



**Kent and Medway**

# **Kent and Medway Draft Joint Forward Plan**

**Draft Five Year Forward Plan 2023-2027**

# Version Control

| Version No | Purpose   | Date       |
|------------|---|------------|
| 1          | Issued to steering group and content leads for editing by this group only | 09/02/2023 |
| 2          | Issued to steering and project group for development workshop             | 02/03/2023 |
| 3          | Issued to steering group for approval to share with system partners       | 24/03/2023 |
| 5          | Issued to provider boards and system partners                             | 29/03/2023 |
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# Introduction

Welcome to Kent and Medway's Draft Joint Forward Plan. The Kent and Medway Interim Integrated Care Strategy, published in December 2022, sets out a shared purpose and common aspiration for partners of the Kent and Medway Integrated Care System to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and is intended to help us drive forward the agreed priorities for action in health and social care across Kent and Medway.

This Draft Joint Forward Plan is the NHS delivery plan for the Integrated Care Strategy, and is therefore structured to align to the shared outcomes and enablers in the strategy. It is owned by NHS Kent and Medway, the Integrated Care Board, and its partner NHS trusts and foundation trusts, namely Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust, Kent Community NHS Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust and South East Coast Ambulance NHS Foundation Trust.

In developing the Joint Forward Plan we have adopted the Operational Plan as year one of our five year view. In this way we have clear actions outlined for the first year with aims and ambitions stated for future years. Actions are categorised according to the following planning horizons: short term (<1 year), medium term (1-2 years) and long term (3-5 years+).

Our Interim Integrated Care Strategy is due to be refreshed in the autumn 2023, therefore we will update the Joint Forward Plan on an annual basis to report on progress and ensure we deliver the aims of our strategy. It is hoped that in future years the Joint Forward Plan will develop into a shared system delivery plan.

## Integrated Care Strategy

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

### Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

### Shared Outcome 2

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

### Shared Outcome 3

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.

### Shared Outcome 4

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

### Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

### Shared Outcome 6

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

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

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

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

# Overview of NHS services in Kent and Medway

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions as well as bringing together partner organisations at a system and place level in a collaborative way to improve health and care outcomes. The breadth of responsibilities that our ICB is required to fulfil is wide and there are a range of statutory duties as outlined in our constitution. We are required to arrange for the provision of certain health services to such extent as we consider necessary to meet the reasonable requirements of our population. This includes the following services:

- Community health services (except where part of the public health service)
- Elective hospital care
- Healthcare services for children including those with complex healthcare needs
- Healthcare services for people with learning disabilities
- Healthcare services for people with mental health conditions
- Maternity services
- NHS continuing healthcare.
- Older people's healthcare services
- Rehabilitation services
- Urgent and emergency care including Accident and Emergency, ambulance and out-of-hours services
- Wheelchair services

We have delegated responsibility, from NHS England, for the commissioning of primary medical services (also known as general practice). Under the delegated arrangements, NHS England continues to hold GP contracts, but we are responsible for the day-to-day management of these. We also have delegated responsibility for the commissioning of dental services and community pharmacies.

Specialised healthcare such as heart and brain surgery; neonatal services; secure psychiatric services; public health and health promotion services; prison health; or healthcare for serving members of the Armed Forces (except emergency care) are commissioned directly by NHS England.

In ensuring the provision of services we are also required to ensure services are in place to respond to the Integrated Care Strategy. The Integrated Care Strategy is underpinned by the Joint Strategic Needs Assessments across Kent and Medway and in responding to this strategy the Joint Forward Plan also responds to those needs assessments. Medway Council has begun the process of refreshing its Joint Local Health and Wellbeing Strategy, which will include consideration of other priorities across the system and will explicitly include consideration of the Integrated Care Strategy. In Kent the draft Joint Local Health and Wellbeing Strategy that had been in development was included in the Integrated Care Strategy. There is therefore no separate and discrete JLHWS for Kent with the planned priorities fully subsumed within the Integrated Care Strategy.

The Kent and Medway Integrated Care System structure and the partnerships that are being developed to deliver our ambitious strategy are outlined on the following page.



## System

1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements whilst protecting our natural resources and reducing our emissions. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

## Places

260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have 4 Place Based Health and Care Partnerships in Kent: Dartford, Gravesham and Swanley; East Kent; Medway and Swale; and West Kent.

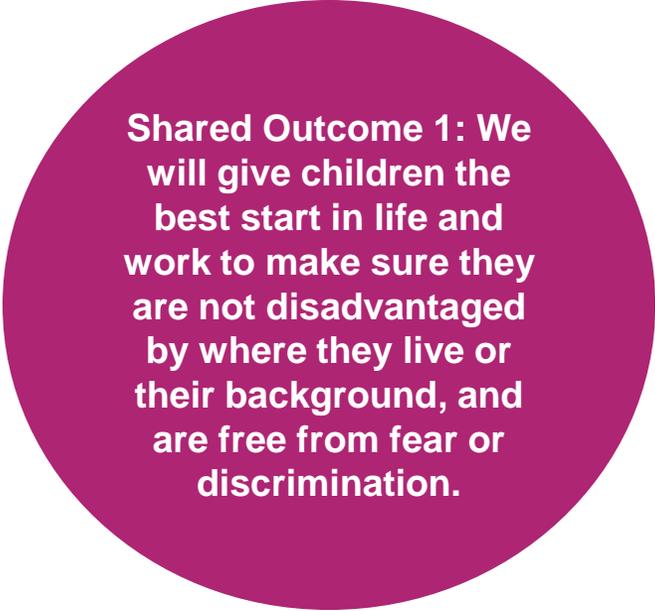
## Neighbourhoods

Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the VCSE, primary care networks, community groups and community assets.

## Chapter 1

# How we will give children the best start in life

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Shared Outcome 1: We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

# Integrated Care Strategy Summary

**Delivering effective maternity services;** We are committed to improving outcomes and experience for families using our maternity and neonatal services. We will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services (Reading the Signals Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

**Supporting families to start well;** Health inequalities begin early in life. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life. The wider socio-economic context of the family and community, and access to environmentally sustainable open spaces also contributes families to start well, for example if fewer children experience child poverty, adult health outcomes and healthy life expectancy will improve. Services need to evolve to meet the needs of the population, be evidence based and co-produced with our partners and users that have lived experiences. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector. We will also work as a system to improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse.

**Adopting a whole family approach.** A whole-family approach, with early help and a focus on preventing rather than responding to crises, is an essential component to reducing inequalities. Taking an approach like this across Kent and Medway ICS will better enable families to have the confidence to take ownership of their health and care journey. It will ensure improved outcomes by addressing issues such as generational trauma, housing challenges and other components that inhibit families from thriving. We are committed to developing a Family Hub model, including access to Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and Special Educational Needs and Disabilities services.

**Shared Outcome 1: We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**

**Safeguarding children.** Protecting children and young people is one of our most important responsibilities. As partners, we need to bring together our collective information, skills and resources to provide fully joined up support for children and families. The ICS presents opportunities to strengthen our multiagency safeguarding arrangements so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them. We will ensure children and young people's voices are listened to. We will safeguard and promote the welfare of looked after children and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. We will continue to work closely with Government to support the National Transfer System and ensure unaccompanied asylum-seeking children are cared for fairly and safely without disproportionate impact on our area.



**Kent and Medway**

### Key to timescales

-  Short term < 1 year
-  Medium term 1-2 years
-  Long term 3-5 years+



## Kent and Medway

| Goal  | Actions  | Timescale   | Owner(s)                |
|---|--|---|-------------------------|
| <p><b>Deliver effective maternity services</b></p> <p><b>Metrics</b><br/>National ambition - To halve the rates of stillbirths, neonatal deaths, maternal death and brain injuries by 2025. Local metrics:</p> <ul style="list-style-type: none"> <li>• Kent and Medway stillbirth rate</li> <li>• Kent and Medway neonatal death rate</li> <li>• Kent and Medway HIE rate</li> </ul> <p>Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices. Metrics:</p> <ul style="list-style-type: none"> <li>• Number of women with a personalised care and support plan</li> </ul> | Provide targeted support to East Kent Hospitals University Foundation Trust to implement and gain assurance on the recommendations of the Reading the Signals Report and other specific local quality improvement requirements         |    | NHS Kent and Medway ICB |
|   | Ensure continuous improvement of services through utilising the perinatal quality surveillance model across the system to identify quality concerns and support shared learning and proactive actions to improve patient safety.       | Ongoing   |                         |
|   | Continue to develop local Maternity Voices Partnerships as our main way of hearing service user feedback and involving people who have used services in making improvements, incl. ensuring diversity in MVP membership/participation. |    |                         |
|   | Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period, contributing to families achieving the best start in life.                                      |    |                         |
|   | Take targeted action on workforce recruitment, retention and training to ensure that all maternity and neonatal services achieve sustainable, safe and effective staffing levels.  |    |                         |
|   | Support all of our trusts to fully implement maternity continuity of carer, initially focusing on black, Asian and mixed ethnic groups and those living in our most deprived communities.  |  |                         |
|   | Procure a new shared maternity information system across all of our trusts to give families improved access to their records and enable better information sharing across services   |  |                         |
|   | Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.  |  |                         |

| Goal  | Actions  | Timescale | Owner(s)  |
|---|--|-----------|---|
| <p><b>Deliver effective maternity services</b> (continued)</p> <p><b>Metrics</b><br/>Reduce inequalities in access and outcomes:</p> <ul style="list-style-type: none"> <li>• Number of women in deprived and BAME groups with a personalised care and support plan</li> <li>• Number of women in deprived and BAME groups in a maternity continuity of carer pathway</li> <li>• Smoking at time of delivery (SATOD)</li> </ul> | Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.   | ●●        | NHS Kent and Medway ICB   |
|   | Complete the implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.  | ●         |   |
|   | Complete the co-production and implementation of new services and pathways in the NHS Long Term Plan that support families who need additional support during their maternity journey, including smoking cessation, pelvic health, and specialist maternal medicine. | ●         |   |
|   | Continue the implementation of targeted actions to address inequalities of outcomes in maternity and neonatal services, as set out in our perinatal equity action plan.  | ●●        |   |
|   | Continually improve our neonatal services through partnership working with the KSS neonatal Operational Delivery Network to deliver the recommendations of the Neonatal Critical Care Review (NCCR) and take on local commissioning of these services.               | ●●        |   |
|   | Reduce the risk for those with military connected pregnancies by implementing recommendations from the Maternity Military Matters Project, ensuring a military family approach and supporting maternity services to understand military life and culture.            | ●         | Local Maternity and Neonatal Systems Board Armed Forces Network.                          |
|   | Deliver the actions from the Ockenden report as set out in the April 2022 letter, the East Kent Reading the Signals Report (2022) as well as those that will be set out in the new NHSE national single delivery plan for maternity and neonatal services.           | Ongoing   | East Kent Hospitals University NHS FT Board<br>Local Maternity and Neonatal Systems Board |

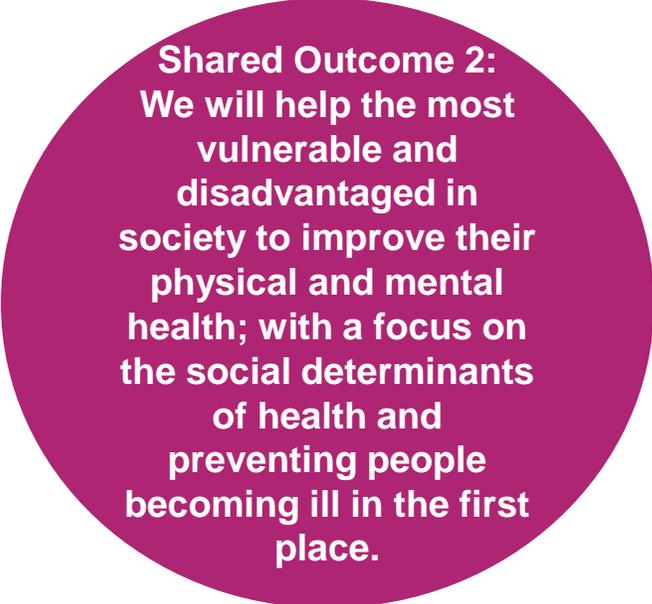
| Goal   | Actions   | Timescale   | Owner(s)                       |
|--|---|---|--------------------------------|
| <p><b>Support families to start well</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of children on the waiting list for ADHD and autism diagnostic assessments</li> <li>• Number of children waiting over 18 weeks for treatment</li> <li>• Core20PLUS5 metrics for children and young people, for example number of asthma attacks, waiting list for tooth extractions due to decay for children admitted as inpatients, number of children and young people accessing mental health services</li> </ul> | <p>Evolve our services to meet population need, taking a holistic, family centred approach. Actively reduce barriers to supporting families in the widest-sense working with partners in housing, health, education, social care and voluntary sector.</p>  |  | <p>NHS Kent and Medway ICB</p> |
|  | <p>Grow our workforce to work together to deliver care closer to home within a network of local support.</p>  |  |                                |
|  | <p>Redesign pathways to reduce elective surgical and outpatient appointment wait times for secondary and tertiary care, including Paediatric Surgery as detailed in our operational plan. Dartford, Gravesham and Swanley Health and Care Partnership has also identified this as a priority.</p>   |  |                                |
|  | <p>Pilot integrated models of care with a focus on long term conditions, emotional wellbeing, (special educational needs and disabilities) SEND and other risk factors. This will support:</p> <ul style="list-style-type: none"> <li>- strengthening relationships and joint working practices across health, social care and education</li> <li>- sharing of specialist skills and knowledge between professionals/clinicians and children/families</li> <li>- clearer Information, advice and guidance, including for families</li> <li>- joined up decision making, systems and plans</li> <li>- better experience and outcomes for children, young people and families</li> <li>- a reduction in emergency department attendances</li> </ul> |  |                                |

| Goal  | Actions   | Timescale   | Owner(s)   |
|---|---|---|--|
| <b>Support families to start well</b> (continued)   | Improve support to children with special educational needs and disabilities (SEND) with better, faster clinical assessment of SEND needs and improving experience that parents have when they contact us. Explore arrangements to bring services for children with SEND together to maximise resources and deliver better outcomes, and other measures as set out in the Kent and Medway Integrated Children's Delivery Board Plan. |    | NHS Kent and Medway ICB  |
|   | Support armed forces children to thrive at school by identifying need and using the Thriving Lives toolkit.   |    | Kent Community Health NHS Foundation Trust Board<br>School Health Services supported by the Armed Forces Network |
| <b>Adopt a whole family approach with early help and a focus on preventing rather than responding to crises</b> | Work in partnership with local authorities to develop the Family Hub Model - Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and SEND  |    | NHS Kent and Medway ICB  |
|   | Change our commissioning approach from activity based commissioning (for example number of clinical sessions) to outcome-based commissioning.   |   | ,  |
|   | Develop an approach to better support the child, young person, young adult (0-25) and their families at key transition points in order to improve outcomes and ensure continuity of care. This includes looked after children.  |  | Kent and Medway NHS and Social Care Partnership Trust Board, Kent & Medway Children's Programme Board            |
|   | Implementation of the Armed Forces Act 2021 to ensure the removal of disadvantage in accessing services for Armed Forces Children and families. Increase awareness training, identification of the armed forces community and reduce delayed or interrupted treatment/care of service children  |  | Provider Trust boards<br>Armed Forces Network  |

| Goal                             | Actions   | Timescale   | Owner(s)                           |
|----------------------------------|---|---|------------------------------------|
| <p><b>Safeguard children</b></p> | <p>Deliver the NHS Kent and Medway Safeguarding Strategy. The key aims are:</p> <ul style="list-style-type: none"> <li>- to prevent violence and violence related trauma, injuries and deaths in the communities across Kent and Medway.</li> <li>- to work with partners in providing strategic leadership to improve outcomes for vulnerable children and adults at risk of violence or aggression. The objectives address domestic abuse, violence reduction, contextual safeguarding and PREVENT.</li> <li>- to create a safeguarding culture for the future health system</li> <li>- to promote health equality and access to early help, signposting and support to promote positive safeguarding outcomes.</li> <li>- to strengthen system assurance and a continuous improvement approach.</li> <li>- to ensure that no person is deprived of their liberty without the appropriate legal framework being in place.</li> </ul> <p>This strategy ensures we meet all statutory reporting requirements, is focused on working with key stakeholders and partners and includes ensuring the voice of these children and young people are used to inform service development.</p> |  | <p>NHS Kent and Medway<br/>ICB</p> |

## Chapter 2

# How we will help the most vulnerable and disadvantaged



**Shared Outcome 2:  
We will help the most  
vulnerable and  
disadvantaged in  
society to improve their  
physical and mental  
health; with a focus on  
the social determinants  
of health and  
preventing people  
becoming ill in the first  
place.**

# Integrated Care Strategy Summary

**Tackling inequalities and preventing ill health, targeting those most in need;** Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Our key goal will be to ensure a whole system collaborative approach to Population Health Management, reducing avoidable unfairness in people's health and well-being outcomes. Our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged. We will empower our local neighbourhood and place-based partners to tailor services and interventions to meet the needs of their communities. We aim to make promotion of healthy choices part of every encounter with individuals - Making Every Contact Count (MECC). Our NHS organisations will also continue to adopt the Core20PLUS5 model, a national NHS approach to support the reduction of health inequalities at both national and system level.

**Supporting people deal with the current cost of living crisis;** This is an issue of high importance for the system and an early opportunity to work together better. Alongside national interventions, partners across the Kent and Medway ICS are putting in place support for local people. The ICP has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.

**Tackling mental health issues with the same energy and priority as physical illness;** The Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board brings together all the mental health and wellbeing partners with those with lived experience to integrate service models and develop a shared accountability for improving the mental wellbeing of our communities. Through our community mental health framework, Mental Health Together, we are implementing an entirely new service model to support people with complex mental health difficulties. Our Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare.

**Shared Outcome 2:  
We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**

**Addressing the social determinants of health, such as community support and employment and skills.** Our approach to social prescribing will help to connect people to community services and groups local to them that can help to support their mental and physical health. Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This includes supporting people who are finding it hard to access or remain in work due to mental or physical health issues.

**Developing the Kent and Medway physical environment as a place where people thrive.** We will work with housing providers, voluntary, community and social enterprise partners and others to continue to improve the quality of housing of all tenures. Partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part.



**Kent and Medway**

### Key to timescales

-  Short term < 1 year
-  Medium term 1-2 years
-  Long term 3-5 years+



## Kent and Medway

| Goal   | Actions   | Timescale   | Owner(s)                       |
|--|---|---|--------------------------------|
| <p><b>Tackle inequalities and prevent ill health, targeting those most in need</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Core20PLUS5</li> <li>• Decrease in the number of asthma attacks</li> <li>• Oral health – tooth extractions due to decay for children admitted as inpatients</li> </ul> | <p>Embed Population Health Management (PHM) across the system through a comprehensive Population Health Roadmap structured around the core PHM framework capabilities of infrastructure, intelligence, intervention and incentives. Local services will design new proactive models of care which will improve health and wellbeing today as well as in future years Population Health.</p> <p>The roadmap includes ensuring a sustainable footing for the segmentation dataset and outcomes platform.</p>                    |    | <p>NHS Kent and Medway ICB</p> |
|  | <p>Develop local place prevention plans. Targeting individuals from more deprived and disadvantaged communities who are less likely to engage in or have access to preventative programmes, e.g. immunisations, screening, dental checks and eye tests</p>  |    | <p>NHS Kent and Medway ICB</p> |
|  | <p>Embed Making Every Contact Count to make promotion of healthy choices part of every health service encounter with individuals</p>  |    |                                |
|  | <p>Define the approach, process of allocation and aims for using health inequalities funding and additional funding, to include an evaluation approach</p>  |    |                                |
|  | <p>Apply the Core20PLUS5 model to drive targeted action in improving healthcare inequalities, aligned to our Population Health Management approach and engaging local communities in design and delivery. This will include the PLUS Groups being identified at place and the CORE20PLUS Connectors programme. The Core 20 Plus connectors programme is currently focused on early cancer diagnosis through bowel cancer screening and understanding the perinatal needs of Black, Asian and Minority Ethnic communities.</p> |  | <p>NHS Kent and Medway ICB</p> |

| Goal  | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <p><b>Tackle inequalities and prevent ill health, targeting those most in need</b><br/>(continued)</p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Covid Immunisation - % of eligible adults vaccinated</li> <li>• COVID-19 vaccination uptake for black and minority ethnic groups and the most deprived quintile compared to the national average</li> </ul> | <p>Providers of health care services will work to understand the health inequalities within waiting lists and take action to level up access and outcomes across the population. Also to make changes in their approach or provision to ensure services are accessible.</p>   | ●         | Provider Trust Boards   |
|   | <p>Turning the Tide Oversight Board will act in a leadership role with a focus on reducing ethnicity related health inequalities across Kent and Medway. To complete a social marketing insight project and mobilise the hypertension pathway with an ethnicity focus. Matrix working within the NHS and across local authorities.</p>  | ●         | NHS Kent and Medway ICB |
|   | <p>The Covid Vaccination Programme includes a specific focus on ensuring covid vaccinations are easily accessible to all eligible members of the population. Data will be used to identify low areas of uptake and target additional support. Learning will support the development of the an action plan in response to the integrated national vaccination strategy.</p>  | ●●        | NHS Kent and Medway ICB |
| <p><b>Support people deal with the current cost of living crisis</b></p>  | <p>Codesign a fluid engagement strategy – Continue to attend community organisations and understand ways we can work with them that would be mutually beneficial. Progress data linkage, analytical support and outcome measures to evidence VCSE benefit, developing principles for the transfer of budget to preventative measures.</p> <p>Work together to address the cost-of-living crisis and its likely detrimental effect on people’s health and widening health inequalities. It is an issue of high importance for the system and an early opportunity to work together better. The integrated care partnership (ICP) has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing. This is also a priority area for Medway and Swale Health and Care Partnership (HCP).</p> | ●         | NHS Kent and Medway ICB |

| Goal  | Actions   | Timescale   | Owner(s)                       |
|---|---|---|--------------------------------|
| <p><b>Tackle mental health needs with the same energy and priority as physical illness</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>For 2023/24 27,937 people with a serious mental illness will receive 2 or more contacts with a transformed model of care</li> <li>Achieve 5% year on year increase in the number of people supported by community mental health services</li> </ul> | <p>Deliver an entirely new service model to support people with complex mental health difficulties through our community mental health framework, Mental Health Together.</p> <p>Set up the implementation group, recruit to new roles, Kent and Medway NHS and Social Care Partnership Trust as lead provider to set up commissioning arm</p> <p>Trailblazer of the core model in Medway. Evaluate and monitor Mental Health Together with a particular focus on marginalised groups. Roll out to Swale. Roll out to East Kent, West Kent, DGS</p> <p>Service User Network (SUN) model to be rolled out for peer support for community eating disorders</p> <p>Pilot transformed Community Rehabilitation pathway to include VCSE, local authority and secondary care in west Kent .</p> <p>Procurement of the VCSE element for eating disorders</p> | <p>●●</p> <p>●</p> <p>●</p> <p>●●</p> <p>●</p> <p>●</p> <p>●●</p> | <p>NHS Kent and Medway ICB</p> |
|   | <p>Implement our Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health, which outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare.</p>   | <p>●●●</p>  | <p>NHS Kent and Medway ICB</p> |
|   | <p>Implement our local transformation plan for people with learning disabilities and autistic people which outlines how we will widen access to services closer to home, reduce unnecessary delays and secure equitable access to early intervention and prevention services to prevent escalation of people's needs and premature deaths</p>   | <p>●●●</p>  | <p>NHS Kent and Medway ICB</p> |

| Goal   | Actions   | Timescale   | Owner(s)                |
|--|---|---|-------------------------|
| <b>Address the social determinants of health, such as community support and employment and skills.</b> | Work in partnership to promote community safety. We will work together in tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome  |    | NHS Kent and Medway ICB |
|  | Create a range of opportunities and systemic support in the community, including housing, community infrastructure, carer / family support and workforce, employment and life opportunities, to enable people with learning disability, autism or both to live as safely and autonomously as possible, in their local neighbourhood (preventing the use of large institutional settings). |    | NHS Kent and Medway ICB |
|  | Promote positive mental wellbeing in all communities<br>Work through communities to tackle the wider drivers of mental ill health in all age groups including loneliness, financial distress, abuse, addiction, housing and relationships.  |    | NHS Kent and Medway ICB |
|  | Develop a social prescribing and community navigation strategy that sets the framework for social prescribing and community navigation across the Kent and Medway system.   |    | NHS Kent and Medway ICB |
|  | Pilot work to support a wide range of initiatives for young people including volunteering opportunities, co-design of PSHE curricular to support healthy choices ( with clinical support ), offering opportunity to entry level roles in health and care as well as apprenticeship.   |  | NHS Kent and Medway ICB |

| Goal  | Actions  | Timescale   | Owner(s)                       |
|---|--|---|--------------------------------|
| <p><b>Develop the Kent and Medway physical environment as a place where people thrive</b></p>   | <p>Aim to ensure high quality homes are available to all, including the most vulnerable, and tackle homelessness. Work across the ICS to prevent and respond to homelessness, addressing the root causes.</p>  |  | <p>NHS Kent and Medway ICB</p> |
| <p><b>Help and protect adults with care and support needs in the Kent and Medway area who may be experiencing, or are at risk of, abuse or neglect, and unable to protect themselves.</b></p> | <p>Support the delivery of the Kent and Medway Safeguarding Adults Board Strategic Plan 2022-2025 through partnership working as a member of the Kent and Medway Safeguarding Adults Board. The key priorities are promoting person centre safeguarding, strengthening system assurance and embedding improvement and shaping future practice.</p>   |  | <p>NHS Kent and Medway ICB</p> |
|   | <p>Deliver the NHS Kent and Medway Safeguarding Strategy. The key aims are:</p> <ul style="list-style-type: none"> <li>- to prevent violence and violence related trauma, injuries and deaths in the communities across Kent and Medway.</li> <li>- to work with partners in providing strategic leadership to improve outcomes for vulnerable children and adults at risk of violence or aggression. The objectives address domestic abuse, violence reduction, contextual safeguarding and PREVENT.</li> <li>- to create a safeguarding culture for the future health system</li> <li>- to promote health equality and access to early help, signposting and support to promote positive safeguarding outcomes.</li> <li>- to strengthen system assurance and a continuous improvement approach.</li> <li>- to ensure that no person is deprived of their liberty without the appropriate legal framework being in place.</li> </ul> <p>This strategy ensures we meet all statutory reporting requirements and is focused on working with key stakeholders and partners across the system.</p> |  | <p>NHS Kent and Medway ICB</p> |

## Chapter 3

# How we will help people to manage their own health and wellbeing



**Shared outcome 3:  
We will 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.**

# Integrated Care Strategy Summary



**Kent and Medway**

**Supporting our population to adopt positive health behaviours;** As part of our Population Health Management approach, we will deliver evidenced based support, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity – including in environmentally sustainable green spaces, maintain good sexual health, and minimise alcohol, substance and tobacco use. We will engage with and raise awareness of National programmes - such as the NHS Digital Weight Management Programme and the Diabetes Prevention Programme - and incorporate these into existing pathways in a coherent way to ensure that we optimise their impact within Kent and Medway.

**Protecting the public from diseases such as Covid-19;** Health protection is multi-faceted and there are many agencies involved in protecting the public from communicable diseases, non-infectious environmental hazards and the risks of a future in which antimicrobials are no longer effective. The Kent and Medway Health Protection Board is a multi-agency board on health protection across Kent and Medway with a focus on protecting the public.

**Supporting people to age well - championing resilience and independence;** Our adult social care services support people of all ages to live as full and safe a life as possible. They will continue to promote people's wellbeing prevent, reduce or delay the need for care and support and safeguard vulnerable adults. We will do this by focusing on the individual strengths of people with care needs, their families and carers. Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

**Shared outcome 3:  
We will 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.**

**Delivering personalised care so people have choice and control over their care;** Kent and Medway's personalised care approach is underpinned by the ESTHER philosophy, this emphasises the "*what matters to me*" methodology. Both Kent and Medway Councils work with 'Think Local, Act Personal' to make personalised care real. Dementia care is a priority. We are committed to ensuring that every person living with dementia is supported to live as well and as independently as possible. The means receiving high quality, compassionate care from diagnosis through to end of life. This applies to all care settings, whether home, hospital or care home.

**Providing palliative and end of life care to those in the last stages of their life.** Since July 2022, the Integrated Care Board also has become responsible for PEOLC as part of the Health and Care Bill with both statutory guidance and a handbook for implementation published in late September 2022. Our Strategy aims to make sure that individuals who are in the last stages of their lives and dying 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.

### Key to timescales

-  Short term < 1 year
-  Medium term 1-2 years
-  Long term 3-5 years+



## Kent and Medway

| Goal  | Actions   | Timescale   | Owner(s)                       |
|---|---|---|--------------------------------|
| <p><b>Support our population to adopt positive health behaviours</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Screening rates e.g. learning disability cervical screening, bowel screening, breast screening</li> <li>• Percentage of patients aged 18 or over with GP recorded hypertension in who the last blood pressure reading is below the age-appropriate treatment threshold</li> </ul> | <p>As part of our Population Health Management approach, we will deliver evidenced based support, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity, maintain good sexual health, and minimise alcohol, substance and tobacco use.</p>  |    | <p>NHS Kent and Medway ICB</p> |
|   | <p>Work with Health Care Partnerships to implement evidence-based support for increasing activity and preventing diabetes. Partners across the ICS will work together to promote referrals to the NHS Digital Weight Management Programme and incorporate the programme in a coherent way into existing pathways. Existing incentivisation measures will be utilised to encourage referrals taking into account good models of behaviour change.</p>  |    |                                |
|   | <p>Continue to conduct system-wide health needs assessments to help us to target where we need to mitigate against health and social inequalities, and test and learn from new approaches to promoting positive health behaviours.</p>  |    |                                |
|   | <p>Build on current Health Inequalities pilots to provide targeted, improved access to proactive reviews and screening, including dental checks, supported by patient focussed support services that understand and address barriers and behaviours which prevent people from engaging in their wellbeing and long-term health.</p>   |    |                                |
|   | <p>The NHS LTP Tobacco Dependence Treatment Service Programme will continue to be driven forward ensuring support to quit smoking for eligible members of the population. This will sit alongside the existing strong offer of LA community stop smoking services provided across Kent and Medway. The established Smoking in Pregnancy specialist midwives in each acute trust will continue to work to support those who are pregnant to quit smoking. Provide access to services for those most at risk of health inequality will continue with, for example programmes to increase treatment to target for hypertension, increase engagement in NHS Health Checks and in diabetes management programmes. Development of the CVD Prevention Group will further address cardiovascular health including the wider determinants of health.</p> |  | <p>NHS Kent and Medway ICB</p> |

| Goal  | Actions   | Timescale   | Owner(s)                |
|---|---|---|-------------------------|
| <b>Support our population to adopt positive health behaviours</b> (continued)   | We will Make Every Contact Count to signpost support to reduce the smoking rates in higher prevalence groups.   |  | NHS Kent and Medway ICB |
|   | Contraceptive services providers will work together to ensure a seamless service for the public and will also consider the wider health and sexual health needs of the patients.  |  |                         |
|   | Promote active travel through working with local councils to identify access to public transport and safe cycle routes and promote access to Green Social Prescribing to support self-management of health and wellbeing  |  | NHS Kent and Medway ICB |
| <b>Protect the public from infectious diseases, chemical, biological, radiological, and nuclear incidents, and other health threats</b> | <p>The Kent and Medway Health Protection Board (KMHPB) is a multi-agency board on Health Protection across Kent and Medway with a focus on protecting the public. It provides oversight of existing health protection issues as well as horizon scanning for any emerging situations and threats to support a joined up and coherent system. The Board provides assurance and system leadership and assurance to Directors of Public Health in Kent and Medway in relation to their statutory functions around health protection. It receives updates on areas of health protection and recommends steps for system-wide improvement, system alignment and the commissioning of services with a focus on reducing health inequalities in our populations.</p> <p>We will work with the board, consider their recommendations and oversee the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters.</p> |  | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale   | Owner(s)   |
|--|--|---|--|
| <b>Support people to age well, championing independence and resilience</b> | Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death to target prevention strategies and support people to manage their health and wellbeing. This includes acute frailty response and frailty hubs e.g. Home Treatment Service and Medway frailty unit at Sheppey Hospital   |    | NHS Kent and Medway ICB<br><br>Community service provider boards |
|  | Promote a multidisciplinary approach where professionals work together in an integrated way to provide tailored support that helps people live well and independently at home for longer. Development of neighbourhood models of care in alignment with Fuller Stocktake.  |    |  |
|  | Make the system more coordinated so it is easier to navigate and get the right care to maintain independence for patients, loved ones and health/care staff.   |    |  |
|  | Increase support offer to care homes with strong relationships between care homes, local general practices, community services, hospices and other health/care teams as part of the Enhance Health in Care Home (EHCH) national requirements.  |    |  |
|  | Embed technology-enabled care such as wearable devices and home monitors as core tools to support long term health problems in new ways, and support people to remain at home safely where possible. Also support the role out of digital social care records across care homes and domiciliary care. Explore further opportunities between health and care to further this relationship as well as considering the role of remote monitoring in care homes. |  |  |

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <p><b>Deliver personalised care so people have choice and control over their care – Dementia</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Dementia Diagnosis Rate maintained at 66.7%</li> <li>• 75% people wait 6 weeks from referral to memory assessment (service)</li> <li>• % people waiting 6 weeks from diagnosis to treatment – metric in development</li> </ul> | <p>Recover waiting lists and ensure sufficient capacity to achieve and maintain a dementia diagnosis rate of 66.7%.<br/>Reduce the waiting list to enable people to start treatment in closer to six weeks from referral.</p>  | ●●        | NHS Kent and Medway ICB |
|  | <p>Increase the number of Dementia Coordinators in each PCN to enable people living with dementia and their carers to access better information and support</p>  | ●         |                         |
|  | <p>Increase the use of DiADem, the tool to support GPs in diagnosing people living with advanced dementia and pilot in a care home setting. Consider its use for people with dementia who are housebound.<br/>Introduce A GP with Extended Role (GPwER) in Dementia and later in local care.</p> | ●●        |                         |
|  | <p>Review the services provided to Carers with Health and Care Partnerships and Local Authorities and ensure that the needs of those families affected by Dementia can access community resources.</p>   | ●         |                         |
|  | <p>Embed Admiral Nurses into the wider pathway to provide expert practical, clinical and emotional support to families/carers living with dementia, as part of a tiered model working with VCSE, so Admiral Nurses can focus on those with higher level complex needs.</p>                       | ●         |                         |
|  | <p>Refine the current Dementia pathway, recognizing the impact of an ageing population.</p>  | ●         |                         |

| Goal  | Actions   | Timescale | Owner(s)                       |
|---|---|-----------|--------------------------------|
| <p><b>Deliver personalised care so people have choice and control over their care</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of personalised care interventions</li> </ul> | <p>Roll out across the system the ESTHER Ambassador training for all staff underpinning the Personalised Care approach and culture.</p>   | <p>●</p>  | <p>NHS Kent and Medway ICB</p> |
|   | <p>Encouraging take up of the free Personalised Care Institute (PCI) Personalised Care Accredited Training offer across Local Maternity System, PCNs and all Delivery Partners.</p>   | <p>●●</p> |                                |
|   | <p>Encourage regular care plan reviews in line with the SOF and ensure they are consistently coded accordingly.</p>   | <p>●</p>  |                                |
|   | <p>Develop one off Personal Health Budgets (PHB's) to other identified cohorts linked to population health needs. Develop robust financial governance framework and clinical governance framework to support this. Provide a clear, published local offer of what is available through a one off PHB with local examples of PHB use. Pilot integrated health and care budgets pooling resources by use of Better Care Fund.</p> | <p>●●</p> |                                |
|   | <p>Co-Produce across the system a Social Prescribing and Community Navigation Strategy, to include links with green social prescribing – due for completion in summer 2023.</p>   | <p>●</p>  |                                |
|   | <p>Set up a Social Prescribing and Community Navigation Support Group, The programme includes: the development of peer support, induction and continuing professional development, managerial supervision, access to information and resources and will aim to create a progressive learning culture within the community of social prescribing link workers across the Kent and Medway area.</p>                               | <p>●●</p> |                                |
|   | <p>Social Prescribing mapping across Kent &amp; Medway to enable easy access/location of appropriate services across the System.</p>  | <p>●</p>  |                                |

| Goal   | Actions   | Timescale   | Owner(s)                       |
|--|---|---|--------------------------------|
| <p><b>Provide palliative and end of life care to those in the last stages of their life</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Expected deaths known to palliative care</li> <li>• Time spent at home (not in hospital) during the last 60 days of life</li> </ul> | <p>Improve the identification of those who are likely to be within the last year of life with targeted support to manage their changing health needs over time.</p>   |    | <p>NHS Kent and Medway ICB</p> |
|  | <p>Support people to die in their place of choice by ensuring models of care and services evolve over time, always keeping the individual's wishes at the heart of decision making.</p>   |    |                                |
|  | <p>Raise community awareness of death and dying to enable "Compassionate Communities" to grow and providing robust bereavement services for all.</p>  |    |                                |
|  | <p>Provide a single point of access, available 24-hours-a-day, seven-days-a week to provide an alternative to 111/999 in times of crisis and to enable more people, where appropriate, to live well and die well, at home or the place of their choosing such as a hospice.</p> |    |                                |
|  | <p>Develop advance care plans for every individual enabling joined up care through the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) roll out across Kent and Medway.</p>   |    |                                |
|  | <p>Prescriptions for medicines that support comfort at the end of life will be the norm and readily available in pharmacies and we will aim to broaden training for informal carers on how to administer these 'just in case' medications.</p>                                  |    |                                |
|  | <p>Take learning from deaths by reviewing outcomes for individuals and families to improve comfort, dignity and ensure wishes are being met.</p>  |  |                                |
|  | <p>Provide a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.</p>   |  |                                |

## Chapter 4

# How we will support people with multiple health conditions

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**Shared outcome 4: We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**

# Integrated Care Strategy Summary

**Patient Empowerment and Multidisciplinary Teams.** People with multiple health conditions are best served by teams made up of multiple disciplines. This ensures a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty. Complex Care Teams and Multi-Disciplinary Teams working with Primary Care and Social Care will co-ordinate identified groups of people and respond to needs and opportunities at a local level. A model of shared decision-making will empower the people of Kent and Medway to make informed choices about how, when and where they receive care. This will utilise personal health budgets and social prescribing where appropriate, alongside patient centred services such as complex care teams encompassing physical, mental health and social care disciplines, enabled by the Better Care Fund.



**Kent and Medway**

**High quality Primary Care.** Primary care is, and will remain, the bedrock of the NHS. We know that it is still too difficult for people to get an appointment to see their GP and primary care team, and we must do all we can to support people and general practices. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway, delivered by a skilled multidisciplinary team working in partnership with other health and care services to maximise benefits for our population. Kent and Medway ICB has recently taken over delegated authority for commissioning Pharmacy, Optometry and Dentist services. 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 services. We will also improve people's access to NHS sight tests and other locally commissioned eye health services, focussing on improving equality of access for everyone.

**Shared outcome 4: We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**

**Support for Carers.** We recognise the important role of formal and informal carers in a person's care team. There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds. However, they have one thing in common; their role directly benefits the people they look after and society as a whole, so we must recognise their needs and support them too. Young carers have particular needs. We will continue to work together to ensure there is good understanding across all services that work with children about the impacts of being a young carer, how to identify 'hidden carers' and how to put support in place for them, including working with VCSE organisations who provide vital support for carers of all ages.

### Key to timescales

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+



| Goal   | Actions  | Timescale                            | Owner(s)                |
|--|--|--------------------------------------|-------------------------|
| <p><b>High quality Primary Care – General Practice</b></p> <p>Through the NHS Kent and Medway ICB GP Development plan, there is a commitment to address the demand placed on primary care services.</p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of general practice appointments per 10,000 weighted patients</li> <li>• FTE doctors in general practice per 10,000 weighted patients</li> </ul> | Support GP practices and Primary Care Network's (PCN) to engage with their local communities, and increase the number of people referred to the community pharmacy consultation services.  | <span style="color: blue;">●</span>  | NHS Kent and Medway ICB |
|  | All GP practices will be supported to install digital telephone systems to make it easier for patients to call their GP practice, and to utilise the functionality and reporting available to drive efficiency.  |                                      |                         |
|  | Develop an attraction offer for GPs to work in general practice in the areas where we know we have higher deprivation i.e. Medway, Swale and Thanet in 2022 to 2024  | <span style="color: blue;">●</span>  |                         |
|  | Support practices and PCNs to continue to develop their response to the estates strategy to further inform commissioning decisions.  | <span style="color: blue;">●●</span> |                         |
|  | A pilot of eConsultations into a Health Hub is complete. This will be developed into a sustainable eHub model, including, the blueprint, evaluation of the health hub model and business case for scaling across Kent and Medway   |                                      |                         |
|  | Scope a research project to pilot different approaches to modelling demand and capacity in general practice across Kent and Medway   | <span style="color: blue;">●●</span> |                         |
|  | Increase the number of people using online primary care services. This will be supported by introduction of a programme of interventions with our stakeholders that address digital exclusions. We will also support digital remote monitoring technologies to create clinical capacity. | <span style="color: blue;">●●</span> |                         |
|  | Increase the number of additional roles staff working in general practice.   | <span style="color: blue;">●●</span> |                         |

| Goal   | Actions  | Timescale   | Owner(s)                       |
|--|--|---|--------------------------------|
| <p><b>High quality Primary Care – General Practice</b> (continued)</p>   | <p>Deliver 3 distinctive areas of intervention in relation to GP practice support, to improve care for our patients:</p> <ul style="list-style-type: none"> <li>• Proactive: risk stratification of a range of information and data to proactively understand variations in quality and outcomes and support the improvements to address these</li> <li>• Supportive: working with practices to continuously learn and improve their services for better outcomes for their population</li> <li>• Reactive: using information gathered from proactive and supportive interventions to identify and escalate concerns, providing reactive support when needed to ensure safety and effectiveness</li> </ul>   |  | <p>NHS Kent and Medway ICB</p> |
| <p><b>High quality Primary Care – Pharmacy Services</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of completed referrals to community pharmacist consultation service from general practice</li> </ul> | <p>We will implement a collaborative provider approach to Medicines Optimisation Strategy and deliver 3 main work programmes:</p> <p><b>Medicines Value</b> including aseptics and sustainability:</p> <ul style="list-style-type: none"> <li>• to ensure medicines are used cost effectively to achieve optimal patient outcomes</li> <li>• to ensure access to adequate resilient high quality aseptic services that supports healthcare staff</li> <li>• to identify and implement medicines related initiatives that support sustainability goals</li> </ul> <p><b>Medicine Safety</b> including overprescribing and mental health to ensure that patients are not prescribed medicines that are inappropriate or no longer necessary, or where harms outweigh benefits.</p> <p><b>Assurance and outcome monitoring</b> including community pharmacy</p> <ul style="list-style-type: none"> <li>• establish programme and lead the roll-out of community pharmacy clinical services</li> </ul> <p>The main work programmes will be supported by 3 enablers:</p> <p><b>Workforce</b> -to improve the recruitment and retention of Pharmacy workforce and ensure appropriate access to training and development opportunities Creation of a dynamic and flexible workforce that can work across systems built around the needs of people who use our services.</p> |  | <p>NHS Kent and Medway ICB</p> |

| Goal  | Actions  | Timescale | Owner(s)  |
|---|--|-----------|---|
| <b>High quality Primary Care – Pharmacy Services</b><br>(continued) | <b>Digital-</b> to embed digital technology to improve patient experience, improve safety and support cost effectiveness<br><b>Medicines optimisation in primary care</b>  | ●         | NHS Kent and Medway ICB   |
| <b>High quality Primary Care – Optometry and Ophthalmology</b>      | We will adopt an integrated Tiers of Care approach to Optometry and Ophthalmology in the community, to ensure as much capacity as possible is available to deliver appropriate care in a community setting.  | ●         | NHS Kent and Medway ICB   |
|   | We will integrate Optometry, Community & acute Ophthalmology care by digitalisation of the referral (EeRS) and electronic patient record systems (EPR) to promote shared care approach and reduce the requirement for hospitals visits where possible.   | ●         |   |
|   | As many patients as possible will be repatriated from acute care setting to primary/community setting to improve access and waiting times. Currently In Progress for Glaucoma, Minor Eye Conditions & Hydroxychloroquine Monitoring.   | ●         |   |
| <b>Patient Empowerment and Multidisciplinary Teams</b>              | Ensure that patients have timely, appropriate access to effective Primary Care, achieved through strategies aligned to the 3 key Fuller Report recommendations, including providing more proactive, personalised care with support from a multidisciplinary team. <ul style="list-style-type: none"> <li>Continued development of Complex Care Nursing services, aligned to structured MDT approaches, leading to greater integration of Primary Care and community services</li> <li>Further integration of system wide care record (KMCR) to support continuity of care and a holistic approach</li> <li>Continuing the increased use of personalised health budgets and social prescribing, managed by complex care support to reduce the burden on Primary Care</li> </ul> | ●         | NHS Kent and Medway ICB<br><br>Kent Community Health NHS Foundation Trust Board |

The following four pages are focused on actions relating to major or common conditions, including those identified in the NHS Long Term Plan

|   | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Maternity</b>  | See shared outcome 1 – delivering effective maternity services, page 11.  |           |                         |
| <b>Serious Mental Illness (SMI)</b><br><br><b>Metrics</b><br>The number of people on the SMI register in receipt of all 6 core physical health checks<br>Q1 - 9,922<br>Q2 - 10,228<br>Q3 - 10,533<br>Q4 - 10,839<br>Progress towards the 60% target has been made with more than 40.6% of people with SMI across Kent & Medway have received a physical health check, at the end of Q1 22/23. | <p>The Kent and Medway Provider Collaborative Board has made a commitment to deliver compliance against the Long Term Plan (LTP) for Mental Health. Providers and Health and Care Partnerships (HCP) are represented on this Board.</p> <p>The Mental Health Operational Delivery Group (ODG) is the operational vehicle for the delivery of the system priorities and currently oversees 8 workstreams aligned to the strategic objectives of the LTP.</p> <p>Internal assurance and performance meetings have been established within the ICB Mental Health Team to monitor progress at a system level in delivering the LTP. These meetings include a monthly Quality and Outcomes Assurance Meeting to systematically bring together, review, share and triangulate the quality intelligence and outcomes of the adult mental health and dementia programmes.</p> <p>Physical Health Checks: Work is ongoing to increase outreach/engagement of service users to improve the uptake of the physical health checks among people with serious mental illness, focussing on hard-to-reach groups. Part of this project enables our providers to carry out the checks in a much wider remit than GP surgeries, i.e., people's homes, community centres etc. Progress towards the 60% target has been made with more than 40.6% of people with SMI across Kent &amp; Medway have received a physical health check, at the end of Q1 22/23.</p> | ●         | NHS Kent and Medway ICB |

|   | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <p><b>Cardiovascular disease and Hypertension</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Percentage of hypertension patients who are treated to target as per NICE guidance</li> <li>% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins</li> <li>CVD high risk patients on lipid lowering therapy</li> </ul> | Provision of specialist cardiology pharmacy resources to primary care across Kent and Medway through the Hypertension Support Package (HSP). The HSP menu of support offered to practices includes direct interventions with patients by undertaking clinical consultations, running hypertension clinics, and mentoring of local healthcare professionals, either virtually or in person depending upon specific needs.   | ●         | NHS Kent and Medway ICB |
|   | Target 30 initiative is underway to provide additional support to the lowest performing practices treatment to target for hypertension. This includes a free pilot to all Kent and Medway practices of Accurx batch messaging and floreys.   |           |                         |
|   | Continue Hypertension Heroes (HTH) project working with VCSE organisations recruiting volunteers to be trained to support local, targeted communities in understanding the importance of managing their blood pressure, supporting them to use a home monitor and report the results into their GP practice. Designed to reach people and communities who may not be engaging with health services and GPs.  | ●●        |                         |
|   | Increase detection and optimise the management of hypertension, atrial fibrillation, high cholesterol, and 10-year cardiovascular disease risk by: <ul style="list-style-type: none"> <li>case finding including through community pharmacies and the Primary Care Network investment and impact fund and management through the Quality Outcomes Framework</li> <li>work with local government to support restoration and improvement of the NHS Health Check programme</li> </ul> This is also a priority for Dartford, Gravesham and Swanley Health and Care Partnership. | ●●        |                         |
|   | Develop the maturity of the clinical network to support specialised commissioning delegation requirements.   | ●         |                         |

|  | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <b>Cancer</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>• Cancer constitutional targets met at system and provider level</li> <li>• Number of patients diagnosed at stage 1 or 2</li> </ul>             | Support initiatives which will deliver earlier cancer diagnosis so that 75% of newly diagnosed patients are diagnosed at stage 1 or 2.   | ●●●       | NHS Kent and Medway ICB |
|  | Streamline pathways to ensure that all patients receive a diagnosis or 'rule out' of cancer within 28 days.  | ●●        |                         |
|  | Roll out a Targeted Lung Health Check Programme for all patients across Kent and Medway.   | ●●        |                         |
|  | Ensure that all cancer constitutional targets are consistently met at system and individual provider level.  | ●         |                         |
|  | Every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.  | ●         |                         |
|  | Make sure that people can access more effective tests and treatments, from genomic testing to the latest diagnostic technologies to help find more cancers before symptoms appear.                           | ●●●       |                         |
|  | Support projects and initiatives which mean that after treatment, patients will move to a follow-up pathway that suits their needs and ensures they can get rapid access to clinical support where required. | ●●        |                         |
| <b>Long Covid Metric</b> <ul style="list-style-type: none"> <li>• Proportion of people referred to a post COVID service who are not assessed by a registered health care assessment within 15 weeks of referral</li> </ul> | Implement the enhanced specification for the Long Covid Service including care pathways and services in line with national requirements and local need.  | ●         | NHS Kent and Medway ICB |
|  | Identify and reduce inequalities of access to Long Covid Services and outcome variation through local and regional peer reviews.   | ●         |                         |

| Goal  | Actions   | Timescale | Owner(s)                |
|---|---|-----------|-------------------------|
| <b>Long covid</b> (continued)   | Work with London Paediatric Hub to determine local provision required to support Children and young people with Long Covid  | ●         | NHS Kent and Medway ICB |
|   | Improve care pathway for those requiring fatigue management   | ●         |                         |
|   | Enhance capacity in Pulmonary Rehabilitation provision to enable access to those with Long Covid  | ●         |                         |
| <b>Diabetes</b><br><br><b>Metric</b><br>• Proportion of those with type 2 diabetes receiving recommended care processes           | Increase the number of patients with diabetes receiving all 8 care process with the aim of at least meeting national average achievement by increasing education and workforce capacity, reconfiguring the multidisciplinary diabetic foot care pathway and additional advanced practitioner roles. | ●         | NHS Kent and Medway ICB |
|   | Increase the number of people supported through the NHS Diabetes Prevention Programme as a proportion of patients profiled.   | ●         |                         |
| <b>Chronic respiratory disease</b><br><br><b>Metric</b><br>• Percentage of people aged 65 and over who received a flu vaccination | Restart of Spirometry in primary care and community services, aim to get 100% coverage of spirometry for all patients across Kent and Medway.   | ●         | NHS Kent and Medway ICB |
|   | To get 100% coverage of FENO (fractional exhaled nitric oxide) for all patients across Kent and Medway.   | ●         |                         |
|   | Expansion of pulmonary rehab services to prevent exacerbations and admissions. Increase referral rate to 60% of eligible patients.  | ●         |                         |
|   | Collaborate across the system to optimise the use of respiratory medicines and pilot the 'asthma friendly schools' initiative in Medway and Swale.  | ●         |                         |

## Chapter 5

# How we will ensure access to hospital services and centres of excellence for specialist care



**Shared Outcome 5: We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**

# Integrated Care Strategy Summary



**Kent and Medway**

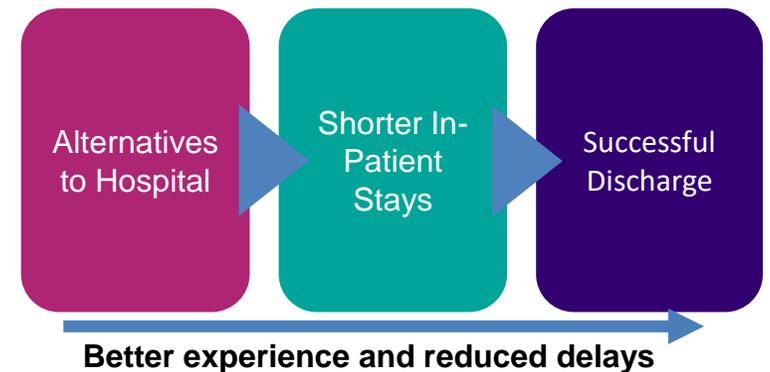
**Providing quality healthcare as close to home as possible;** We recognise the importance of providing quality healthcare as close to our populations as possible and we will continue to plan our services in to enable this to happen. Partners within the ICS must join up health and care around individuals so that they can access the service and receive the requisite quality. Some hospital services will continue to move to community-based settings. For example, during the COVID-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

**Continuing to develop centres of excellence for specialised services.** There is compelling evidence that creating centres of clinical excellence provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff, and enhance clinical research and innovation.

**Improving flow through the system.** Demand on our emergency departments is at an all-time high nationally. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting. Embedding new models and services will allow us to not only reduce pressure on Emergency Departments but also deliver more appropriate care faster and closer to the patient's home. In peak times, we want to improve the communication channels of our services throughout the system so they can escalate and de-escalate to support the wider system and take proactive decisions to balance demand. We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions.

**Shared Outcome 5: We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**

By improving our commissioning relationships with providers of adult social care (including private sector and VCSE) we will ensure sufficiency of the adult social care market and aid discharge from the acute setting. Our ambition is that the Kent system jointly plans, commissions, and delivers discharge services that maintain flow and are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate and responding to seasonal pressures.



### Key to timescales

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+



| Goal   | Actions   | Timescale | Owner(s)                |
|--|---|-----------|-------------------------|
| <p><b>Provide quality healthcare as close to home as possible – mental health</b></p> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>• Out of area placement occupied bed days - 570 will be set as an average for Q1- Q4 2023/24.</li> <li>• Length of Stay against a target of 32 days for younger adults and 77 days for older adult wards</li> <li>• 80% patients discharged from acute admission are followed up with a face to face or phone contact within 72 hours</li> </ul> | Eliminate the use of inappropriate out of area mental health placements (OAPS) used for adult acute admission so that more people can be admitted closer to home.   | ●●●       | NHS Kent and Medway ICB |
|  | Improve the mental health system/bed capacity and management to ensure acute mental health care remains therapeutic and purposeful and that effectiveness and experience of care is improved. Actions include:<br>Revise acute admission inpatient skill mix and workforce plan developed | ●●        |                         |
|  | Improve collaboration between Health and Social Care Partners via a co-produced Patient Flow Pathway  | ●         |                         |
|  | 24/7 Urgent Crisis Line from March 2023 will be accessed by the public via NHS 111  | ●         |                         |
|  | 2 Crisis Houses in Medway and east Kent and then roll out to west and north Kent  | ●●        |                         |
|  | West Kent Urgent Care Hub 23/24 and roll out to east and north Kent.  | ●●        |                         |
|  | Pilot alternative to Emergency Departments Model  | ●         | NHS Kent and Medway ICB |

| Goal  | Actions  | Timescale  | Owner(s)   |
|---|--|--|--|
| <p><b>Provide quality healthcare as close to home as possible – East Kent hospitals programme</b></p>                                     | <p>East Kent hospitals programme – East Kent Hospitals University NHS Foundation Trust submitted an expression of interest to the government’s new hospitals programme, seeking vital and long overdue investment of £460m in our hospitals for the long term. A decision on the long-listed schemes is expected in the near future. A successful bid is essential before the NHS can consult on options to transform how our services are delivered in future. In the meantime, we are undertaking due diligence with the construction industry to further test the viability and deliverability of both options. This exploratory process is an important piece of work that will provide an additional assurance test before consultation gets underway</p>   | <p>●●●</p>   | <p>East Kent Hospitals University NHS Foundation Trust Board</p> |
| <p><b>Provide quality healthcare as close to home as possible and Improve flow through the system - Community Diagnostics Centres</b></p> | <p>Diagnostic imaging services flow improvement will be established through expansion of the Community Diagnostic Centres (CDCs) in East and West Kent together with the development/establishment of a new CDC at Sheppey Community Hospital and its associated spoke site at Rochester Healthy Living Centre which are scheduled for operational delivery in 2023/24. In addition, Dartford &amp; Gravesham NHS Trust has submitted a plan for £19.5m standard CDC hub which is pending national approval.</p> <p>The Kent &amp; Medway CDCs provide diagnostic imaging, pathology and physiological measurement services nearer to home, in community settings, separate from acute hospital sites. The CDCs contribute to improved patient flow through:-</p> <ul style="list-style-type: none"> <li>• Redesign of patient pathways with a system led approach to improve access and alignment of elective pathways to CDC activity</li> <li>• Establishment of system wide policies/procedures to standardise systems and processes thereby reducing delays in diagnosis and supporting delivery of diagnostic/cancer/elective backlog reduction</li> </ul> | <p>West Kent CDC (Hermitage Court)<br/>●</p> <p>East Kent CDC (Buckland Community Hospital Hub)<br/>●●</p> | <p>NHS Kent and Medway ICB</p>                                   |

| Goal  | Actions  | Timescale   | Owner(s)                       |
|---|--|---|--------------------------------|
| <p><b>Provide quality healthcare as close to home as possible and Improve flow through the system - Community Diagnostics Centres</b><br/>(continued)</p> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>• 95% patients will receive a diagnostic test within six weeks of referral, with a stretch target to achieve 99% DM01 compliance by March 2025.</li> <li>• Increase activity from the 2019/2020 activity baseline by 15% in imaging and 26% in endoscopy</li> <li>• Reducing carbon emissions associated with patient/staff travel – 3.5% (9.5 billion miles) of all road travel in England is linked to NHS</li> </ul> | <p>Continued...</p> <ul style="list-style-type: none"> <li>• Collaboration with the Cancer Alliance to review cancer pathways and ensure optimisation of CDC capacity by prioritising a 25% increase of capacity for suspected cancer referrals to (a) increase the percentage of patients receiving tests within 6 weeks of referral (b) increase the percentage of cancers diagnosed at stage 1 and 2 and (c) contribute to achievement of the faster diagnosis standard by March 2024</li> <li>• Expansion of GP Direct Access to improve patient flow from point of referral</li> <li>• Establishment of 7 day 12 hour services</li> <li>• Introduction of Digital Pathways reducing processing delays</li> <li>• Introduction of Picture Archiving and Communications Systems (PAC) across each CDC enabling PACs based reporting</li> <li>• Faster access to diagnostic imaging services</li> </ul> <p>The ICB and Kent &amp; Medway Imaging Network work in partnership ensure compliance with national standards and improve patient pathways/flows and resource optimisation.</p> | <p>Continued...</p> <p>Medway and Swale CDC (Sheppey Community Hospital Hub, Rochester Healthy Living Centre Spoke)</p> <p>●</p> <p>Dartford, Gravesham and Swanley</p> <p>●●</p> | <p>NHS Kent and Medway ICB</p> |

| Goal   | Actions  | Timescale   | Owner(s)  |
|--|--|---|---|
| <p><b>Provide quality healthcare as close to home as possible and Improve flow through the system</b></p> <p><b>Metric:</b></p> <ul style="list-style-type: none"> <li>Number of patients that the virtual ward is able to simultaneously manage</li> </ul>  | <p>Continue to develop the use of virtual ward pathways to plan for safe and timely discharge, ensure safe and effective home-based follow-up support and enhance flow through the system.</p>   |    | <p>NHS Kent and Medway ICB</p> <p>Provider Trust Boards</p> |
|  | <p>Increase in number of rehabilitation beds to meet required demand. Including greater utilisation of ambulatory and community bed-based alternatives to acute hospital admission which are a more effective settings of rehabilitation care, where patients can be safely managed with effective coordination.</p>   |    |   |
|  | <p>More intensive step-down services with enhanced nursing and therapies cover will help patients achieve care outcomes with a shorter length of stay, allow more acute needs to be safely managed.</p>  |    |   |
| <p><b>Improve flow through the system – Urgent and Emergency Care</b></p> <p><b>Metrics:</b></p> <p>We are currently achieving the 76% A&amp;E 4-hour standard. The first draft operational activity plan shows achievement of 81% by March 2024. Our ambition is to achieve 88% and to have all of our acute trusts achieving 76% by the end of 2024.</p> | <p>The Urgent and Emergency Care Recovery programme will focus on general practice, high intensity users, single point of access, urgent community response and step-up virtual wards. Actions are also included in the programme in relation to mental health support, urgent treatment centres, 111 and 999 activity, same day emergency care (SDEC), intermediate care and discharge. There are a number of actions in relation to the enablers – estates, communications, system coordination and workforce.</p> |    | <p>NHS Kent and Medway ICB</p>                              |
|  | <p>Continue to meet and exceed the target 70% two hour urgent community response standard</p>  |  | <p>Community service provider boards</p>                    |

| Goal   | Actions   | Timescale  | Owner(s)  |
|--|---|--|---|
| <b>Improve flow through the system – Urgent and Emergency Care</b><br>(continued)  | Implement a single ICS wide referral optimisation system with pre-programmed patient pathways and decision making that has been agreed by both primary and secondary care to ensure that patients are directed first time to the most appropriate point of care following presentation of a health concern. |   | NHS Kent and Medway ICB                               |
| <b>Improve flow through the system – Elective Care</b><br><br><b>Metrics:</b> <ul style="list-style-type: none"> <li>• Increase elective activity to 115% of pre-pandemic levels and reduce long waits to deliver the 109% Elective Recovery Fund target</li> <li>• Ambitious goal to deliver elective activity to around 130% of pre-pandemic levels by 2024/25.</li> </ul> | Deliver more elective care to address backlogs<br><br>Eliminate waiting times over 65 weeks by March 2024   | <br><br> | Provider Trust Boards,<br><br>NHS Kent and Medway ICB |

| Goal  | Actions  | Timescale   | Owner(s)   |
|---|--|---|--|
| <b>Improve flow through the system – Winter Planning</b>                                      | Maintain flow during winter alongside continuing to improve services. Produce a joint plan with health and social care partners. Use data and analysis of previous winter trends to determine how best to meet the increased demand. Produce surge plans for critical care, acute beds, paediatric care, maternity, primary care, social care and community services using escalation frameworks (OPELs) to determine the surge demand. Coordinate the response through the Operational Control Centre (OCC).  |  | NHS Kent and Medway ICB  |
| <b>Continue to develop centres of excellence for specialised services</b>                     | Finalise Joint Working Agreement between NHS England and ICB and continue preparation for the delegation of specialised commissioning.   |  | NHS Kent and Medway ICB  |
| <b>Continue to develop centres of excellence for specialised services – Vascular Services</b> | <p>Vascular services reconstruct, unblock or bypass arteries and are often one-off specialist procedures to reduce the risk of sudden death or amputation and prevent stroke. Evidence shows that patients who need vascular treatment receive better care and have a better chance of survival when they are treated by a team of vascular surgeons, interventional radiologists, nurses and therapists, who treat large number of these patients. Kent and Canterbury Hospital will become the county's specialist centre for inpatient vascular surgery in April 2023.</p> <p>Outpatient appointments and diagnostic tests will continue at patients' local hospitals in Ashford, Canterbury, Margate, Maidstone, and Medway. Day surgery will continue at Canterbury and Medway hospitals. Vascular patients will also benefit from the new interventional radiology suite that opened at Kent and Canterbury Hospital in May 2022, with a second suite opening April 2023, which provide minimally invasive image-guided procedures to treat patients with vascular and other diseases.</p> |  | NHS Kent and Medway ICB and all Provider trusts represented on NHS England Programme Oversight Group |

| Goal  | Actions  | Timescale   | Owner(s)                     |
|---|--|---|------------------------------|
| <p><b>Continue to develop centres of excellence for specialised services – Stroke</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Percentage of patients receiving thrombectomy</li> </ul> | <p>We will reconfigure acute stroke services. The Kent and Medway Stroke Review was instigated in 2014 by local healthcare professionals, including senior doctors, nurses and care professionals. National guidance states that the quality of a stroke unit is the single biggest factor that can improve a person’s outcome following a stroke. Successful stroke units, both hyper-acute stroke units (HASUs) and acute stroke units (ASUs), are built around a multi-disciplinary team that is able to meet the collective needs of the patient. The plan is to establish HASUs and ASUs operating 24 hours a day, 7 days a week, to care for all stroke patients across Kent and Medway. This will deliver many benefits for patients, most notably improved survival rates and have improved quality of life and independence.</p> <p>Following the development of options, options appraisal and public consultation, the Joint Committee for stroke agreed that three HASU/ASUs would be established at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital. The programme is to be delivered in two phases, with MTW and DGT going live in phase 1 and EKHUFT in phase 2. Works on phase 1 are due to start by July 2023 for completion in 2024.</p> <p>Thrombectomy is a procedure which can significantly reduce the severity of disability caused by an ischaemic stroke. Modelling suggests that up to 10% of patients with stroke may be appropriate for treatment with thrombectomy and current levels across the NHS are low – around 2.2%. The Getting it Right First Time (GIRFT, 2022) aims for 8% of all patients with a stroke accessing thrombectomy by 2025.</p> <p>Currently all Kent and Medway patients are transferred to the Royal London Hospital (RLH) to receive their thrombectomy. EKHUFT will provide the thrombectomy service for stroke patients within east and west Kent. Patients at DGT will continue to be transferred to the RLH, due to shorter transit times but will access the Kent and Medway service at Canterbury when the RLH is not accepting patients.</p> <p>Preparation and enabling works for the development have started. The main building works for the thrombectomy suite are due to start in April 2023 and be completed by March 2024.</p> | <p>Phase 1: Maidstone Hospital and Darent Valley. ●</p> <p>Phase 2: William Harvey. ●●</p> <p>●</p> | <p>Provider trust boards</p> |

## Chapter 6

# How we will make Kent and Medway a great place for our colleagues

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Shared Outcome 6: We will make Kent and Medway a great place for our colleagues to live, work and learn

# Integrated Care Strategy Summary

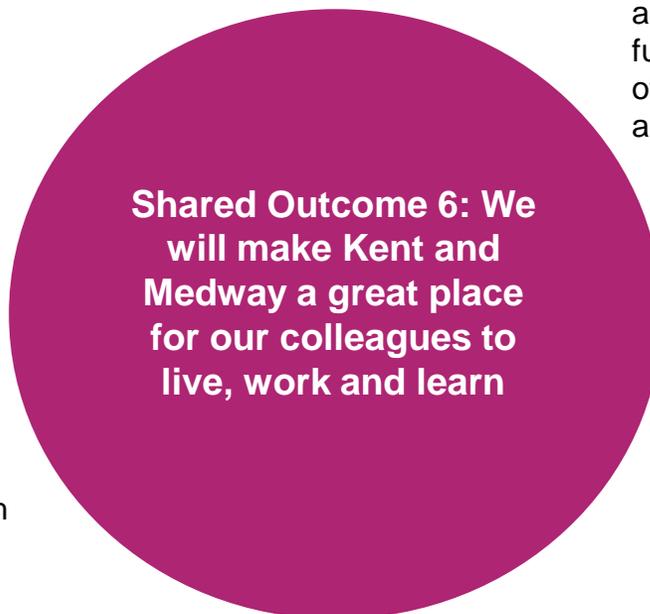
**Growing our workforce and skills** The demand for staff is outstripping supply and, along with an ageing workforce, this is putting increased pressure on our teams. We will create an attractive employment proposition for health and care. One that develops and retains our exceptional local workforce and attracts people into careers in health and care from within and beyond Kent and Medway, reducing the need for expensive agency workers. To do this, organisations within the ICS will work together to attract and retain professionals, work with education and training providers to develop exciting and diverse careers and training opportunities, provide talented and capable leadership and offer flexible and interesting careers.



## Kent and Medway

**Championing inclusive teams** There are over 80,000 health and care colleagues across a range of services based in Kent and Medway. We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion, providing shared talent and development opportunities and education for leaders and teams, with shared action to grow and celebrate our diversity and be representative of our communities including systematically addressing bias, empowering and developing colleagues from underrepresented groups and celebrating diversity at all times.

**Looking after our people** Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn. We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.



**Shared Outcome 6: We will make Kent and Medway a great place for our colleagues to live, work and learn**

We will build on our Kent and Medway health and care academy by working in partnership with local employers, schools, careers services and education partners to create a robust pipeline of local workforce for future years, developing new roles such as apprenticeships, new ways of working such as cross-organisational portfolio roles with the skills and digital capability to be ready for the modern workplace.

We want to develop programmes that help to reduce long term and youth unemployment, bring young people into work and support carers as part of our wider workforce.

**Building 'one' workforce at place** Working across health and care partnerships, we will use our anchor institutions to develop one workforce at place, create integrated neighbourhood teams with embedded flexible working, mobility and enabled through digital technology and capabilities. Through this, we hope to reduce unnecessary commuting and reduce our carbon footprint. We also have a vital and valued volunteer workforce - we will ensure that that we celebrate their invaluable work but also seek their input to shape, improve and deliver services.

The Kent and Medway People Strategy is being developed alongside the Integrated Care Strategy and Five Year Joint Forward Plan and is being led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development will be overseen by the Integrated Care Board's People Committee.

## How we're working with partners across the system

To realise our ambition of Kent and Medway being a great place to work, live and learn we are working on a Kent and Medway People Strategy. This strategy is being developed alongside the Interim Integrated Care Strategy and Joint Forward Plan and led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development has been overseen by the Integrated Care Board's People Committee.

We will deliver this strategy and delivery plan through collaboration with our Health and Care Partnerships, through Provider Collaboratives and through shared workforce programmes.

Workforce is often recognised as a key challenge to the delivery of our ambitions. Our short term workforce priorities include:

- Developing our Health and Care Academy hub and spoke model with a range of activities to grow workforce skills, partnership working with colleges, schools, voluntary organisations and providers to promote careers, hold joint recruitment events and attract to hard to recruit roles
- A range of developmental opportunities that support inclusive cultures and compassionate, inclusive leadership including shared talent and mentoring programmes, debiasing recruitment, cultural intelligence and leadership development programmes across Kent and Medway
- Maximising our health and wellbeing offers including a range of offers to health and care colleagues and shared programmes to improve retention, such as a menopause programme, flexible working programme, new starter champions, legacy nurse programme, talking wellness hub and an increase in TRiM (trauma risk management) practitioners and mental health first aiders to support workforce wellbeing
- Programmes to support integrated care workforce models including planning and organisational development and a workforce efficiency programme to maximise existing resources and reduce temporary staffing cost

### Key to timescales

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+



## Kent and Medway

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Make Kent and Medway a great place to live, work and learn</b> | Develop the Kent and Medway People Strategy.   | ●         | NHS Kent and Medway ICB |
|   | Academy Hub and Spoke Pilot - To create a greater presence and influence with the Academy, we are planning that each Health and Care Partnership (HCP) will “host” a skills and employability coordinator placed within their workforce to influence the HCP to ensure they are working towards the outcomes of the Academy. The Academy will be piloting the initial “Hub & Spoke” model with East Kent initially until March 2023 with a view to create equivalent arrangements in all of the H&CP’s across Kent & Medway. | ●         | NHS Kent and Medway ICB |
| <b>Champion inclusive teams</b>                                   | Deliver a Kent and Medway talent development programme, focused on staff groups where intervention is needed to assist colleagues to progress, starting with Band 5 nurses pilot.  | ●         | NHS Kent and Medway ICB |
|   | Deliver a Kent and Medway mentoring programme to support colleagues with protected characteristics (reciprocal and reverse mentoring).   | ●         | NHS Kent and Medway ICB |
|   | Develop a debiasing recruitment programme to systematically de bias recruitment processes as part of the Overhauling recruitment programme. Commenced across health, opportunities in social care are being explored.  | ●         | NHS Kent and Medway ICB |
|   | Develop a culture and inclusion plan and Kent and Medway commitment to levelling up staff experience across health, including cultural dashboard and metrics for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and gender pay.   | ●         | NHS Kent and Medway ICB |
|   | Develop cultural intelligence through the pilot and rollout of the Cultural intelligence development programme to improve leadership, culture and behaviours   | ●         | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale | Owner(s)                                     |
|--|--|-----------|--|
| <b>Champion inclusive teams</b><br>(continued)   | Deliver Kent and Medway leadership and management development programmes built to deliver consistency and high quality development as part of our response to the Messenger review (including our international colleagues)                    | ●         | NHS Kent and Medway ICB                      |
|  | Scoping of how just learning restorative justice practice can be embedded in all organisations, following development programme  | ●         |  |
|  | Shared calendar of cultural events, with Equality, Diversity and Inclusion (EDI) networks working together on key events such as PRIDE, Black History Month, Disability Month etc  | ●         | NHS Kent and Medway ICB                      |
| <b>Look after our people</b><br><br><b>Metrics:</b> <ul style="list-style-type: none"> <li>• Sickness rate 4.32%</li> <li>• Turnover: 12.4%</li> </ul> | Review all health and wellbeing services, including growing occupational health review, to develop one wellbeing approach, and improve access to our wider health and care workforce.  | ●         |  |
|  | Identify health and wellbeing interventions that address inequalities and reflect population need within our own health and care workforce.  | ●         | Health and Care Partnership Workforce Groups |
|  | Promote our collective commitment to zero tolerance to violence, aggression, discrimination and abuse. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.   | ●         |  |
|  | Promote our collective cost of living and benefits of working within Kent and Medway.  | ●         |  |
|  | Implement local and system wide retention activities to improve our retention of our valued colleagues, including promoting flexible working, generational needs and key interventions evidenced from colleague feedback and workforce metrics | ●         | NHS Kent and Medway ICB                      |

| Goal   | Actions  | Timescale | Owner(s)                |
|--|--|-----------|-------------------------|
| <p><b>Grow our workforce and skills</b></p> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>Substantive workforce growth: 1683 WTE, 5.31%</li> <li>Vacancy: 7.22%</li> </ul> | <p>Develop the Kent and Medway health and care academy workforce plan to grow our local workforce pipeline and develop high quality education and skills as part of the People Strategy. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.</p>   | ●         | NHS Kent and Medway ICB |
|  | <p>Launch the Kent and Medway Academy website which will be the central repository for Kent and Medway education, development and skills. Promote careers and development through our Academy website and through our educational partnerships. Access to quality training is also a priority for Medway and Swale Health and Care Partnership Workforce Group.</p>  | ●         |                         |
|  | <p>Focus on Kent and Medway hard to attract areas to deliver system wide recruitment campaigns and events with programme in place for 23/24 and rotations i.e. GP attraction campaign, system International Recruitment.</p>   | ●         |                         |
|  | <p>Create an attractive and holistic employment proposition.</p>   | ●         |                         |
|  | <p>Create employment programmes to address long term and youth unemployment opportunities for individuals with learning disabilities and neurodiversity and carers and widen participation from under-represented groups,</p>  | ●         |                         |
|  | <p>Focus on new role development, expand placements for transformation priorities and hard to recruit areas to improve experience and explore role and team redesign.</p>  | ●         |                         |
|  | <p>Kent and Medway careers framework developed for professional groups. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.</p>  | ●         |                         |
|  | <p>Work collaboratively to expand skills development to include digital skills and leadership (clinical and technical) and support professionalism and career development (for example engaging with the Skills Development Network). Priorities will include cyber, information governance and clinical safety, where there are limited skills available and opportunities to create shared functions</p> | ●●        |                         |

| Goal  | Actions  | Timescale  | Owner(s)   |
|---|--|--|--|
| <b>Build one workforce at place</b>                                       | Create integrated neighbourhood teams, with supporting team based OD and leadership development.   | ●  | Health and Care Partnership Boards,<br>NHS Kent and Medway ICB |
|   | Engage volunteer workforces in shaping, improving and delivering services. Pilot underway in East Kent HCP   | ●  |  |
|   | Refresh local workforce sharing agreements and work together to address any HR barriers and opportunities for collaboration and new ways of working (to be inclusive of social care, primary care and voluntary sector). | ●  | NHS Kent and Medway ICB  |
|   | Create place based workforce plans to address local population needs and promote local employment and careers, including expanding local volunteering opportunities.   | ●  | Health and Care Partnership Boards                             |
|   | Increase opportunities for shared roles and place based learning opportunities (building on the bank models for primary care, trusts and social care).   | ●  |  |
| <b>Using our current teams efficiently and reducing high agency costs</b> | Temporary staffing and workforce efficiency plan in place to deliver workforce productivity and attractive ways of working for our flexible workforce.   | ●  | Provider Trust Boards,<br>NHS Kent and Medway ICB              |
|   | Exploring opportunities to collaborate on temporary staffing across health and social care, building on Trust, primary care and social care bank arrangements.   |  |  |
|   | <b>Metrics:</b> <ul style="list-style-type: none"> <li>Bank reduction: -862 WTE, -31/28%</li> <li>Agency reduction: -442 WTE, -45.34%</li> </ul>   | Advance levels of attainment programme to review e-rostering and e-job planning for expansion to support reduction in temporary staffing and enhance clinical productivity (working with digital, finance and operational colleagues). Diagnostic to be undertaken in Q1 23 to inform scoping and plan for 23/24 | ●●   |

## Chapter 7

# How we will drive research, innovation and improvement across the system

**Integrated Care Strategy Enabler:** We will drive research, innovation and improvement across the system

We will achieve this through:

- Establishing ways to better collaborate on research across our system;
- Unlocking additional capacity by empowering our workforce to take part in research and improvement in their everyday work;
- Championing innovation and being open to trying new ideas;
- Sharing and using data safely and effectively to achieve better outcomes, and;
- Embracing digital transformation as a system.

**Key to timescales**

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+



# Kent and Medway

| Goal   | Actions  | Timescale | Owner(s)   |
|--|--|-----------|--|
| <b>Promote and facilitate research, and improve research collaboration across the system</b> | To embed research collaboration through the Joint Research Collaborative (JRC), and utilise the JRC to engage with its membership to design and implement appropriate prioritisation activities  | ●         | NHS partners, Local Authority and VCSE<br>Supported by National Institute for Health and Care Research/ Kent Surrey and Sussex Clinical Research Network Academic Health Science Network collaborative |
|  | We will increase research and innovation leadership capacity within NHS, local government (particularly district councils) and Primary Care (particularly General Practice).<br>Integrated Care Boards leads to collaborate and inform National Institute for Health and Care Research Kent Surrey and Sussex Infrastructure partners and Universities of system investment priorities to build capacity.  | ●         | NHS partners, Local Authority and VCSE<br>Supported by National Institute for Health and Care Research/ Kent Surrey and Sussex Clinical Research Network Academic Health Science Network collaborative |
|  | We will ensure citizens are well informed and understand it's their right and choice to participate in research by: <ul style="list-style-type: none"> <li>• Integrating research messaging into everyday public and professional communication including patient emails, clinic letters, organisational websites (NHS and local authority)</li> <li>• Engaging the Integrated Care Partnership in a Social Movement Pilot around research awareness, and a priority</li> <li>• Promoting <a href="https://bepartofresearch.nihr.ac.uk/">https://bepartofresearch.nihr.ac.uk/</a> through all channels in order to facilitate awareness and direct (digital) access to opportunities.</li> </ul> | ●         | NHS Kent and Medway NHS partners, Local Authority  |

| Goal  | Actions  | Timescale | Owner(s)  |
|---|--|-----------|---|
| <p><b>Promote and facilitate research, and improve research collaboration across the system</b><br/>(continued)</p> | <p>Engage with the research community on appropriate methods when commissioning new evidence-based interventions.<br/>Enable system wide capability to access and synthesise evidence, and create/utilise existing communication systems to alert the workforce to new evidence, including integrating, signposting messages from different agencies.</p>  | ●         | <p>NHS partners, Local Authority and VCSE Supported by National Institute for Health and Care Research (NIHR) / Kent Surrey and Sussex (KSS) Clinical Research Network (CRN) Academic Health Science Network (AHSN) collaborative</p> |
|   | <p>We will also:</p> <ul style="list-style-type: none"> <li>• Map and prioritise evidence gaps, and match need against local Research and Innovation Leadership strengths in Kent and Medway</li> <li>• Co-develop new research and innovation studies/trials to address local evidence gaps and in line with local strengths, and</li> <li>• Accelerate evaluations and implementation with the NIHR Applied Research Collaborations to tackle specialist themes and topics linked to local priorities</li> </ul> | ●         |   |
|   | <p>We will reduce disparities in citizens' research opportunities and benefit from proven innovation.<br/>The Integrated Care Partnership and Regional NIHR partners will identify a community with whom all partners can systematically and collectively engage in health and research promotion. We will develop a pilot programme to engage under-served communities to better understand their needs and to support equitable access to research opportunities</p>   | ●         | <p>NHS partners, supported by NIHR / KSS CRN AHSN collaborative</p>   |

| Goal   | Actions  | Timescale | Owner(s)   |
|--|--|-----------|--|
| <b>Empower our workforce to take part in research and improvement in their everyday work</b> | Educate and support the health and care workforce to be confident, competent, and afforded the time to talk about research and innovation opportunities as an integral part of the delivery of care.   | ●         | NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative |
|  | Promote <u>Research as a career</u> option for all disciplines, enabled through integrated care and research workforce planning and development.   | ●         |  |
|  | Empower the workforce to contribute to research and innovation every day and in diverse ways including: leading research programmes, delivering research, providing opportunities to articulate challenges that can be addressed through innovative solutions.   | ●         |  |
|  | Build protected time within job plans/roles to lead research and innovation activities, for example as a site base principal investigator, chief investigators and Innovation Fellows leading studies nationally, regionally and locally.  | ●         |  |
|  | Where capability building programmes exist e.g. Kent Community Health NHS FT Innovation Fellowship we will evaluate their impact and support spread across the system.   | ●         |  |
|  | Develop a mentorship and coaching network on the application of innovation principles and approaches in the 'real world'.  | ●         |  |
|  | Provide opportunities to learn, develop skills, capability and confidence in the adoption and spread of innovation e.g. scale and spread of KSS AHSN Digital and Innovation Fellowship programmes.   | ●         |  |
|  | Build a diverse and inclusive research and innovation workforce in terms of all health and care disciplines. NIHR/AHSN and system partners to implement organisational EDIB (Equality Diversity Inclusion and Belonging) plans, across all business functions to support increased diversity in research and innovation workforce. | ●         |  |

| Goal   | Actions  | Timescale   | Owner(s)   |
|--|--|---|--|
| <b>Empower our workforce to take part in research and improvement in their everyday work</b> (continued) | Promote research and innovation activities across boundaries, within the system, to enable flexibility and choice as well as making the most of connections to regional and national networks with innovation, insights and expertise. We will create a multi-disciplinary peer support network across Kent and Medway.  |  | NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative |
| <b>Champion innovation and be open to trying new ideas</b>   | We will generate a rich pipeline of demonstrably useful, evidence-based innovations by connecting commercial and clinical innovators to health and care organisations, providing advice and bespoke support at every stage of the innovation pathway and matching proven technologies to NHS challenges.<br>KSS NIHR AHSN will collaborate to horizon scan for innovations that can provide solutions to local challenges and list of technologies that the ICS is seeking to scale  |  | NIHR/ KSS CRN AHSN collaborative   |
|  | We will promote a culture and design activities and processes so people are encouraged and empowered to try, test and learn from new ways of doing things, including: <ul style="list-style-type: none"> <li>• Learning from and spreading local excellence in innovation</li> <li>• Understanding the needs of the person, or the care provider or commissioner and prioritising the most important challenges;</li> <li>• Searching for relevant innovation and enabling testing innovation within the ICS; and</li> <li>• Supporting and facilitating the spread of innovation where it is successful</li> </ul> Kent and Medway will become a Learning Health System by partnering with research stakeholders that can help with clinical evaluation and the establishment of evidence bases to ensure interventions are effective |  | NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative |

| Goal  | Actions  | Timescale  | Owner(s)                |
|---|--|--|-------------------------|
| <b>Share and use data safely and effectively to achieve better outcomes</b> | Build a 'Trusted Research Environment' based on national guidance. This will allow a safe secure computing environment for linked data research and other complex analytics locally.   |   | NHS Kent and Medway ICB |
|   | Develop and agree a communications and engagement plan to promote use of linked data for secondary uses to the wider public.   |   | NHS Kent and Medway ICB |
|   | Discuss with councils signing up to the Shared Health and Care Analytics Board (SHcAB) Joint Controller Agreement and single operating model for approving data access and data integration, where appropriate.  |   | NHS Kent and Medway ICB |
|   | Simplify governance and decision making arrangements for Kent and Medway Care Record (KMCR) to be made available for linked data access requests for secondary uses by aligning with existing SHcAB arrangements.                                      |   | NHS Kent and Medway ICB |
|   | We will create a Data Ethics Board to review data requests for pure research, building on our vision to become a 'Trusted Research Environment' and complementing SHcAB.   |   | NHS Kent and Medway ICB |
|   | The ICB will agree and implement a funding model for the new linked dataset called Kent Research Network for Education and Learning (KERNEL) being developed by the Kent & Medway Data warehouse. KERNEL development is expected to last next 4 years. |  | NHS Kent and Medway ICB |

| Goal  | Actions  | Timescale | Owner(s)                |
|---|--|-----------|-------------------------|
| <b>Share and use data safely and effectively to achieve better outcomes</b> (continued) | Incentivise and promote GP engagement and training in SHcAB related and analytical activities e.g. GP Fellowship programme in Public Health and Population Health Management.  | ●         | NHS Kent and Medway ICB |
|   | Review how to participate in other data integration activities such as Financial Hardship programme by KCC and Kent districts where integrated council data is used for case finding to support work around homelessness and falls prevention. | ●         | NHS Kent and Medway ICB |
|   | Transfer hosting arrangements and historical data for Optum / Mede analytics tool to the Kent & Medway Data warehouse in 2024 for advanced analytical projects similar to the Kent Integrated Dataset (KID).                                   | ●●        | NHS Kent and Medway ICB |
| <b>Embrace digital transformation as a system</b>                                       | Establish a Digital and Data Board to deliver the ICS Digital and Data Strategy. A number of the actions included in this strategic plan are referenced over the following slides.   | ●         | NHS Kent and Medway ICB |
|   | Electronic Patient Record Optimisation to ensure that all organisations across Kent and Medway ICS have an EPR in line with National Standards   | ●●        | NHS Kent and Medway ICB |
|   | Convergence Programme that works with EPR to the next stage of being a fully digitally integrated health and care system   | ●●●       |                         |
|   | A Digital First programme to enable multidisciplinary and extended practice teams to work collaboratively  | ●●        | NHS Kent and Medway ICB |
|   | Continue to build share care records and care plans with the contribution of multi-disciplinary teams and patients   | ●●●       | NHS Kent and Medway ICB |

| Goal   | Actions  | Timescale   | Owner(s)                |
|--|--|---|-------------------------|
| <b>Embrace digital transformation as a system</b><br>(continued) | Convergence of Diagnostics across ICS through development of single Pathology, Radiology and imaging systems.  |    | NHS Kent and Medway ICB |
|  | Develop an ICS shared systems, data and technical architecture that delivers What Good Looks Like and enables cross organisational patient pathways, high quality information for direct care, planning and research, integrated working, reduces costs and increase operational and cyber resilience.   |    | NHS Kent and Medway ICB |
|  | Work in partnership with Kent County Council and Medway Council to deliver a provide access to basic technologies and promote digital literacy to allow citizens to successfully use digital tools to access health and care services. This includes digital hardware loan scheme, a WiFi voucher scheme and citizen digital champions scheme to improve digital literacy, patients' confidence and skills to access digital services. |    | NHS Kent and Medway ICB |
|  | Support the General Practice workforce, as the first point of contact with the NHS, to adopt digital technologies to support citizens navigate digitally enabled health and care pathways.   |    | NHS Kent and Medway ICB |
|  | Support practices to accelerate patient prospective access to their GP records   |  | NHS Kent and Medway ICB |

| Goal   | Actions   | Timescale | Owner(s)                |
|--|---|-----------|-------------------------|
| <b>Embrace digital transformation as a system</b><br>(continued) | Work with CQC registered adult social care providers to promote the implementation of Digital Social Care Records (DSCR) to meet the adoption target of 80% by March 2024   | ●         | NHS Kent and Medway ICB |
|  | Sensor based falls prevention and detection technologies, such as acoustic monitoring, will be in use in Care Homes for the residents identified as most at risk of falls, reaching at least 10% of residents by March 2023; 20% by 2024  | ●         |                         |
|  | Improve NHS App functionality by linking local patient engagement portals (PEPs) with the NHS App under the Wayfinder programme.  | ●●        | Provider Trust Boards   |
|  | Support General Practice in Kent and Medway adopt online registration processes.  | ●         | NHS Kent and Medway ICB |
|  | Support General Practice in Kent and Medway optimise routine administrative and clinical workflows through the use of automated tools.  | ●●●       |                         |
|  | Meet the objectives set out in Sustainable ICT and Digital Services Strategy (2020 to 2025).  | ●●        | NHS Kent and Medway ICB |
|  | Implement an electronic referral optimisation system (EROS). Deploy a digital solution which will enhance and optimise referral processes. Enable timely decision making, support, care, and access to treatment for patients throughout the healthcare system in Kent and Medway. Ensures that the right patients are seen in the most appropriate service with appropriate clinical workup and information. | ●●        | NHS Kent and Medway ICB |

## Chapter 8

# How we will provide system leadership and make the most of our resources

**Integrated Care Strategy Enabler:** We will provide system leadership, and make the most of our collective resources

We will achieve this through:

- Playing our part as 'anchor institutions', using our assets and resources to benefit the communities around us, including embedding sustainability in everything we do through our Green Plan
- Championing our values. We will continue to build partner leadership and commit to tackling the wider determinants of health
- Monitoring quality and providing governance; for example holding each other to account and developing core metrics that encompass health and social care
- Guiding resource allocation; By understanding each other better we can reduce duplication and make the most of our collective resources, pooling resources where appropriate, and removing obstacles to operational teams working together
- Interfacing with national bodies; The ICS will act as the voice of Kent and Medway, advocating on behalf of our population to influence policy
- Building resilience and preparing for emergencies; Continuing to coordinate our Covid-19 response at ICS level, and being prepared for other emergencies
- Working with our Places and Neighbourhoods to align priorities and develop implementation plans.

## Our financial duties

The current financial climate for the NHS is challenging, with ever increasing demand and limited financial resources, both revenue and capital. This has made achieving the revenue breakeven duty challenging across the NHS in 2022/23. The Kent and Medway system is forecasting achieving a deficit at the end of 2022/23 of £25.3m.

Looking forward, each system partner has focused on balancing delivery across the national recovery objectives for 2023/24 with a focus on recovering our core services and productivity. It is in this context that the 2023/24 financial plan has been developed. The initial system financial plan for 2023/24 is an unbalanced plan and whilst the system is working hard to balance this for final plan submission it is highly likely that there will be a planning deficit within some organisations in the system.

The system is committed to achieving financial sustainability but also recognises that this may be over a longer time period than one year. There are two Trusts, Medway Foundation Trust (MFT) and East Kent Hospitals University Hospital Foundation Trust (EKHUFT) which are in the NHS England, Recovery Support Programme. They are also in Single Oversight Framework (SOF) 4 which has a requirement for mandated intensive support as these Trusts face very difficult challenges. The Integrated Care Board (ICB) is in SOF 3. This means that NHSE work collaboratively with the ICB to provide support to understand the needs and agree improvement actions.

There are key factors that have in, 2022/23, impacted upon the system's financial performance. These factors will continue, to some degree, to influence the system's productivity and financial performance in 2023/24 and are all evidenced and addressed in this, our Draft Joint Forward Plan.

The system recognises that it will be challenging to deliver a fully recurrent CIP programme. There will be an element of non-recurrent delivery as in previous years. The CIP percentage is between 8% to 10% across the system. This is a challenging ask but the system is working towards strengthening its CIP programme which will support the system's ambition to become financial sustainable.

Whilst capital is constrained nationally, the system, as a whole, invests c.£73m annually, in Board approved capital plans, on maintenance and additional improvements to the estate infrastructure, replacement of medical and IT equipment. We spend c.£14m of our system capital allocation on digitalisation to improve how we deliver patient care and supporting the transformation of services which is improving patient outcomes.

### Key to timescales

- Short term < 1 year
- Medium term 1-2 years
- Long term 3-5 years+

| Goal  | Actions   | Timescale  | Owner(s)  |
|---|---|--|---|
| <p><b>Play our part as ‘anchor institutions’, including embedding sustainability in everything we do through our Green Plan</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>Included in Green Plan</li> <li>Reach net zero on our emissions by 2038-40.</li> </ul> | <p>Implement the Kent and Medway Integrated Care System Green Plan to embed sustainability in everything we do and meet our statutory duties.</p> <p>In the medium term we will:</p> <ul style="list-style-type: none"> <li>Calculate ICB staffs’ commuting footprint and promote lower carbon alternatives such as active transport or greener transport methods.</li> <li>Measure system partners’ annual footprints, both for travel to and from work and when travelling for work, to promote lower carbon alternatives.</li> <li>Promote vehicle sharing schemes (when safe to do so post Covid) amongst system partners, reducing the number of vehicles on the road.</li> </ul>  | <p style="text-align: center;">●</p> <p style="text-align: center;">●●</p> | <p>NHS Kent and Medway ICB</p> <p>NHS Provider Boards</p> |
|   | <p>In the longer term we will:</p> <ul style="list-style-type: none"> <li>Ensure that all new cars leased by staff through NHS Kent and Medway are either Ultra Low Emissions vehicles or Zero Emission Vehicles, and we will vigorously promote active and greener forms of transport to all staff.</li> <li>Engage with public transport providers to identify options for subsidised or free access to public transport for ICS staff when travelling to and from work.</li> <li>Develop a program that supports the establishment of anti-idling zones in and around all system partner’s infrastructure to improve local air quality.</li> <li>Engage with suppliers to identify economies of scale and shared specifications in the phased replacement of existing system partner fleet vehicles with electric alternatives.</li> <li>Establish a campaign with all system partners to implement the clean air framework methodology for measuring and planning to reduce the impacts of air pollution in their sites.</li> </ul> | <p style="text-align: center;">●●●</p>                                     | <p>NHS Kent and Medway ICB</p> <p>NHS Provider Boards</p> |

| Goal  | Actions   | Timescale | Owner(s)                   |
|---|---|-----------|----------------------------|
| <b>Champion our values, continue to build partner leadership and commit to tackling the wider determinants of health</b>  | Repeat the Symposium event first held in October 2022 which brought together over 100 leaders from across the system as an opportunity to create space to continue to build a culture of collaboration and trust and to develop our interim Integrated Care Strategy. | ●         | NHS Kent and Medway ICB    |
|   | Continue to develop single specialty or clinical support service networks to ensure dedicated commitment to and transformation of services in line with the NHS Long Term Plan and relevant national or local strategies.   | ●         | NHS Kent and Medway ICB    |
| <b>Monitor quality</b><br><br><b>Metrics</b> <ul style="list-style-type: none"> <li>• Integrated Quality and Performance Report</li> <li>• Get It Right First Time reports</li> </ul> | Deliver the National Quality Board's shared commitment to quality which focuses on ensuring care is: safe, effective, response and personalise, caring, well-led, sustainably resourced and equitable.  | ●         | NHS Kent and Medway ICB    |
|   | Share data and intelligence through the System Quality Group, following National Quality Board guidance on metrics. Also to develop quality monitoring using a standardised set of quality metrics.   | ●         |                            |
|   | Reduce variation across the system as defined by the Get It Right First Time Programme  | ●         |                            |
|   | Reduce the number of providers rated as Requires Improvement or Inadequate by the CQC   | ●         | NHS Kent and Medway ICB    |
|   | Establish cross system learning and quality improvement programmes focusing on key quality priorities set by the system   | ●         | NHS provider trust boards, |

| Goal  | Actions   | Timescale | Owner(s)  |
|---|---|-----------|---|
| <p><b>Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together</b></p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Patients with LoS 21+ days who no longer meet the criteria to reside</li> <li>• A reduction in super stranded patients (LoS 21+ days) of 2% of bed base</li> <li>• Increase patient initiated follow up take-up to 5% of OPA activity</li> <li>• Number of requests for pre referral specialist advice (including Advice &amp; Guidance models)</li> </ul> | <p>Meet our statutory requirement to remain financially viable and commit to achieve financial sustainability and a break even position.</p>  |           | <p>NHS Kent and Medway ICB</p>                              |
|   | <p>Deliver our cost improvement plan. This includes actions around workforce, outpatient transformation, theatre utilisation, procurement, length of stay, corporate, Getting it Right First Time (GIRFT), and medicines optimisation. This work supports the financial performance and the efficiency and productivity of the system. Some of the CIP schemes are cross-cutting programmes of work and multi-year.</p>   |           | <p>Provider Trust Boards</p>                                |
|   | <p>Through the work of the System Productivity and Efficiency Team identify, evidence and implement programmes of work that contribute to financial and operational recovery across the system, for example focusing on areas such as estates, medicines optimisation and transportation.</p>   |           | <p>NHS Kent and Medway ICB</p>                              |
|   | <p>Continue to use value for money audits and benchmarking tools such as Model System Hospital, NHS England benchmarking (including corporate services), GIRFT, service line reporting and patient level information costing to review opportunities for focus, efficiencies and productivity improvements.</p>   |           | <p>NHS Kent and Medway ICB</p>                              |
|   | <p>Deliver key system capital transformation priorities referenced earlier in this plan to support the delivery of improved patient outcomes, including:</p> <ul style="list-style-type: none"> <li>• Stroke units to support the Hyper and Acute Stroke Service</li> <li>• Electronic Health Records</li> <li>• Invest in the eradication of mental health dormitories</li> <li>• Edenbridge Memorial Health Centre</li> <li>• Community Diagnostic Centres</li> </ul> |           | <p>Provider Trust Boards</p> <p>NHS Kent and Medway ICB</p> |

| Goal  | Actions   | Timescale   | Owner(s)   |
|---|---|---|--|
| <p><b>Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together</b> (continued)</p> <p><b>Metrics</b> (continued)</p> <ul style="list-style-type: none"> <li>• Financial stability : variance from break :even</li> <li>• Financial efficiency : variance from efficiency plan</li> </ul> | <p>Produce a full business case for the Kent and Medway Elective Orthopaedic Centre</p>   |  | <p>NHS Kent and Medway ICB</p> <p>Provider Trust Boards,</p> |
|   | <p>Implement the Procurement Transformation Operating Model, which includes establishment of system lead and oversight board, an agreed MOU for collaborative working, review of key data sets, ongoing use of tools to review variation in contracts, and confirmation of the future structure of procurement services.</p>  |  | <p>NHS Kent and Medway ICB</p>                               |
|   | <p>Build on the informal and formal joint working arrangements to deliver more joined up care by establishing three provider collaboratives and agreeing priorities for 2023/24:</p> <ul style="list-style-type: none"> <li>• Mental Health, Learning Disabilities &amp; Autism - building on the current collaborative and it's work programme (this includes work on commissioning specialised services, quality improvement and sharing best practice)</li> <li>• Acute Services - a new Collaborative focusing on diagnostics and pathology.</li> <li>• Primary, Community and Social Care (predominantly dealing with out of hospital pathway of care) - a new collaborative.</li> </ul> |  | <p>NHS Kent and Medway ICB</p>                               |

| Goal  | Actions   | Timescale | Owner(s)  |
|---|---|-----------|---|
| <p><b>Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together</b> (continued)</p> | <p>In 2023/24 we will invest £22.8m with Medway Council and £125.7m with Kent County Council through the Better Care Fund. The services in the BCF are mainly focused on discharge support, admittance avoidance and carers support, such as community equipment, carers breaks and reablement services. These are areas where the ICB and social care are pushing for greater integration and have worked well together in the past. This greater integration will free up beds in our hospitals and supports us, as an integrated system, to provide the right care in the right location at the right time.</p>  | ●         | NHS Kent and Medway ICB                           |
|   | <p>Establish Kent and Medway system Estates strategy. The Estates and Infrastructure Strategy for the ICS will set out the ICS's shared estates and infrastructure commitments and will provide a roadmap to support integrated working between teams across partner organisations. The strategy will also include information about the ICS's Sustainability programme and how this will support the estates and infrastructure priorities (such as the public sector decarbonisation schemes (PSDS) and future intentions). It will also need to link closely with the ICS's Digital Strategy, identifying how estate may be better utilised and supported by improved digital utilisation.</p> | ●         | NHS Kent and Medway ICB                           |
| <p><b>Build resilience and prepare for emergencies; Continuing to coordinate our Covid-19 response at ICS level, and being prepared for other emergencies</b></p>                       | <p>Work closely with our partners cross the ICS to develop a system-wide Adaptation Strategy to address the effects of climate change that are already being observed and to respond to anticipated climate change impacts in the future. This may include improving our infrastructure to ensure it is stronger and safer, replanting trees, developing green spaces and supporting ecosystems, and working with partners to develop innovative solutions to prevent and manage natural catastrophes.</p>  | ●         | NHS Kent and Medway ICB,<br>Provider Trust Boards |

| Goal   | Actions   | Timescale  | Owner(s)  |
|--|---|------------|---|
| <p><b>Work with our Places and Neighbourhoods to align priorities and develop implementation plans</b></p> | <p>Support the principle of subsidiarity, delegating decisions from NHS Kent and Medway to Health and Care Partnerships to ensure services are co-designed, commissioned and delivered in partnership with local communities, as close to the service user as possible. Operating models and Memorandums of Understanding to be developed and agreed.</p> | <p>●●●</p> | <p>NHS Kent and Medway ICB<br/><br/>Provider Trust Boards</p> |

## Chapter 9

# How we will engage our communities

**Integrated Care Strategy Enabler:** We will engage our communities on this Forward Plan and in co-designing services

We will actively engage our communities on the Interim Integrated Care Strategy and our Joint Forward Plan through:

- Involving people from all walks of life to have their voice heard;
- Utilising multiple channels to ensure accessibility, and;
- Refreshing our Strategy, Joint Forward Plan and developing supporting documents.

| Goal   | Actions   | Timescale   | Owner(s)                |
|--|---|---|-------------------------|
| <b>Involve people from all walks of life and through multiple channels</b> | Continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need through a mixture of engagement tools and activities. Ensure accessibility is key to what we do.  |    | NHS Kent and Medway ICB |
|  | Further develop the Communications and Engagement Oversight Group to lead joint working across the Integrated Care System using the strategy and forward plan as the starting point in partnership working.   |    |                         |
| <b>Refresh the Interim Integrated Care Strategy and Joint Forward Plan</b> | Deliver the communications and engagement strategy for the Interim Integrated Care Strategy by attending in-person and virtual events across Kent and Medway to engage on the content of the Strategy and Joint Forward Plan. Arrange strategy and forward plan-specific events and roadshows to engage across all our communities. Use digital and print material developed for this purpose. Campaign to also include use of social media, stories in digital e-bulletins, stores in printed materials – with all partners across the system. Potential interviews and short videos. Provide feedback to the strategic oversight group to inform changes. |    |                         |
|  | Deliver online survey on 'Have Your Say' platform to support engagement listed above. Opportunities provided for paper-based response via dedicated print materials.  |    |                         |
|  | Support communication and engagement for large-scale change, projects and activities within the Strategy and Joint Forward Plan to ensure visibility of activities under way, achieved and completed.   |  |                         |
|  | Plan and deliver a second symposium event in October 2023 to hear from all stakeholders on the development of the strategy.   |  | NHS Kent and Medway ICB |

## Have your say

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

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

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

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

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

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

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

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

- Alternatively, you can write to us at:

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

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