

From: Anjan Ghosh, Director of Public Health

To: Cabinet, 11July 2024

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

Classification: Unrestricted

**Summary:**

This report provides Cabinet with an update on the development of the Integrated Care Strategy Shared Delivery Plan which in turn encompasses the Delivery Plan for Kent's Joint Local Health and Wellbeing Strategy (JLHWS). The Strategy sets out shared outcomes for the health and wellbeing of our population that all partners in the Kent and Medway Integrated Care System will work together to deliver and as such also performs the role of the Kent Joint Local Health and Wellbeing Strategy.

In order to capture what actions are in train, and are required, across the whole system to deliver the outcomes agreed, a system wide Shared Delivery Plan has been developed outlining the key actions and approaches that partners will take to land the improvements in health and wellbeing that we need to achieve. The document, while not comprehensive, endeavours to capture key areas of action and delivery over the next two years. While much of the content is focussed on health gains in Kent, it does, in line with the Integrated Care System footprint, also include actions in Medway.

This paper discusses the range of partners who have a key role in improving health and wellbeing, through tackling the full range of determinants, and describes the process used to develop the plan, as well as how it might provide assurance alongside the measures being developed and included in the associated logframe matrix. Crucially, delivery and its ownership must sit with sovereign organisations and local systems **with the Shared Delivery Plan being a composite of actions owned by partners across the system.**

The Kent County Council input to the strategy has been developed from existing directorate strategies and divisional plans as well as through discussion and feedback with key officers. It is intended that the full range of county council activities that will deliver improved health and wellbeing, as well as key identified priorities, is the subject of a further internal document currently being developed.

The attached plan has further benefitted from discussion with Cabinet Members.

**Recommendation(s):**

Cabinet is asked to:

- 1) Note the process used in developing the Shared Delivery Plan for the Integrated Care Strategy.
- 2) Agree the Shared Delivery Plan, subject to any further comment, to support assurance on delivery of the Integrated Care Strategy.

- 3) Note and support ongoing activity to define fully the role of KCC in improving health and wellbeing.

## 1. Introduction

- 1.1 Following partner agreement and commitment to the Integrated Care Strategy refresh which was completed in early 2024, there is a need to capture and understand partner actions that will contribute to its delivery and will in turn drive improved health and wellbeing.
- 1.2 A Shared Delivery Plan has therefore been developed to set out how partners will deliver the Integrated Care Strategy, recognising that it is also the Kent Joint Health and Wellbeing Strategy, and to additionally meet the requirements of the NHS Joint Forward Plan. The plan is attached as Appendix 1. The plan has been developed in conjunction with the logframe matrix which identifies strategic indicators to measure the key health improvements we wish to see. The logframe is largely complete with a small number of measures requiring further development and final agreement. These include areas where there is a need to align with work in train elsewhere, including the development of NHS measures nationally and around local strategies such as that of the Kent and Medway Economic Partnership, as well as where final sign off sits with external partnerships, such as in the case of the Kent Housing Group. The current draft version is attached as Appendix 2.

## 2. The Shared Delivery Plan

- 2.1 The Shared Delivery Plan spans two years (2024-26), after which it will be refreshed to take account of progress and any national or local changes.
- 2.2 The plan follows the format of the agreed Integrated Care Strategy/Joint Local Health and Wellbeing Strategy. For each outcome it highlights key areas of joint working and then signposts to existing or developing strategies and plans, and who is leading them, which will deliver the commitments made in the strategy.
- 2.3 Ensuring delivery of these plans, and monitoring of progress towards this, will remain with the identified lead partners and sovereign organisations. Progress towards the measures in the log frame will allow partners to understand overall system success in landing our outcomes.
- 2.4 The final section of the plan focuses on the conditions for successful delivery of the strategy, such as partnership working, commissioning infrastructure, governance and system led oversight, and states our ongoing commitment to financial sustainability.
- 2.5 The plan builds on the key recognition that we need to address the full range of health determinants and with that the key role of wider partners including districts, parishes and communities as well as key stakeholders including the

Kent Housing Group, the VCS Alliances and the Office of the Police and Crime Commissioner.

### **3. Development of the Plan**

- 3.1 The project group that coordinated the Integrated Care Strategy refresh was re-purposed to focus on the Shared Delivery Plan. Following discussions with stakeholders the following areas were highlighted for development:
- Health and Care Partnership (HCP) input. Health and Care Partnerships have been setting their annual priorities which both deliver the Integrated Care Strategy and respond to their local population need. These plans and the assurance approach to them, have been included. The role of the NHS in tackling the wider determinants of health in addition to clinical services is key.
  - District and borough health and wellbeing plans. These are in development with substantial progress in identifying key priorities and ongoing local work in defining action plans. Their development is being led by local district level health alliances supported by allocated KCC Public Health specialists and Consultants in Public Health. Priorities identified at District level have been included in the Shared Delivery Plan.
  - Voluntary sector services. Discussions with voluntary sector representatives and HCP Voluntary Community and Social Enterprise (VCSE) alliance leads has informed how their contribution to the delivery of the strategy is reflected in the plan.
  - Kent County Council internal business plans and input from key officers have informed the document.
  - Inputs from the Police and Crime Commissioner, Kent Housing Group and the Kent Association Local Councils (KALC) have further benefitted the Shared Delivery Plan.

- 3.2 Following reflections from the Integrated Care Partnership, the project team further shared the draft plan with a wide range of stakeholders to seek input, feedback and support for the plan. The final version is now being brought to Cabinet for KCC approval and will be separately approved by the Integrated Care Board (ICB) and by Medway Council. The final draft will be presented to the Integrated Care Partnership on 27 August for endorsement.

### **4. Action by Kent County Council to improve Health and Wellbeing**

- 4.1 Given the importance of tackling the full range of wider determinants of health and the comprehensive impact of Council activity on these determinants, it is planned that an internal document is produced to define the full range of impact and to consider key areas for priority working.
- 4.2 Public Health officers are therefore working with officer colleagues across the council to share thinking and capture activity that will impact on health and wellbeing and aid delivery of the Integrated Care Strategy/Joint Health and Wellbeing Strategy.

- 4.3 This work will be shared with Members for consideration when completed. It will help focus agreed council action on improving health and wellbeing.

## 5. Monitoring Delivery

- 5.1 The logframe (or Logical Framework) is an extensive collection of strategic indicators designed to reflect the priority areas within the Integrated Care Strategy to provide a way of quantifying progress. The delivery of key improvements to health and wellbeing will be demonstrated at system level through improvements in these metrics. It will allow stakeholders to see progress against the outcomes we have committed to working towards in the Strategy. Progress in delivering these actions will be measured by those organisations who have committed to their delivery. The logframe development was led by local authority and NHS health analysts across the system with input from relevant officers.
- 5.2 The process by which the logframe has been developed was robust and inclusive:
1. Symposium meetings of key stakeholders took place across the ICS in 2022 and 2023 to set strategic priorities.
  2. An Expert working group was established with representation from ICB, Medway Council and KCC to identify Logframe indicators to help us monitor if these priorities are being met.
  3. Initial consultation took place with subject matter experts including service leads, and senior public health managers.
  4. Wider consultation with colleagues took place across the ICS in January and February 2024. This has provided a sense-check and helped with engagement / recognition of the IC Strategy overall.
  5. Engagement with other programmes and groups has taken place to align indicators wherever possible. For example Kent and Medway Economic Partnership, Kent Housing Group, and indicators related to the Environment.
  6. The detailed methodology for choosing each measure exists and can be shared if required.
- 5.3 Guidance on ICPs state that they will create a forum in which partners should hold each other mutually to account for delivering the priorities set out in its Integrated Care Strategy, including over the longer term.
- 5.4 The Shared Delivery Plan will be a useful tool for the ICP to get oversight and assurance of delivery across the system. However, in a large and complex system, there is a balance to be struck between providing information to demonstrate progress and having capacity to meaningfully discuss and add value to an area of the strategy delivery. Each organisation will wish to monitor the delivery of their contributing strategies / activities set out in the Shared Delivery Plan through their own established governance routes.
- 5.5 A number of mechanisms are being set up to support the ICP in their assurance role, which will additionally provide system partners and the Kent Health and Wellbeing Board assurance:

- The ICP will receive annual updates on the strategic indicators developed through the logframe matrix. In many cases updates will only be available with this frequency.
- Additionally, thematic discussions / deep dives on particular areas of interest or concern within the shared outcomes will be held at every ICP meeting. This will ensure that challenging areas are brought to the attention of members and allow for a full discussion with subject-matter experts to identify causes and possible solutions.
- Members will note that many of the measures will additionally be subject to closer consideration in the more focussed groups leading on those specific strategies and actions, while the ICP will take a system-wide strategic view of progress.

## **6. Cabinet Members Input**

- 6.1 The draft Shared Delivery Plan and logframe matrix has further benefitted from discussions and feedback from Cabinet Members;-
- Issues were raised relating to financial challenge and the threats to the affordability of many of the included services and opportunities. This real concern has been highlighted in the final version.
  - The lack of specific detail around the highlighted plans was noted. The document now states more clearly that detail will need to be addressed within the identified plans themselves and it is to these that the reader needs to refer.
  - The status of those logframe measures within the plan was clarified in the document. These are just examples and carry no more weight than others within the logframe.
  - Concern was raised around the use of “grow” our workforce given that this may not be appropriate. The Plan now clarifies that this refers to growing skills and individuals rather than simply numbers.

6.2 Additionally, Members raised issues related to the logframe matrix:

- There was a question as to whether some measures, such as that around childhood obesity, were sufficiently ambitious. Officers developing the metrics had considered what was appropriate in each instance. The level of ambition around obesity was to reverse recent increases and reduce obesity to pre-pandemic levels.
- This was related to a wider question around the use of trend data to help the reader’s understanding of why given measures had been chosen. Trend data had indeed been used to inform measures and a clearer narrative around the choices made will be used in future reports to demonstrate progress.

- There was a specific concern about the way in which sickness absence data was portrayed and the working group have agreed to revisit this.

## **7. Financial Implications**

- 7.1 The Integrated Care Strategy Delivery Plan sets out the key actions underway and planned within the system to improve health and wellbeing.
- 7.2 It is recognised that this work is taking place against a background of serious financial challenges and increasing need for services and support.
- 7.3 Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

## **8. Legal implications**

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

## **9. Equalities implications**

- 9.1 An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and has been shared previously with the Board. This was led by colleagues at NHS Kent and Medway with input from KCC.
- 9.2 The Integrated Care Strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. Subsequently, the assessment identifies that there is potential for positive impact for all protected characteristic groups, to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a protected characteristic, and therefore meets the requirements of the Public Sector Equality Duty. These benefits will be reflected in the Shared Delivery Plan.
- 9.3 The assessment additionally sets out an action to ensure that detailed equality analysis and mitigation is put in place for specific service changes or projects that happen as a result of the strategy. These will be undertaken by lead partners in delivering their contributions to the delivery plan.

## **10. Conclusion**

- 10.1 As noted above the Shared Delivery Plan aims to include significant and appropriate areas of joint working, rather than an exhaustive list of activities. It is intended to provide assurance on progress alongside the logframe matrix.

## **11. Recommendation(s):**

Cabinet is asked to:

- 1) Note the process used in developing the Shared Delivery Plan for the Integrated Care Strategy.
- 2) Agree the Shared Delivery Plan, subject to any further comment, to support assurance on delivery of the Integrated Care Strategy.
- 3) Note and support ongoing activity to define fully the role of KCC in improving health and wellbeing.

## **12. Appendices**

- Appendix 1: Kent and Medway Integrated Care Strategy Shared Delivery Plan
- Appendix 2: Kent and Medway Integrated Care Strategy Logframe Matrix

## **13. Contact details**

### **Report Authors**

Mike Gogarty

Interim consultant in Public Health

[Mike.gogarty@kent.gov.uk](mailto:Mike.gogarty@kent.gov.uk)

Jenny Dixon-Sherreard

Policy Adviser

[Jenny.dixon-sherreard@kent.gov.uk](mailto:Jenny.dixon-sherreard@kent.gov.uk)

Dr Anjan Ghosh

Director of Public Health

[Anjan.ghosh@kent.gov.uk](mailto:Anjan.ghosh@kent.gov.uk)

03000 412633