Kent and Medway
Integrated Care System

Appendix C

Refresh of the Integrated Care Strategy
Findings from Engagement and Consultation

19 October 2023

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Executive Summary

1. Introduction

1.1 The Integrated Care Partnership (ICP) is responsible for producing the Integrated Care Strategy. The ICP is committed to ensuring that engagement and inclusiveness is championed throughout the Integrated Care System (ICS). However, the short national deadline to produce the first Integrated Care Strategy in Autumn 2022 meant there was not sufficient time to fully involve the public and key stakeholders in its development. The ICP was keen to ensure that Kent and Medway's strategy included the voice of the public and people who work across the System. Therefore, a decision was made to adopt an Interim Strategy for 2022/3 to allow time to gather the views of a wide range of people to inform a final version of the Strategy.

1.2 This report summarises the extensive engagement that has taken place across a number of different channels and in different settings to ensure wide engagement from our communities and with people who work across the System. It captures the main themes that were raised, views on the Interim Strategy and, more generally, what people think about services and their experiences of accessing support.

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Executive Summary Cont.

2. What we did

2.1 The 3 statutory partners of the ICP, (Medway Council, NHS Kent and Medway and Kent County Council) undertook engagement and consultation work between January and September 2023. It is estimated that over 2,000 people took part in the consultation, either making use of digital opportunities to feedback or by attending the many workshops that were organised. Some focus groups were particularly targeted at those vulnerable communities who are not always heard, such as the homeless. The findings were collated and presented to the Integrated Care Partnership on 6th September for discussion and reflection.

2.2 The findings from the engagement work underpin the refreshed Strategy.General feedback has shaped the principles including a focus on prevention. local delivery, wider determinants and integration. Specific feedback about the six outcomes that frame the Strategy highlighted what was most important to people who use services and informed priority setting for each Outcome. This was then refined by talking to expert stakeholders in that area.

2.3 A final draft Strategy, shaped by all the feedback was shared for comment at the Kent and Medway Symposium on 20th October which was attended by over 100 people who are part of our Health and Care System, including the Voluntary and Community Sector, District Councils and Police as well as staff from NHS Kent and Medway, Kent County Council and Medway Council for final comment. The draft strategy will now make its way through the Governance of the three Statutory partners to ensure that any final comments or thoughts are collected, but more importantly to ensure that the Leaders across the System commit to supporting the delivery of the Strategy.

Executive Summary: Cont.

3. Key Messages

3.1 This report sets out the collated feedback.

Some key messages include:

- There was support for addressing the wider determinants of health and taking a more preventative focus in our planning and delivery of services.
- Our partners and the public wanted us to know that enabling local solutions in their communities and places where they live should be an important element in planning and delivering services.
- People shared their experiences. There was frustration with accessing services and in repeating the same information across agencies or getting lost in the System as they moved between services.
- There was acknowledgement that these are difficult financial times for the public sector and wider partners and that resources are limited.

4. Conclusion

4.1 The Strategy has been significantly influenced by the results of the wide-ranging consultation that has occurred. The principle of championing engagement remains at the heart of the Integrated Care Partnership's approach, and we will continue to include the Public and our Stakeholders as we plan for delivery of our System wide priorities.

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1. Engagement activity on the Interim Strategy

Medway Council, NHS Kent and Medway and Kent County Council, as the three statutory partners of the Integrated Care Partnership, undertook extensive system-wide engagement between January and September 2023 to inform the refresh of the Integrated Care Strategy.

This included:
- Public communication and engagement activity and 32 events resulted in feedback from over 1200 people
- Online engagement platform and survey – over 350 responses and many more social media comments
- 20 focus groups with vulnerable communities facilitated by Voluntary, Community and Social Enterprise organisations, including parents and carers of children with disabilities and additional support needs.
- Workshops with District Council's local system partners, Parish and Town Councils (through the Kent Association of Local Councils) and Members
- Engagement on the development of the Medway Joint Local Health and Wellbeing Strategy
  - Online survey (Adults: 546; Children/Young People 148; Organisations 14 responses)
  - Focus group discussions with older people, sex workers, men and women experiencing homelessness, Brompton Barracks, parish council members, Imago service users made up of clients with mental health issues
- Gathering emerging priorities from Health and Care Partnerships
- Engagement with Children's Services, Adult Social Care and Growth/Community services teams
- Voluntary, Community and Social Enterprise (VCSE) alliances
- Other partners including Kent Housing Group, Office of the Police and Crime Commissioner and Kent Police.

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2. Feedback on the Interim Strategy to inform the refresh

- Feedback received has shaped the refresh of the Strategy.
- We have received both:

  a) General feedback, on the purpose, scope and tone of the Interim Strategy
  - This has been used to shape the principles that guided the refresh

  b) Feedback on each of the 6 shared outcomes in the Interim Strategy
  - This shaped the content of the refreshed Strategy. General response to the Shared Outcomes was positive so it was agreed that they would not radically change but would be reworded to develop or clarify the priority.

- The Interim Integrated Care Strategy is available here - https://www.kmhealthandcare.uk/about-us/publications-and-foi

- *Note for KCC Cabinet Committees: More detail on feedback received through the engagement activity is available in separate reports prepared by KCC, Medway Council and NHS Kent and Medway. Feedback received through the engagement activity led by KCC is attached as Appendix 1 at the end of this document. The reports from Medway Council and NHS Kent and Medway are available on request and will be published by these organisations shortly.*

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3. General feedback

- "Together we will" not "together we can"
- Need bottom-up approach reflected in Strategy recognising local needs and challenge. Need local bespoke solutions not "one size fits all" Incorporate District strategies and role of Parishes
- Strategy intro is too focused on KCC, Medway and NHS – all system partners are just as important and shouldn't be grouped as 'other'
- Focus on wider determinants of health
- Focus on Inequalities welcome and need retain this focus where already commitments in strategies Need to be honest and explicitly recognise and address real world financial challenges and barriers to prevention and holistic working. How do we ensure thought space for prevention when intellectual focus is waiting times/winter plans – recognise difficult decisions ahead
- Need for up-to-date service directory, single point of access
- No wrong door approach. Needs shouldn't need to escalate to access support
- Estates and plans need to be coordinated across partners to meet all needs
- Develop strong data analytics
- Global warming as a threat to health
- Effective access to information and interpretation to services for people with sensory and physical disabilities with responsibility with service providers. Must include complaints systems
- Reallocate funding to System Strategy objectives recognising potential VCS and DCs – funding should be directed at areas of deprivation and VCSE
- Need to involve local people and communities in development, delivery and evaluation
- Need Adult Social Care and Adults Safeguarding to have a clearer place in the Strategy
- Need to translate into agreed action, deliver and monitor progress
- Will need to raise confidence strategy will be delivered

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4. Public Online Survey – key themes across the Interim Strategy

- Access to GPs
- Improved communication between services
- Improved social care
- Improved mental health services – adult and children's
- Improved waiting times in general
- Transport to services
- Support for carers
- Support for – improved housing; heating/energy; exercise
- Digital but not always
- Active spaces, leisure facilities, green spaces
- More diverse, culturally aware/appropriate support (interpreters etc.)
- More youth clubs and support to encourage social interaction and learn skills

5. Feedback on Shared Outcome 1

We will give children and young people the best start in life

Summary of feedback received

Partners feedback -

- **General**
  - Strategy needs to cover all elements of children's health and wellbeing (not only health focused)
  - Work with schools more, relaunch Extended Schools
  - Parental support at a universal level
- **Best start in life**
  - How to deliver with accessible Evidence Based Parenting
  - Consider impact of changes to children's centres
  - Family Hubs and whole family approach
  - Maternity
  - Financial Planning and nutritional advice for young people and mothers
  - Foetal Alcohol Spectrum Disorder – avoidable with early intervention
- **Supporting the 0-5 stage**
- Improved communications between acute and primary care to address 0-4yr old admissions
- **Emotional health and wellbeing**
  - Loneliness in young adults
- **Safeguarding**
- **Support for Children with Special Educational Needs and Disabilities and their families**
  - Strong, effective support for children with disabilities within the school system
- **Public health priorities** including Poverty (and impacts on diabetes, obesity, tooth decay) neglect, mental health and asthma

Summary of feedback received

Public feedback -

- **Maternity** – more education for student midwives; improved postnatal support and breastfeeding advice; support birth plans and patient choice; better access for patients to ultrasound services; advice & exercise videos for post c-section mothers.
- **Support families to give children a good start** – free books/better access to reading; quality healthy meals; pre-school attendance; parent networks; access to health visitor/more frequent contact; enhanced SEN training within preschool settings. Help with parenting skills.
- **Help families thrive / prevent health inequalities** – childcare voucher schemes; more health professional support; SEN support in schools.
- **Child safeguarding /social care** – internet security; promote foster care including sufficient funding. Mental health/coping support for parents who have their children taken into care
- Library based services for mother and baby are great for meeting people, learning through shared experiences (Hartbeeps, Toddler sense, Baby Bounce, Rhyme)

6. Feedback on Shared Outcome 2

Tackle the wider determinants to prevent ill health

Summary of feedback received

Partners feedback -

- **Prevention and inequalities**
  - Emphasis on Prevention supported – Evidence that money and commissioning is moving to prevention
  - Community hubs to support action on WDH including loneliness, physical activity and breast feeding
  - Define CORE20plus5 focussed on prevention and including for children
  - Targeted intervention for the most vulnerable / highest need groups, understand and meet local needs at Health and Care Partnership (HCP)level, delegations
  - Role of libraries in tackling upstream wider determinants of health
  - Stop doing short term projects
- **Role of the Voluntary, Community and Social Enterprise sector**
  - key to delivery but reducing and short-term funding and engagement within the system leadership is not reflective of this - need for parity and support for infrastructure– Wigan Deal approach (community investment for bottom-up prevention
  - Role VCSE in delivering sport and physical activity tackling social exclusion
  - Inverse Care Law with more volunteers in better off areas - Target more resources to VCSEs in areas of highest need
- **Social determinants / work**
  - Support for social prescribing to help people access benefits and tackle WDH
  - Need services for Social Prescribers to refer on to   - Review of social prescribing
  - Support for people with mental and physical health issues to access or retain work with additional intense targeted support for those with greatest challenges.
  - Participation arts and culture-based interventions – Creative health approaches
  - Childcare as barrier to work, cost and number of places
  - Support Apprenticeships and pre-employment experience opportunities
  - Needs focus on tackling Domestic Abuse
- **Anchor institutions**
  - Partners should commission locally not from elsewhere
  - Encourage local innovation and med tech investment through simplified procurement
  - Local Anchor networks including housing associations, NHS, Councils and colleges
  - As a key anchor, simplify NHS jobs application process to encourage applications

- **Physical environment / housing**
  - An Asset Based model should be used including optimal use community facilities and empty spaces
  - Transport infrastructure and public transport barrier to access jobs, social opportunities and services especially in rural areas
  - Focus on preventing homelessness with joined up system approach wrapped around individual to develop sustainable homes.
  - Joined up services including primary care for people who are homeless
  - Housing issues including houses of multiple occupation in former office premises – Better understand housing and health link
  - Developer contributions for infrastructure to support health and wellbeing
- **Poverty / cost of living**
  - Tackling poverty is fundamental to improved health
  - Recognise holistic not compartmentalised nature of poverty
  - Support around cost-of-living issues needs to link with financial support, mental health, employment and skills and environment
  - Lunch groups for vulnerable
  - Support pockets deprivation in more affluent areas
  - Support to tap into unclaimed benefits
- **Mental health**
  - Need for better accessible MH services

Public feedback -

- Reduce differences in life expectancy – keep people warm; GPs to identify those who could benefit from insultation / funded home improvement works?; community allotments to support healthy sustainable eating; improve access to healthcare; resources & education to self-sustain.
- Help needed to stay well – free prescriptions e.g., for care leavers; support for vulnerable and elderly; signposting services; independent living.
- Improve K&M as place to thrive – rent control; transport; housing; education and healthcare centres; change the providers of services
- Help with money management
- Mental health needs for barracks not being met (in-house available but sappers won't seek support for fear of impact on promotion opportunities)

7. Feedback on Shared outcome 3

Support happy and healthy living for all

Summary of feedback received	Summary of feedback received

Partners feedback –
 	
• **Joining up services / data**
   • Joined up ongoing services needed around people with complex needs including housing with smooth referrals NHS and Local Authority
   • Joined up seamless services and removal silos to work – Community Hubs pilots No wrong door
   • Data sharing barriers need to be overcome
   • Integration health and social care
   • Commission joined up services with clear pathways and links and work with VCS as part of Multi agency working
   • Multi-Disciplinary Team (MDT) support and one stop approach around people who misuse substances
   • Systems need to intervene earlier. Frontline services to meet needs/signpost earlier
• **Empowering and engaging people and communities**
   • Empowering health choices
   • Consistent messaging to the community, including hyper-local communication and insight
   • Better support for personal choice around pathways – Reference One You.
   • System standards for co-production
   • Understand / promote role of community champions, trusted intermediaries and volunteers
   • Planning and design to help independence, housing to use NICE guidance around health
   • VCS engagement in dementia service planning and delivery
   • Challenge of Vaping
• **Focus on adult safeguarding**
	Public feedback -
	
	• More support services targeted at men
	• Support people to live healthy lives – education; reduce social isolation (e.g., shared working spaces); free exercise classes for targeted groups; combat disability discrimination; creative activities to support wellbeing; price cap on fruit and veg, give food vouchers
	• Support people to age well – not everything to be digital; holistic approach to healthcare considering housing particularly; provider better information; improve public transport; encourage wide range of outdoor activities (e.g., rambling)
	• How give people control over their care – whole family approach; access to services; easier to request prescriptions; regular health checks; patient choice; better communication between professionals; access to medical notes
	• How to help those in last stages of life – access for families; patient choice; responsive end of life care; more staff experienced in pain management and respecting patient choice
	• People not aware of services available. Posters/directory of services needed. Advertise in places attended by people, not just online
	• More exercise equipment in parks
	• Affordable exercise facilities
	• Informal drop-in places to sit and chat – you can be around people without always joining in.
	• Help for older people to get best energy tariffs – difficulties navigating online systems.

8. Feedback on Shared outcome 4

Empower patients and carers

Summary of feedback received

Partners feedback -

- **Primary care improvement and resourcing**
  - Need for better primary care
  - Need commitment to review resource allocation to improve primary care in areas with greatest need
  - Support for Fuller model
  - Develop Urgent Treatment Centres in areas with lowest GP capacity
  - **Specific points on GPs**
  - Improve access to GPs, both appointments and physical
  - Improve GP recruitment to areas with lower rates by population with focus on areas high population growth
- **Better community-based End of Life support** with care homes to relieve pressure on primary care
- **Enable free parking for health and care workers on visits**.
- Central navigation point for identifying support services
- Breakdown barriers between secondary and primary care
- Tackle GDPR to support information sharing
- Rewrite clinical care and other pathways to embed prevention
- Recognise role that acute trusts have around prevention – advice/signpost/protected clinician time

Summary of feedback received

Public feedback -

- Improve GP services – easier to get an appointment; better use of staff for particular medical needs; signpost to right service if not the GP; repeat prescriptions; GPs with specialisms (e.g., dementia); improve communication with patients and secondary care; improved recording of notes, medical conditions and data sharing; prioritise vulnerable and disabled people; more social prescribers
- Support those with multiple conditions – promote and implement ESTHER model; more time e.g., double appointments with GP; better carer and nursing support in community; educate clinicians to understand other conditions; improve access to medication; better Multi-disciplinary Team (MDT) working
- How best to join up care – improved communication and clarity with MDTs; shared patient records
- What helps patients to feel empowered – patient choice, led by patients
- How to best support carers – flexible appointment times and location choice; more respite care and opportunities; someone to provide care when the carer has their own appointments

9. Feedback on Shared Outcome 5

Improve health and care services

Summary of feedback

Partners feedback -
- Appears focused on hospitals rather than healthcare
- Ensure timely access for all to specialist stroke services
- Allow access to elective care in NHS facilities with shortest waits even if distant

Public feedback –

What can we do to free up beds in hospitals, reduce the time people stay in them and support people when they are discharged?
- Social care: Increase social care funding, make sure social care are present at discharge assessments
- Halfway houses
- Get wider family involved
- Refer people to social prescribers
- Link in with GPs before discharge from hospital
- Better services in the community, especially frailty teams, physio, podiatry, occupational therapy
- Safeguarding issues
- Issues with council borders and which is the responsible authority
- Ensure all relevant healthcare staff can access the person in the community
- Change poor discharge processes with unrealistic expectations
- Better communication between specialist centres and local healthcare providers

Summary of feedback

What else should we do to provide quality healthcare as close to home as possible?
- Reduce waiting times
- Utilise empty buildings
- Pre-ops at home rather than in London hospitals
- Offer free parking at specialist centres
- Provide option of follow up appointments by phone with specialist centres to avoid long patient journeys.

What sort of specialist services would you be happy to travel to another part of Kent and Medway for?
- Any service
- Specialist
- Cancers

10. Feedback on Shared Outcome 6

Support and grow our workforce

Summary of feedback received

Public feedback on workforce:

- Improve volunteering opportunities for staff
- Benefits for staff – financial support, offers with local businesses, health and wellbeing support (e.g., support with fertility treatment and leisure facility membership offers)
- Respect in the workplace, flexible working, performance related bonus
- Strengthen links and opportunities with education – schools, colleges and universities

Public feedback on making Kent and Medway a great place to live and work for all:

- Improved leisure facilities
- Support for families with special educational needs
- Tackle environmental issues
- Improve transport and infrastructure
- Promote local business
- Good education and schools

Appendix 1 – Detailed feedback from engagement activity led by KCC

Interim Integrated Care Strategy Feedback

Partners

- A — Ashford
- C — Canterbury
- Da — Dartford
- D — Dover
- FH — Folkestone and Hythe
- G — Gravesham
- M — Maidstone
- PCC — Police, Office of the Police and Crime Commissioner
- S — Sevenoaks
- SW — Swale
- T — Thanet
- TMBC — Tonbridge and Malling
- TW — Tonbridge Wells
- VCS — Voluntary and Community Sector

General Points

- "Together we will" not "together we can" (T)
- Need bottom-up approach reflected in Strategy recognising local needs and challenge. Need local bespoke solutions not "one size fits all" (G)(SW)
- Consider a Life Course Approach (G)
- Focus on WDH (TW)(TMBC)(T)
- Focus Inequalities welcome and need retain this focus where already commitments in strategies eg Kent HWB (T)(SW)
- Need to be honest and explicitly recognise and address real world financial challenges and barriers to prevention and holistic working. How do we ensure thought space for prevention when intellectual focus is waiting times/winter plans (M)(T)(SW)
- Need to translate into agreed action, deliver and monitor progress (S)(TW)(T)
- Need clarity on reasoning for choice of outcomes (S)
- Need for up to date service directory, single point of access (TW)(T)(SW)(D)(FH)(A)

General Points Continued (1)

- Estates and plans need to be coordinated across partners to meet all needs, DC needs to be on Estate Strategy group and better engaged (FH)(T)(M)
- Develop strong data analytics(M)
- Will need to raise confidence strategy will be delivered (M)
- Global warming as a threat to health (M)
- Effective access to information and interpretation to services for people with sensory and physical disabilities with responsibility with service providers. Must include complaints systems (M)
- Reallocate funding to System Strategy objectives recognising potential of VCS and DCs (M)(VCS Alliances)(Da)
- Districts do not map well to new NHS structure (SW)
- Need to involve local people and communities in development, delivery and evaluation (A)(M)
- Need clarity around governance and accountability (G)

General Points Continued (2)

- Areas with future high population growth must have all services (e.g. health, sports, leisure) planned and delivered with this in mind (Da)
- Decision making should include assessment of impacts on other parts of the system (C)
- VCS need to be an equal partner and respected as such (C)
- Longer term funding is required to enable sustainable services (C)
- VCS must be part of the prioritisation and decision making process (C)
- Organisations must communicate and coordinate more with each other to combat current silo working (D)
- There needs to be stronger mention of COVID, especially long Covid (D)
- Need a commitment to improve collaborative working between NHS and VCS (S)(Da)
- Improve social cohesion (Da)
- Better engagement of hard-to-reach communities (Da)

Outcome 1

- How to deliver best start in life with accessible Evidence Based Parenting (TMBC)(M)
- Loneliness in young adults (TW)
- Support for young people (G)
- Work with schools more, relaunch Extended Schools (M)(T)
- Rethink/Consider impact of closure children's centres (M)(T)(D)
- Financial Planning and nutritional advice for young people and mothers(M)(A)
- Strong, effective support for children with disabilities within the school system (VCS)
- Focus on weight loss (G)
- SEND targets from the logframe should be highlighted in the strategy (Da)
- Protecting children from criminal harm and exploitation and supporting victims (PCC)
- Data informed decisions for location of family hubs (D)

Outcome 2

- Emphasis on Prevention supported (S)(T)(G)
- VCS key to deliver but reducing and short-term funding and level engagement within the system leadership not reflective of this need for parity with little support for VCS infrastructure (S)(TW)(TMBC)(FH)(A)(VCS)(C)(Da)
- Role VCS is delivering sport and physical activity to tackle social exclusion and diversion (FH)(M)
- Partners should commission locally not from elsewhere (S)
- Inverse Care Law with more volunteers in better off areas (VCS)
- An Asset Based model should be used including optimal use community facilities and empty spaces (S)(FH)(A)
- Community hubs to support action on WDH including loneliness, physical activity and breast feeding (M)
- Need for better accessible MH services (TW)
- Partnership working to promote community safety, tackle crime and antisocial behaviour, drug and alcohol misuse (PCC)
- Focus on MH supported (T)(D)(G)
- Support for people with mental and physical health issues to access or retain work with additional intense targeted support for those with greatest challenges. (VCS)
- Support pockets of deprivation in more affluent areas (TW)
- Ensure social value with local procurement (G)

Outcome 2 Continued (1)

- Tackling poverty is fundamental to improved health (M)(T)
- Recognise holistic not compartmentalised nature of poverty (SW)
- Support around cost of living issues needs to link with financial support, mental health, employment and skills and environment (VCS)
- Transport infrastructure, public transport and community transport barrier to access jobs, social and services especially in rural areas (TW)(FH)(M)(T)(A)(C)(D)(Da)
- Include Serious Violence duty (PCC)
- Participation arts and culture-based interventions (FH)(T)
- Focus on preventing homelessness with joined up system approach wrapped around individual to develop sustainable home. (VCS)
- Housing issues including HMOs in former office premises (M)
- Childcare as barrier to work, cost and number places (FH)
- Support Apprenticeships and pre-employment experience opportunities (FH)(SW)
- Encourage local innovation and med tech investment through simplified procurement (M)
- Local Anchor networks including housing associations, NHS, LA and colleges(M)
- As a key anchor, simplify NHS jobs application process to encourage applications (SW)

Outcome 2 Continued (2)

- Support for social prescribing to help people access benefits and tackle WDH (M)(A)
- Need services for Social Prescribers to refer on to (A)
- Needs focus on tackling Domestic Abuse (T)(SW)(D)
- Victim and offender support, tackling drug, domestic abuse, exploitation, and harm and violence against women (PCC)
- Joined up services including primary care for people who are homeless (S)(T)
- Role libraries in tackling upstream WDH (SW)
- Lunch groups for vulnerable (A)
- Systemize social prescribing and increase its use via GPs (Da)(D)
- Recognise the impact of social isolation, particularly on young adults and older adults, and the role of art and culture in tackling this (Da)
- Roll out trauma informed practice within workforce (C)
- Introduce mobile wellbeing hubs for wider reach (D)
- Explore the commercial determinants of health (Da)

Outcome 3

- Joined up ongoing services needed around people with complex needs including housing with smooth referrals NHS and LA. (S)(TMBC)(FH)(T)(SW)(A)
- Joined up seamless services and removal silos to work (TW)
- Data sharing barriers need to be overcome (S)
- More focus on Prevention (G)
- Empowering health choices (TW)
- MDT support and one stop approach around people who misuse substances (FH)
- Integration health and social care (M)
- Commission joined up services with clear pathways and links and work with VCS as part of MDT/Multi agency working (M)(T)(A)
- Planning and design to help independence, housing to use NICE guidance around health (M)
- Challenge of Vaping (M)
- VCS engagement in dementia service planning and delivery (VCS)
- Focus on adult safeguarding (Kent ASC)
- Effective support in the community must be ongoing for problems that can extend for many years (D)
- Support for young carers (G)

Outcome 4

- Need for better primary care (TW)
- Need commitment to review resource allocation to improve primary care in areas with greatest need (S)
- Improve access to GPs, both appointments and physical (FH)(D)
- Improve GP and dentist recruitment to areas with lower rates by population with focus on areas of high population growth (FH)(M)(D)
- Develop primary care access informed by needs and future population growth (Da)
- Develop Urgent Treatment Centres in areas with lowest GP capacity (M)
- Agree Right Care, Right Person approach (PCC)
- Support for Fuller model (M)
- Better community-based End of Life support with care homes to relieve pressure on primary care (M)
- Enable free parking for health and care workers on visits. (A)
- Ease pressure on GPs by allowing self-referral where no need to 'medicalise' through a GP appointment (e.g. housing referral) (Da)
- Ensure access for people who cannot use digital solutions (G)

Outcome 5

- Ensure housing and support in place for people prior to discharge (G)
- Reduced waits for appointments and diagnostics (G)

Outcome 6

- Recognise that support for carers can positively impact staff retention (C)
- Early retirees should be encouraged back into the workplace (C)
- Roll out of MECC and TIP to empower front line staff to help retain them in the workforce (C)