

From: Roger Gough, Leader of the Council  
To: County Council - 28 March 2024  
Subject: Delivering the Kent and Medway Integrated Care Strategy  
Classification: Unrestricted

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## **Summary**

This paper brings Members' attention to the Integrated Care Strategy and sets out how the Council plans to work with its strategic partners to move into the delivery phase of the Strategy. It highlights that the upward trend in life expectancy has stalled and that there has been reversal in some health outcomes, making it clear that all partners have a role to play in improving those outcomes. It acknowledges the challenge of setting ambitious targets during a time of limited resources, and growing demand on our wider statutory duties and accountabilities.

The paper provides a number of examples of joint working and integrated approaches that the Council is adopting with NHS Kent and Medway, and indeed the production of the strategy itself is evidence of the strength of our partnership working. There is no doubt that the partnership will be tested as all public sector bodies continue to work within limited resources, but the Council restates its commitment to working alongside NHS Kent and Medway to support our residents. It is only by effectively deploying our joint resources that we can focus on those priority areas that will impact on the health and wellbeing of our residents.

## **Recommendation:**

County Council is asked to NOTE the update on the delivery of the Kent and Medway Integrated Care Strategy.

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## **1. Introduction**

- 1.1 The purpose of an Integrated Care Strategy is to set the vision and priorities for improving the health and wellbeing of the population across the Integrated Care System. 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.
- 1.2 Whilst the refresh of the strategy has been led by the statutory partners, that is Kent County Council, NHS Kent and Medway and Medway Council, it is for all the partners who play a role in supporting health and wellbeing. Crucially its development has included input from Districts and Boroughs, the Police and Crime Commissioner and Voluntary Sector colleagues. 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 through extensive engagement and consultation. (the Strategy can be found at Appendix A or online at [Kent and Medway Integrated Care Strategy \(kmhealthandcare.uk\)](https://www.kmhealthandcare.uk))

- 1.3 The purpose of this paper is to reflect on the work that the Council is undertaking to support the delivery of the Integrated Care Strategy within the current context of health outcomes that are levelling out, rather than continuing to rise, and unprecedented financial strain for all the partners involved. There is no doubt that this work is vital for our population's long-term health and wellbeing and remains a priority for the Council. The Council acknowledges the current financial challenges it faces in its strategic documents. Framing Kent's Future highlights the benefits of closer partnership working but Securing Kent's Future acknowledges the pressure the Council has in aligning its vision and priorities to available resources in a sustainable way whilst allowing the council to fulfil its statutory obligations. However, we remain ambitious to improve outcomes and to work together to prevent worsening health inequalities that are affecting the lives of our residents. This is underpinning our ambition to find new ways to work together and to harness innovative technology and digital solutions.

## **2. The Kent and Medway Integrated Care Strategy**

- 2.1 Kent County Council (KCC) is a lead partner in the Kent and Medway Integrated Care System (ICS) along with Medway Council and the NHS Kent and Medway Integrated Care Board. KCC is also a statutory member of the Kent and Medway Integrated Care Partnership (ICP). It is a statutory requirement for Integrated Care Partnerships to prepare an Integrated Care Strategy. (For ease of reference, an explanation of regularly used terminology and diagrams of the structure of the Kent and Medway Integrated Care System can be found at Appendix D).
- 2.2 There was a national requirement for all ICPs 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. All partners committed to refreshing it by the end of 2023 to allow time for consultation with stakeholders and the public, to deepen the Strategy and strengthen the focus on delivery. The Strategy was approved by KCC Cabinet on 4 January 2024, following consideration at the relevant Cabinet Committees. With the Strategy in place, it is now time to focus on the delivery phase.
- 2.3 Alongside the ICP, Health and Wellbeing Boards continue to have a role as a partnership committee led by upper tier authorities to focus on health outcomes. The work of a Health and Wellbeing Board is shaped by the priorities established through an assessment of health needs (the Joint Strategic Needs Assessment) and reflected in the production of a strategy to drive action (the Joint Local Health and Wellbeing Strategy). Both documents are legal requirements, however recent national guidance has acknowledged that where an ICP and a Health and Wellbeing Board are coterminus it may make sense to

combine the two strategies. This means the Integrated Care Strategy can be adopted as the Joint Local Health and Wellbeing Strategy to streamline planning and avoid duplication. Therefore, it is intended that the Kent and Medway Integrated Care Strategy is adopted as the Kent Joint Local Health and Wellbeing Strategy, providing focus and clarity in a single plan for the health and wellbeing of the population. The Health and Wellbeing Board will be asked to approve it as the Kent Joint Local Health and Wellbeing Strategy at its next meeting in April.

- 2.4 It should be acknowledged that the activity described in this paper is built on years of joint working, including through the partnership approach of the Health and Wellbeing Board. However, the Health and Care Act 2022 has codified the expectation for statutory partners in a Health and Care System to work more closely together. The Act provides a new framework for this significant strategic partnership to operate in. The formal structures and clear requirements laid down in guidance have encouraged our relationship building at all levels and led to a better understanding of our joint challenges and opportunities, culminating in the shared vision set out in the Integrated Care Strategy and evidenced in the acceleration of joint working.

### **3. The health and wellbeing of the Kent population and improving outcomes**

- 3.1 The need for new legislation, reorganising the structures of the NHS and strengthening local partnerships, is rooted in the desire to improve the health and wellbeing of our citizens, primarily to improve the quality of their lives but also to stem or delay growing demand on health and care services. Nationally and locally the health of the people we serve is not improving in the way we would wish it to. In Kent we are now performing relatively less well in many areas than the England average. The overarching measure for health inequalities is the gap in life expectancy between the richest and poorest in our society. In Kent, life expectancy for men in the most deprived cohort is 7.3 years shorter than for the least deprived and life expectancy for women is 5.4 years shorter for the most deprived compared to the least deprived. This has increased since 2014-16 when the gap for men was 6.8 years and for women 4.3 years. In Kent worsening outcomes are being driven by a number of complex, interdependent factors known as the wider determinants of health. We have an increasingly ageing population, with higher levels of co-occurring conditions and multi-morbidities. Furthermore the impacts of the cost of living crisis, and increasing numbers of people who are economically inactive contribute to this. With over 350 miles of coastline, and just under a quarter of Kent's population, often the retired and ageing population, living in these areas, our coastal communities experience disproportionate health inequalities and poor health outcomes. We need a new approach to tackling health challenges, one that recognises the changing needs and challenges of our population and 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. (See Appendix B for an overview of the health of the Kent population).
- 3.2 The ICP has recognised the importance of action to tackle the full range of wider determinants of health. These are summarised in the Strategy using the

Robert Wood Johnson model which recognises that 40% of health is determined through socio-economic factors including employment, education, income, social networks, and community safety, 30% is due to lifestyle factors including healthy weight, physical activity, smoking, alcohol use and sexual health practices, 20% is due to access and quality of health and care services and 10% around the built environment.

- 3.3 The Integrated Care Strategy will help focus all partners on improving health through action on these drivers. With this recognition, the importance of key players such as employers and businesses, KCC's Growth Environment and Transport Directorate, Districts and Boroughs and those leading on education and skills development, from preschool support to adult education, to deliver health improvement is acknowledged. The strategy further recognises the role of communities themselves in tackling key issues such as loneliness, physical activity and weight loss support that benefit from locally determined delivery. The importance of, and engagement of, partners including the Kent Association of Local Councils, the Office of the Police and Crime Commissioner and the Kent Housing Group to surface and optimise their key roles in improving health and wellbeing has been central to the strategy development and ownership.
- 3.4 Additionally, the role of the NHS has been redefined beyond the 20% of outcomes explained by access to healthcare. The NHS is a major employer and commissioner of goods and services and has a key role as a local anchor organisation, optimising its impact of health through local employment, skills development and procurement. It also has many contacts with people and families and is well placed to offer support, signposting and interventions around healthy behaviour choices and support around issues such as loneliness and isolation.

#### **4. The Delivery Phase: working with partners and a focus on local communities**

- 4.1 Kent's geography is diverse with complex political and partnership arrangements where the responsibility for the health and wellbeing of our residents is shared. Therefore, it was vital that the Integrated Care Strategy was as broad and inclusive as possible. It is intended to reflect the needs of local communities or particular groups of people, as well as large, cross county initiatives, acting as a golden thread to bind the System together in one enterprise. The Integrated Care Strategy sets out the shared outcomes that the partners will work towards at a very high level and many partners and partnerships across the System will play a role in delivering them.
- 4.2 In order to ensure that the System is making progress towards improving these outcomes, a Shared Delivery Plan is being developed. Spanning two years (2024-2026) the plan brings together some of the main strategies and initiatives from all partners that will contribute to delivering the outcomes. It will also allow for delivery plans to be 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 Kent and Medway wide strategic framework for children and young people). Delivery of these activities remains the responsibility of the partner organisation or group that owns them, but bringing

them together in a Shared Delivery Plan allows for greater understanding and visibility across the System and allows the Integrated Care Partnership to assure itself that there is targeted action in priority areas and measurable progress.

- 4.3 As the new arrangements progress and relationships mature the Council is seeking further opportunities to work in partnership with the NHS. For example the ambition to develop new models of care is embedded in Adult Social Care's strategic vision and aligns to the NHS priority to improve access to services in the community, seeking ways to support people closer to home, rather than in hospital settings. Recently the NHS Kent and Medway People Strategy has set out the aim to create Integrated Neighbourhood Teams. This is a new national approach to bring together previously siloed teams and professionals to do things differently, to manage their whole population and create united shared capacity. Integrated Neighbourhood Teams will build a single approach through one team made up of multiple teams across primary care networks (a local partnership of GP surgeries), secondary care teams, social care teams, domiciliary and care staff working together to share resources and information dedicated to improving the health and wellbeing of a local community and tackling health inequalities. There is strategic support from the National Association of Primary Care (NAPC), for Integrated Neighbourhood Teams (INT) development across Kent and Medway. The Council will be working closely with NHS Kent and Medway to identify our role in INTs and develop joint working arrangements that will benefit people who may draw on care and support, or who are at risk of poorer outcomes.
- 4.4 The guidance and expertise of the Council's Public Health Team has been crucial in building consensus on the priorities identified in the Strategy and the Team will make a significant contribution to future delivery. Public Health's approach to tackling health inequalities is rooted in place and understanding the needs of local communities. Public Health staff have been assigned to support and provide expert advice at a local footprint, working closely with the four Health and Care Partnerships and the District and Borough Councils. Those working in local systems, as close to the communities they serve as possible best understand local health challenges and are best placed to deliver solutions to tackle their key local health issues. District Councils are in the process of identifying their local health and wellbeing priorities and are developing local alliances and networks. There is increasing recognition of the challenges that the local system faces and the need to tackle the wider determinants of health at all levels, from grass roots to place to County-wide. Public health have also been working with the Kent Association of Local Councils (KALC) to explore the opportunities for very local action through parishes to address their own local challenges.
- 4.5 There are many examples of joint work that services across KCC are involved in that will support delivery of the strategy. Appendix C provides some examples including describing some of the extensive work that has been undertaken on redesigning the Neuro-developmental Pathway for Children and Young People. Work is also underway to refresh the Strategic Framework for Children and Young People, a joint vision for service delivery that will take account of the views of children and young people following engagement events during

January 2024 and there is new work in development with the Growth, Environment and Transport Directorate linking up the work and skills agenda and economic growth with the NHS to support the partnership ambition to improve socio-and economic wellbeing.

## **5. Commissioning in Collaboration**

- 5.1 The Strategy sets out the ambition to improve integration or joint working across the System by encouraging further opportunities to commission services together and by supporting the development of the key enablers that will underpin joined up delivery. These include joint workforce planning, the adoption of digital technology, improved data sharing, pooling of financial resources and the alignment of budgets. Development of these enablers will help accelerate the integration of health and social care services across the health and care system and will help build a culture of collaboration and trust between System Partners.
- 5.2 Commissioners from each organisation are currently working together to plan and procure services in a way which best meets the healthcare needs of the local population. This work is delivered through the Adults Joint Commissioning Management Group, the Kent and Medway Children's Programme Board and the Kent and Medway Learning Disability and Autism Delivery Partnership. Moving forward, these Joint Commissioning Groups will continue to look at different ways we can work together to ensure services are well co-ordinated and joined-up around local people. This strategic, coordinated approach and renewed commitment to joint commissioning shows progress has been made since the founding of the Integrated Care System in 2022 and represents a shift in culture towards a more collaborative stance where opportunities for integration are being shared and explored from the beginning of service review and redesign.
- 5.3 This can be evidenced through the ongoing work across the Council. For example there has been a particular focus on redesigning/aligning hospital discharge pathways so that discharge from hospital is seamless and length of hospital stays are reduced. The appointment of a joint post for System programme lead for Learning Disability, Autism and ADHD across Kent and Medway has been instrumental in consolidating a new partnership approach, including development of a new learning disability and autism strategy, and a review of out of hospital care arrangements required by law under the Mental Health Act. The value of this joint approach can be evidenced by the fact that this temporary appointment will be made permanent, and that recruitment of a joint programme lead for mental health is also being considered. Similar growth in Public Health relationships with the NHS has led to a number of strategy developments that will shape and drive our partnership approach to improving early years health and wellbeing and population weight management.
- 5.4 The primary mechanism through which integrated healthcare services are delivered is through joint funding arrangements (known as Section 75 Agreements). One such example is the Better Care Fund, which is a pooled budget between the three Statutory Partners that includes the Disabled Facilities Grant, Additional Discharge Fund and the improved Better Care Fund.

Work is underway to review the use of the Better Care Fund and other Section 75 Agreements across the System to see if the existing arrangements can be strengthened and to streamline the governance processes where possible.

## **6. Monitoring**

- 6.1 The ICP 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 set of strategic indicators using a 'logical framework' methodology. Some of these indicators have been included in the outcomes pages of the strategy to illustrate the impact that successful delivery would bring. The final set of indicators is still being finalised to reflect feedback from relevant officers across the lead organisations.
- 6.2 The ICP will receive annual updates on the indicators. Where the indicators suggest more progress is needed, the Shared Delivery Plan will support the ICP to understand the strategies and activities around a particular issue. The ICP is refreshing its meeting structure to include in-depth themed discussions on different priorities within the strategy, which will reflect on the experiences of people drawing on care and support and people working across the System.

## **7. Financial Implications**

- 7.1 There are no new costs associated with delivery of the Integrated Care Strategy. By working together and joining up our services with key partners, there are opportunities to make the best use of our resources and better meet the needs of the people we serve.

## **8. Legal Implications**

- 8.1 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.
- 8.2 Whilst the duties of the Health and Care Act 2022 are specific in regard to the council's responsibilities as a statutory partner in the ICP, it is important to note that those duties sit alongside a wide range of services and organisational statutory duties and specific accountabilities placed on the council by Parliament which must be considered and be carefully balanced with the expectations of the Health and Care Act 2022. Local authorities operate on a separate statutory governance and financial framework to NHS organisations, particularly in regard to the role of elected members in budget setting and decision-making. It is not anticipated that the engagement in the ICP will lead to any significant changes in the budget setting or decision-making arrangements of the council.

## **9. Equalities Implications**

- 9.1 An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and was presented when the strategy was approved.
- 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.

## **10. Conclusion**

- 10.1 There is no doubt that being part of an integrated health and care system provides new opportunities to work with our strategic partners, particularly the NHS. This is not new for the Council, joint working has been happening for many years, but it has formalised and strengthened those relationships and provided a framework for joint leadership and strategic planning.
- 10.2 The Integrated Care Strategy is the underpinning document that sets out the ambitions that we have as partners. There has been significant progress to understand and agree our priorities to improve the health of our residents since the Integrated Care System came into being in July 2022, culminating in the production of the Strategy and now moving into shared delivery planning.
- 10.3 However, the document itself is not the important thing. KCC has a significant contribution to make to ensure that strategy translates into action. The Council has been clear that there are difficult decisions ahead but will continue to support the delivery of the Strategy as much as it is able to in the context of limited resources, and wider statutory duties and accountabilities. The work described in this paper and in the examples of delivery provide assurance that the Council is embracing those opportunities to find new ways of working, with collaboration at the heart of our ambition to make improvements in health and wellbeing where no one partner can succeed alone.

## **11. Recommendation:**

County Council is asked to NOTE the update on the delivery of the Kent and Medway Integrated Care Strategy.

## **12 Background Documents**

- 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>

- The Kent and Medway People Strategy  
[Kent and Medway People Strategy 2023 - 2028.pdf \(icb.nhs.uk\)](#)
- Details of the Decision 23/00091 taken by Cabinet to approve the Kent and Medway Integrated Care Strategy  
<https://kcc-app610/ieDecisionDetails.aspx?ID=2793>

### **13. Appendices**

- A: Kent and Medway Integrated Care Strategy
- B: Overview of the Health of Kent's Population
- C: Examples of Integrated Delivery
- D: System Architecture and Glossary

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