

From: Roger Gough, Leader
Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee,
7 November 2023

Subject: **Kent and Medway Integrated Care Strategy**

Key decision: **23/00091** (New strategy or policy outside of the Policy Framework)

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet, 4 January 2024

Summary: The Kent and Medway Integrated Care Strategy sets out shared outcomes for the health and wellbeing of our population that all partners in the Kent and Medway Integrated Care System will work together to deliver. The strategy has been refreshed from the interim version to reflect the views, priorities and needs of people across Kent and Medway and partners across the system who are working to support them. It is an important opportunity to do things differently, integrate our services and act together on the wider determinants of health. This paper explains how the strategy has been refreshed, highlights the main commitments and how it has been improved from the interim version based on feedback. It sets out how delivery and monitoring is being planned to ensure that the strategy makes a real impact on the health and wellbeing of people in Kent and Medway.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to Cabinet on the proposed decision to approve the Kent and Medway Integrated Care Strategy on behalf of Kent County Council, attached as appendix A.

1. Introduction

- 1.1 Kent County Council is a lead partner in the Kent and Medway Integrated Care System (ICS), and a statutory member of the Kent and Medway Integrated Care Partnership (ICP). It is a statutory requirement for ICPs to prepare an Integrated Care Strategy. This paper presents the refreshed Integrated Care Strategy for Kent and Medway (appendix B).
- 1.2 The Kent and Medway Integrated Care Strategy has been developed by the three statutory partners of the ICP – KCC, Medway Council and NHS Kent and Medway. It will be approved by each of these partners through their own governance arrangements subject to recommendation for approval by the ICP at its meeting on 7 December 2023. Cabinet will be asked to approve the strategy for KCC on 4 January. Recommendation by the ICP and approval by

all the three statutory partners will be required before the strategy can be implemented. As the strategy takes a broad view of health and wellbeing, it is of relevance to several Cabinet Committees. It will be considered by the Health Reform and Public Health Cabinet Committee on November 7th, by Growth, Economic Development and Communities on 9 November, Adult Social Care on 16 November and Children, Young People and Education on 21 November. Where further feedback is received, minor additional changes will be made before the final draft is presented to the ICP.

- 1.3 The Kent and Medway Integrated Care Strategy also performs the role of the Kent Joint Local Health and Wellbeing Strategy. Given that the Kent area covers most of the Integrated Care System's footprint, having a single strategy for the health and wellbeing of the population of Kent will provide clarity and ensure that all partners are focused on delivering the shared outcomes that have been identified. The Kent Health and Wellbeing Board is responsible for approving the Joint Local Health and Wellbeing Strategy for Kent and will receive the Integrated Care Strategy at its next meeting in December.
- 1.4 The health of the people we serve is not improving in the way we would wish it to. In many areas we are now performing relatively less well than the England average. This is driven by the wide range of determinants of health discussed below, many of which are worsening locally, that in turn impact on health outcomes. We need a new approach to tackling health challenges, one that recognises the role that all partners can play in addressing these wider determinants. The requirement for a system Integrated Care Strategy is a timely opportunity to catalyse a system shift in this direction.
- 1.5 The purpose of an Integrated Care Strategy is to set the strategic direction and priorities for the health and wellbeing of the population across the ICS. The strategy presents an opportunity to do things differently, further integrating health and care services to better meet the needs of individuals and communities, support the sustainability of health and care services and go beyond 'traditional' NHS and social care services to enable action on the wider determinants of health with other partners. The wider determinants of health are critical because it is known that only about 20% of a person's health is related to clinical care, with the other 80% being attributable to health behaviours, socio-economic factors including education, employment and family/social support, and the built environment¹.
- 1.6 While the refresh of the strategy has been led by the statutory partners, it is a strategy for the whole system and all partners that play a role in supporting the health and wellbeing of people in Kent and Medway. Partners across the public, private and voluntary and community sector and people themselves have a vital role to play, and their views and priorities have shaped the refresh of the strategy.
- 1.7 In its Council Strategy, Framing Kent's Future, KCC has committed to seize the opportunity of integrating our planning, commissioning and decision making in adults', children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level. Through

¹ Robert Wood Johnson model, [Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014](#)

its statutory requirements and the commitments it has made, KCC is a key partner in the development and implementation of the Integrated Care Strategy.

2. Strategy development, contents and delivery

Development

- 2.1 There was a national requirement for all ICSs to publish their first Integrated Care Strategy by the end of 2022. Due to the short time allowed for development, with ICSs only becoming formalised in July 2022, an Interim Integrated Care Strategy for Kent and Medway was produced and approved by the ICP and statutory partners in December 2022. When the Interim Strategy was approved, all partners committed to refreshing it by the end of 2023 to allow for full engagement and consultation to inform the final version.
- 2.2 During 2023, extensive consultation with stakeholders and the public has taken place and the findings have informed the refreshed version. The consultation report is attached as Appendix C. As part of the consultation, Public Health has delivered workshops in each of Kent's 12 districts, working closely with the District/Borough/City councils and their local system partners to understand local issues, strengths and challenges as well as their thoughts on the interim strategy. This has ensured that the strategy is informed by the diverse needs and experiences of Kent's local communities and acknowledges and supports the vital role of district councils in promoting health and wellbeing. The refresh has also been informed by workshops with KCC members and officers including Directorate Management Teams, and with other partners including the Office of the Police and Crime Commissioner, Kent Association of Local Councils and Kent Housing Group. Voluntary and Community Sector Alliance partners, Health and Care Partnerships and providers of health services across the system are amongst other stakeholders that have been engaged.
- 2.3 Feedback has shaped the principles that the refreshed Integrated Care Strategy is built around, including that the strategy will:
 - Provide focus and clarity on the priorities we must deliver together, as a system, recognising the limited resources available and the scale of the challenge.
 - Be supported by strategies and delivery plans which are organisation or subject matter specific.
 - Recognise that local partners are best placed to understand local needs and the actions required to tackle them.
 - Focus the whole system in tackling the wider determinants of health including tackling inequalities.
 - Help deliver more integrated, joined up services across a wider group of partners to support people.
- 2.4 Feedback received from stakeholders on specific outcomes has been used to shape these sections of the refreshed strategy, as set out in the Contents section below.
- 2.5 The development of the Integrated Care Strategy has been jointly led by KCC, Medway Council and NHS Kent and Medway through a multiagency steering group and project group. The ICP has shaped the development of the Strategy

through an initial workshop and ongoing engagement. Development of the Strategy has followed the requirements set out in statutory guidance, including contents to be included and involvement of stakeholders. The Strategy has been informed by the Joint Strategic Needs Assessments for Kent and Medway.

Contents

2.6 The document is structured around the shared vision, six outcomes and three enablers that were agreed in the Interim Strategy. Feedback suggests that these are well supported as the shared outcomes that all partners want to work towards together. Some of the outcomes have been reworded in response to specific feedback to clarify or develop the priorities that partners will deliver. The main sections of the strategy are set out below:

2.7 **Introductory pages**

The introductory pages set the Kent and Medway context and explain the necessity of working together to support the health and wellbeing of the population and the new opportunity that coming together as an Integrated Care System presents. There is a summary of the purpose of the strategy and brief overview of the consultation activity that has informed it.

2.8 **Outcomes pages**

Each outcome is set out concisely on one page to aid focus and understanding of what we are aiming to achieve. There is a brief summary of the main points heard during the consultation activity around the outcome. Three or four priorities for delivery under each outcome have been carefully identified using the interim strategy as a starting point and refining this based on the feedback received from stakeholders on each outcome. There is a brief description of what we want to achieve, which focuses on the shared actions we need to take together. The priorities articulate the 'what' and allow for local and specialist delivery planning of 'how' this can best be delivered across the system. For each outcome, some examples of strategic indicators that will be used to measure impact have been included – there is more information on this in the section on delivery and monitoring below. 'I' statements from the point of view of a person receiving support or a member of the public have been included to help bring the outcome to life.

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

This outcome has been developed working closely with KCC's Children, Young People and Education Directorate Management Team, health leads for children and young people and other partners. Compared to the interim version, it takes a more holistic approach to supporting the health and wellbeing of children and young people, encompassing support in communities and schools, and commitment to put the wider conditions in place for families to be able to raise physically and emotionally healthy children. The priorities are:

- Support families and communities so children thrive.
- Strive for children and young people to be physically and emotionally healthy.
- Help preschool and school-age children and young people achieve their potential.

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

This outcome has been developed with input from KCC's Economic Development and Communities leads, KCC's Adult Social Care and Health Directorate Management Team and partners including the Office of the Police and Crime Commissioner. It is aligned to commitments in the developing Kent and Medway Economic Framework, reflecting the interconnectedness of health and economic outcomes. In the refresh this outcome has become more strongly focused on the wider determinants of health and the role that all partners have to play in improving them and in reducing health inequalities. The priorities are:

- Address the economic determinants that enable healthy lives including stable employment.
- Address the social determinants that enable healthy lives including social networks and safety.
- Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment.
- Address inequalities.

2.11 Shared outcome 3: Support happy and healthy living

This outcome has benefited from the input of KCC's Adult Social Care and Health Directorate Management Team to align with strategic priorities for adult social care. It focuses on supporting people to choose healthy behaviours and take control of their health throughout their lives to prevent, reduce or delay the need for health and care support and services. In the refresh this outcome covers mental health with the same importance as physical health, and sets out a shared ambition for people with health and care needs to live independently and safely in their home within their communities supported by care that is joined up between partners including vitally those provided by the voluntary and community sector. The priorities are:

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

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

This outcome is about supporting people when they have health, care and support needs, including through multidisciplinary teams of professionals from different services working together with the person at the centre. It also includes commitments on providing consistently high-quality primary care with access to the right healthcare professional at the right time. The commitments around supporting informal carers have been developed with input from KCC Adult Social Care and Health leads and are aligned to the KCC Carers Strategy. The priorities are:

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

2.13 Shared outcome 5: Improve health and care services

This outcome has been significantly strengthened from the interim strategy which focused on hospital services, and now articulates the system's broader commitment to work together to improve the standard of all health, care and

support services, with input from Adult Social Care leads. It sets out how we can work better together to make the best use of our resources, improve communication and the transfer of care between services and settings, for example when someone is discharged from hospital. By integrating the way we work, we can improve the experience of people who need health, care and support services. The priorities are:

- Improve equity of access to health and care services.
- Communicate better between our partners especially when individuals are transferring between health and care settings.
- Tackle mental health issues with the same energy and priority as physical illness.
- Provide high-quality care.

2.14 Shared outcome 6: Support and grow our workforce

This outcome has been developed jointly by the workforce leads for KCC, Medway Council and NHS Kent and Medway. The priorities reflect the shared workforce pressures experienced by the statutory partners and the wider health and care workforce. By working together to plan, build and support this workforce, we will better support the sustainability of health and care services. Priorities are:

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

2.15 Enablers

The three enablers that will underpin delivery of the strategy are:

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

These have been expressed more concisely but are largely unchanged from the interim strategy, as feedback suggested that these are well understood and supported.

Delivery and monitoring

2.16 The Integrated Care Strategy sets out the shared outcomes that the system will work towards. Many partners and partnerships across the system will play a role in delivering them through a number of delivery plans developed to meet the needs of a particular place (for example in the case of a district council or Health and Care Partnership,) or a specialist area (for example a new system strategy on children and young people). The strategy reflects locally agreed priorities and recognises the need for locally developed and owned action plans if it is to be successful, as well as system wide plans.

2.17 Delivery planning has already started over the last year based on the interim strategy and will be informed and prioritised by the refreshed version. Partners across the system are working on how we will bring together delivery planning and ensure accountability and monitoring of progress, with Public Health leading on coordinating the important role of KCC's services in delivery.

- 2.18 The Integrated Care Partnership has a role to monitor the impact that delivery of the shared outcomes in the strategy is having on improving the health and wellbeing of the population and highlight where this needs to go further. To support the ICP to do this, Public Health teams in KCC and Medway Council have worked with health colleagues to develop a draft set of strategic indicators using a 'logical framework' methodology. Some of these draft indicators have been included in the outcomes pages to illustrate the impact that successful delivery would bring. The indicators will be finalised based on the refreshed strategy, and the ICP will start to receive reports on these indicators.
- 2.19 The ICP is also considering how it can complement the information it will receive from the indicators with a qualitative approach to monitoring the impact of delivery, including through learning from the experiences of people receiving support and services and people working across the system, and sharing best practice.

3. Financial Implications

- 3.1 No direct costs are associated with the approval of the Integrated Care Strategy. Costs for consultation activity and officer time in developing the strategy have been managed within existing budgets.
- 3.2 The Integrated Care Strategy sets out the vision for further integration of our services to better meet health and care needs and make the best use of resources. Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

4. Legal implications

- 4.1 KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the Integrated Care Board, partner local authorities or NHS England. Integrated Care Systems must draw on the Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments in producing their Integrated Care Strategies. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

5. Equalities implications

- 5.1 An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and is attached as appendix D. This has been led by colleagues at NHS Kent and Medway with input from KCC.
- 5.2 The Integrated Care Strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. Subsequently, the

assessment identifies that there is potential for positive impact for all protected characteristic groups, to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a protected characteristic, and therefore meets the requirements of the Public Sector Equality Duty.

- 5.3 The assessment sets out an action to ensure that detailed equality analysis and mitigation is put in place for specific service changes or projects that happen as a result of the strategy.

6. Conclusions

- 6.1 The Kent and Medway Integrated Care Strategy has been refreshed and improved based on extensive public and stakeholder consultation. It represents an opportunity to work in a more integrated way, support prevention of health and care needs and involve a broad range of partners who play a role in improving the wider determinants of health and tackling health inequalities.

7. Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to Cabinet on the proposed decision to approve the Kent and Medway Integrated Care Strategy on behalf of Kent County Council, attached as appendix A.

8. Background Documents

- 8.1 Statutory guidance on the development of Integrated Care Strategies (Department of Health and Social Care)-
<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>
- 8.2 Details of the Decision 22/00097 taken by Cabinet to approve the Interim Integrated Care Strategy - <https://kcc-app610/ieDecisionDetails.aspx?ID=2662>

9. Appendices

- A: Proposed Record of Decision
- B: Draft Kent and Medway Integrated Care Strategy
- C: Consultation report
- D: Equality Impact Assessment

10. Contact details

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