hospitals FY Doctor (4 months duration) – 3 per year - GP Fellowship in Public Health – 1 per year - 2 GP trainee placements from August 2024 (4 months duration) - Maidstone and Tunbridge Wells Hospitals Foundation Year Doctor from August 2025 (4 months duration) – 3 per year 	CPH	Ongoing	As per commitments	SO1,SO2, SO3,SO4, SO5
New Level 7 Systems Thinking Apprenticeship cohort	L&D	March 2025	Numbers trained	SO2,SO3
Family Hubs Workforce Development <ul style="list-style-type: none"> • Trauma Informed Healing Centre Training • MECC programme for FHs • MattieClick (Social Network Training) • Perinatal MH Awareness Training • Parent Infant Relationships Levels 1 and 2 • Infant Massage Tiers 1 and 2 • Video Interactive Guidance Training • Baby Friendly Initiative Training (Breast Feeding training) 	CYP PH	Dec 2025 March 2025 / Ongoing Elements	Numbers trained	SO1,SO2, SO3
Business cases and Funding applications in progress for equity training with specific communities including GRT, LGBTQ+ and Youth	WFD and FH WFD	March 2025	Success of Applications	SO2,SO3, SO4

Measures within the Logframe ~ Public Health

Objectively Verifiable Indicators	Timescale	Progress
By 2026-28, life expectancy at birth in Kent 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.	2026	
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.		
The proportion of adults in Kent who are physically inactive will have fallen from 22.3% in 2020/21 to 20%.	2028	
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%.	2028	
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.	2028	
Hospital admissions in Kent due to alcohol will have fallen from 418.7 in 2021/22 to 395 per 100,000.	2028	
The suicide rate for persons will be similar or better than the England average (England currently 10 per 100,000).	2028	
The mortality rate from drug misuse in Kent will remain at a similar level, which is similar to or better than the national average.	2028	
The proportion of children who are up to date with the vaccinations in the NHS routine list meets the national benchmark (95%).	2028	

Proposed Priorities to Improve Health and Wellbeing~ Communities

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Undertake a review and revision of the Civil Society Strategy recognising the key role of the voluntary sector in supporting communities and in improving health and wellbeing.	Corporate Lead-Strategy Supported by Strategy Manager	Tbc provisional Jan 25-October 25 (dependent on budget saving decisions)	Revised and agreed Civil Society Strategy in place	SO2,SO3
Explore a potential Crowdfunding Fund with PH to support wellbeing within our communities.	Corporate Lead-Strategy, Strategy Officer	June 24- Nov 24 to be launched Dec 24 (provisional)	Crowdfunding Fund with PH in place and supporting key agreed priorities	SO2, SO3

Measures within the Logframe ~ Communities

Objectively Verifiable Indicators	Timescale	Progress
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	2028	

Proposed Priorities to Improve Health and Wellbeing~ HROD

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Develop a broad employment offer that doesn't only focus on pay but continues to ensure the Authority has a strong position in the varied employment markets in which it operates	People Strategy Team	2027	KPI 7: % of employees who are satisfied with the total employment offer 56% (+0.1p.p.) KPI 9: % of employees who feel they are able to access the right learning and development opportunities to support their role 75.4% (+0.5p.p.)	SO6
Build organisational resilience – not only in terms of helping people meet the inevitable, oncoming changes in the way the Council continues to operate but also ensuring it has capable and resilient leaders and managers – both through developing those we have and finding the right type of people to take on those roles	Organisation Development & Staff Engagement	2027	KPI 1: % of employees who believe that KCC cares about the wellbeing of its staff 63.1% (0.0 p.p.) KPI 2: Average days lost to staff sickness 8.24 (+0.06 p.p.) KPI 3: % of employees who rate their engagement with KCC positively 62.3% (-1.3p.p.) KPI 9: % of employees who feel they are able to access the right learning and development opportunities to support their role: 75.4% (+0.5p.p.) KPI 6: % Voluntary Turnover 10.5% (-2.8 p.p.) KPI 5: % Internal Movement 10.7% (-1.9 p.p.) KPI 8: % of employees who rated their manager positively 73.4% (+0.5 p.p.) KPI 10: % of employees who rate the culture of KCC positively 70.5% (-0.6 p.p.) KPI 12: % of employees who rate inclusion and fair treatment in KCC positively 82.1% (+0.1 p.p.) KPI 11: % of employees that see our values demonstrated in the way we operate 71.9% (-0.1p.p.)	SO6

Proposed Priorities to Improve Health and Wellbeing~ HROD

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Continue to focus on building an inclusive environment to create a culture where people feel supported to work, perform, innovate and challenge	People Strategy Team	2027	KPI 10: % of employees who rate the culture of KCC positively 70.5% (-0.6 p.p.) KPI 12: % of employees who rate inclusion and fair treatment in KCC positively 82.1% (+0.1 p.p.) KPI 11: % of employees that see our values demonstrated in the way we operate 71.9% (-0.1p.p.)	SO6
Ensure Skill development alongside role design (not only the jobs that need doing but the jobs people want to do).	Organisation Development & Staff Engagement	2027	KPI 5: % Internal movement 10.7% (-1.9p.p.) KPI 7: % of employees who are satisfied with the total employment offer 56% (+0.1p.p.) KPI 9: % of employees who feel they are able to access the right learning and development opportunities to support their role 75.4% (+0.5p.p.)	SO6,SO2

Measures within the Logframe ~ HROD

Objectively Verifiable Indicators	Timescale	Progress
By 2028, the staff sickness rate will have reduced by 6%.	2028	
By 2028, staff diversity declaration rates will be at least 95% for the protected characteristics of ethnic background, gender, religion, sexual orientation, disability or age.	2028	
By 2028, 65% of employees report that their managers/organisation support their learning and development.	2028	
By 2028, 90% of employees feel that their role makes a difference to patients / service users / residents.	2028	

Proposed Priorities to Improve Health and Wellbeing ~ Procurement

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Draft and publish KCC's Social Value Policy.	Commercial Ethics and Sustainability Lead	April 2027	Social Value commitments made and delivered in £	SO2, SO3
Promote Equality, Diversity and Inclusion in our supply chains, ensuring that suppliers understand the relevance of equality and diversity issues specific to the subject matter of the provision that they will deliver.	Commercial Ethics and Sustainability Lead	April 2027	Where applicable, supplier staff have received appropriate equality and diversity training.	SO2
Reduce the risk of Modern Slavery in our supply chains	Commercial Ethics and Sustainability Lead	April 2027	% of suppliers with published Modern Slavery statements % of suppliers accessing KCC modern slavery training developed by ASCH.	SO2
Reduce carbon emissions in our supply chains and securing Net Zero commitments from suppliers	Commercial Ethics and Sustainability Lead	April 2027	% of suppliers with a carbon reduction plan	SO2
Increase accessibility to contracting opportunities for local SMEs and VCSEs	Commercial Ethics and Sustainability Lead	April 2027	Total spend with SMES Total spend with VCSEs The proportion of the Council's third party spend with: <ul style="list-style-type: none"> • Kent suppliers • Micro SMEs • SMEs • VCSEs 	SO2

Measures within the Logframe ~ Procurement

Objectively Verifiable Indicators	Timescale	Progress
By April 2027, the spend by Kent County Council that is in the County will be 45%, with 35% of the total spend with local SMEs, 10% with Micro SMEs and 10% with VCSEs	April 2027	
For the emissions we can influence to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.	2045	

Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<p>Adult Social Care face increasing challenges around rising need and demand against a challenging resource position. A heightened emphasis on prevention is required both to improve health and wellbeing and to prevent, reduce and delay the need for social care.</p> <p>The priorities below were developed following workshops between Adult Social Care and Public Health Officers:-</p>				
<p>Creating community capacity for wellbeing and prevention</p>				
<p>Social Prescribing Platform (pre-front door) Develop and implement a digital solution across Kent and Medway ICS that signpost and connect people and communities to information, advice, guidance, and services. This will allow us to achieve one approach for a directory of service across Kent and Medway.</p>	<p>Head of Business Delivery Unit</p>	<p>First phase procure platform by mid-June and launch across Kent, Medway, and Swale from September 2024</p>	<p>Evaluation framework in development</p>	<p>SO2,SO3, SO4</p>
<p>Digital Front Door and Digital Self-Serve (pre-front door) Raise awareness of <u>Connect to Support</u> (Information, advice, and guidance platform) Raise awareness and embed <u>self-assessment</u> Raise of awareness of financial calculator <u>How much you will pay for care and support - Kent County Council</u> <ul style="list-style-type: none"> Implement online financial by December 2024 </p>	<p>Project Manager Innovation Delivery Team</p>	<p>Ongoing</p>	<p>Increased number accessing Kent.gov (23/24 baseline: 211,897, IAG platform (23/24 baseline) 48,034. Reduction in number of people making contact with (23/24 Q4) baseline 21,000, Number contact resolved and makingcontact again within 3 months (23/24 Q4) baseline 4%, proportion people finding information easily</p>	<p>SO2,SO3,SO4</p>

Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<p>Asset and strength-based approaches connecting & collaborating</p> <p>To explore together how we can strengthen and work with community organisations and partners to help people live their glorious good lives. Describe the current reality and explore how we can make the best use of our community resources starting in one Art of the Possible Area – Thanet.</p> <p>Considering the accessibility of the community assets.</p> <p>Exploring the concept of community Connectors</p>	<p>Head of Business Delivery Unit</p>	<p>Art of the possible workshop June '24.</p> <p>Start Art of the Possible area September '24</p>		<p>SO2,SO3,SO4</p>
<p>Understanding our Communities Through community engagement officers, getting to know our communities to inform targeted prevention interventions.</p>	<p>Innovation and Partnerships Team</p>	<p>Ongoing</p>	<p>Case studies Data and insights</p>	<p>SO2,SO3,SO4</p>
<p>Technology Enhanced Lives (TELS)</p> <ul style="list-style-type: none"> • Short term service free up to 10 weeks to support hospital discharge, reablement. • Private pay offer <u>Private Pay Service provided by Argenti</u> • Embed TELS within ASC Connect • Embed the use of Howz (lifestyle monitoring) to inform ongoing care and support. And test Doris Pro 2. The combination of the sensor and the dashboard provide information about activity and reports both normative behaviour and decline. Data is processed and aggregated to determine if there have been any significant deviations in resident activity. • Working with Kent Colleges to utilise TEC rooms/hubs to showcase and train on technologies • TELS information, advice and guidance to help people consider how they can use technology to remain independent – development of virtual house 	<p>Innovation Delivery Team Senior Project Manager</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Number of people with short term TELS baseline data (June '24) 149 referrals baseline: • Number of people accessing private pay baseline (June '24): 12 • Feedback and studies • Quality assurance 	<p>SO3,SO4,SO5</p>

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Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
More people with co-occurring physical and mental health conditions are identified early and supported to live well and safe from harm and neglect				
Quality supervision and workforce development – audit of what supervision is happening	Strategic Safeguarding and Quality Assurance Manager	As at End August 2024	Number completed – to date 140	SO3,SO4,SO5,SO6
Create a social care academy where there are simulated learning environments bringing together learning events to increase awareness	Principal Social Worker	Ongoing	Number of staff accessing the offer	SO2,SO3,SO4,SO5, SO6
Bring in lived experience to the reflective learning teams – embed trauma informed health approaches. Self-neglect is a national theme in SAR's and is locally within Kent. Ongoing work within KMSAB and through our local SSU team	Strategic Safeguarding and Quality Assurance Manager	Ongoing	Number of staff undertaking learning	SO6

Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
More people age and live well at home with the right care at the right time in the right place				
To scope the ideas that came up from Joint ASC and PH away day (March '24) Discharge welcome pack, Wrap around befriending and Social connection work	Innovation and Prevention Manager	Once in post	Interventions in place	SO3,SO4,SO5
To use data to understand the drivers of demand amongst those who draw on care and consider where the greatest opportunities to prevent, reduce, delay demand might be. Use data to determine actions that level up the opportunities through targeted preventative interventions.	Innovation and Prevention Manager	Once in post	Evidence of data driven action	SO3,SO4
<p>Develop Falls Prevention approach in partnership with Health. Exploring how data can be used to proactively identify people at risk of a fall and have in place a prevention falls offer which will include digital. Small partnership task and finish group to scope and agree approach.</p> <p>Scoping of care homes to determine how the Digitising Social Care funding can be used to adopt falls prevention technologies.</p> <p>To consider an approach that Identify, Contact, Intervention, Follow up</p>	Innovation Delivery Team Senior Project Manager Linked CPH	March 2025	Falls Prevention Plan	SO3,SO4,SO5
<p>Prevention Technologies within Care Homes</p> <p>Continue to test Feebris (digitally enabled programme for proactive risk assessment and detection of deterioration) in 30 care homes. The platform connects to a range of sensors and captures risks empowering proactive management of risks such as falls and deterioration</p> <p>From July '24 Health will start to use the Feebris monitoring to support people with heart failure. Using additional equipment to monitor symptoms to identify deterioration quicker and allow for treatment to commence within the care home and avoid hospital admission.</p>	Innovation Delivery Team Senior Project Manager	Funded to March '25	Independent evaluation of system impact Number of people monitored by Feebris – baseline data (May '24): 719 people	SO3,SO4,SO5

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Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
More people age and live well at home with the right care at the right time in the right place				
<p>Support for informal Carers</p> <p>Carers Strategy and Carers Strategy Group focused on delivery plan</p> <p>Carers campaign funded by Accelerating Reform Fund, went live at the start of June '24.</p> <p>Employers Carers Pack funded by Accelerating Reform Fund</p> <p>Carers care technology and support funded by Accelerating Reform Fund</p>	Assistant Director ASC and Health	<p>Strategy is 2022-2027</p> <p>March 2025</p>	Number of carers accessing a carers assessment – baseline: (Q4 23/24) 881 baseline carer satisfaction 190 satisfied compared with 50 not satisfied.	SO4
<p>Digitising Social Care</p> <p>The process of digital transformation can dramatically improve the quality and safety of care, with secure, accessible patient records and real time data integration.</p>	Project Manager, Design and Learning Centre Programme Team, Innovation and Partnerships Team	March '25	80% of all ASC providers to hold digital record. (March 24, 57.9%)	SO3,SO4,SO5
<p>Care Sector Workforce Training</p> <p>Training programme on tissue viability and pressure ulcer awareness.</p> <p>Range of webinars and support on Community Care Support for FreeStyle Libre (Diabetes), Dementia Guidance, Macmillan Palliative Care Toolkit, Recognising the Vulnerable Foot, Suicide Prevention, Practical Measurement of Hypertension , Sarcopenia in Frailty and Delirium Assessment & management across the system.</p>	Care Sector Workforce Manager	Ongoing	Number of people accessing training and evaluation from training	SO3,SO4,SO5, SO6
<p>Digital Inclusion – Digital Kent</p> <p>Digital inclusion strategy - in draft</p> <p>Digital Kent is working to improve digital inclusion and capabilities in the county of Kent. Through digital support and connective schemes.</p> <p>To help people connect through digital and reduce social isolation.</p>	Digital Lead (Financial Hardship Programme Project Manager)	March '25	Number accessing digital Kent Case studies / feedback Baseline ASC survey 2022/23 – 155 often/sometimes felt lonely and 130 hardly/never felt lonely	SO2,SO3

Measures within the Logframe ~ Adult Social Care

Objectively Verifiable Indicators	Timescale	Progress
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	2028	
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).	2028	
By 2028, maintain the rate of emergency admissions for those with one or more long term condition to the level it was in 2024.	2028	
By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.	2028	
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%.	2028	
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%)	2028	

Proposed Priorities to Improve Health and Wellbeing ~ GET

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Deliver the Kent and Medway Economic Framework (KMEF)				
Co-develop a health, work & skills strategy	Head of Economy	May 2025	Health and Work Strategy in place endorsed by key local stakeholders	SO2, SO3, SO6
Develop a Strategic Partnership for Health and the Economy	Head of Economy	Commenced October 2024	Partnership established with regular meetings. Key employment sectors represented by partnership membership.	SO2, SO3, SO6
Develop an enhanced place-based innovation partnership, that supports cluster development (including in Agri-Tech, Med-Tech and Life Sciences) in areas that support population health & wellbeing.	Head of Economy	December 2025	Partnership established & Cluster Hubs developed	SO6
Embed the Local Skills Improvement Plan at the heart of a closer relationship between employers, further education and other skills providers to meet current and future skills needs of those with ill-health	Head of Economy	Ongoing	% of population with qualifications No. of apprenticeship starts	SO6
Ensuring that everyone who wants a job can find work including through the roll out of supported employment programmes	Head of Economy	Ongoing	Economic Activity (aged 16-64) Claimant Count Employment Rate	SO2
Building links between anchors of growth, key investments and community opportunity by exploring opportunities for local procurement and supply chain development including healthy local food	Head of Economy	Ongoing	Local procurement strategy developed and agreed by anchor institutions	SO2

Proposed Priorities to Improve Health and Wellbeing ~ GET

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Climate Change Adaptation				
KCC Climate Change Adaptation Action Plan completed and adopted by KCC	Head of Environment	December 24	Plan complete and adopted	SO2
Carry out risk assessments of KCC Services	Head of Environment	March 26	Risk assessments	SO2
Complete a risk profile of KCC based on the risk assessments	Head of Environment	June 26	Risk Profile for KCC	SO2
Produce an action plan to inform a 3yr work programme	Head of Environment	March 27	Action Plan	SO2
Delivery of Action plan	Head of Environment	2027 onwards	TBC when plan is written	SO2
Identify stakeholders for countywide Climate Change Adaptation plan as part of 2050 roadmap.	Head of Environment	2028	Stakeholder Group set up	SO2

Proposed Priorities to Improve Health and Wellbeing ~ GET

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Build personal and community connections, especially for vulnerable residents, through the development and expansion of social prescribing				
Research and implement a service user management and reporting system to be used across all Positive Wellbeing and GET social prescribing services.	Business Innovation Manager	March 25	System implementation	SO2,SO3
Ensure a consistent approach to the data collection and evaluation of social prescribing across G&C services.	Business Innovation Manager	March 27	Guidance and application of a standardised evaluation method.	SO2,SO3
Scope opportunity to use the Kent, Medway & Sussex Secure Data Environment (SDE) to measure impact of social prescribing (and the potential to measure impact of other GET services) at a population level.	Business Innovation Manager	March 26	Proposal, including use cases, on how we could use the SDE effectively.	SO2, SO3
Facilitate residents access to community resources, activities and services that improve personal wellbeing / quality of life. (Community Wardens)	Head of Community Safety	Ongoing	Specific Resident Task and Survey Data	SO2,SO3,SO4
Work with partners to expand social prescribing addressing the wider determinants of health locally including loneliness, mental health issues, physical activity and financial difficulties. Identify the baseline reach and propose a KPI.	Business Innovation Manager	March 25	Determine a KPI for increasing the reach of GET social prescribing services.	SO2,SO3
Services involved in this activity include:				
Green social prescribing network				SO2,SO3
Positive Wellbeing				SO2,SO3
Know Your Neighbourhood project				SO2,SO3
Community Wardens				SO2,SO3,SO4,SO5
Library Services				SO1,SO2,SO3
Arts and Culture				SO2,SO3
Public Transport				SO2

Measures within the Logframe ~ GET

Objectively Verifiable Indicators	Timescale	Progress
Reduce the % of economically inactive people in the Kent & Medway workforce (aged 16 to 64) from 20.9% in 2023 to the pre-pandemic level of 18.5% in 2019	2028	
By 2028, the proportion of children living in relative poverty in Kent and Medway will be reduced from 18% in 2022 to 17%.		
For the emissions we can influence to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.		
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.		

Thank you to Colleagues who have found the time to support and contribute to this endeavour linking and working with their teams

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