Kent and Medway
Integrated Care System

INTEGRATED CARE STRATEGY

FOREWORD

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

‘We will work together to make health and wellbeing better than any partner can do alone.’ This is our vision for Kent and Medway Integrated Care System, which brings together all our system partners to make a significant difference, improving local services and supporting healthier living.

We know the wider determinants of health, for example education, housing, environment, transport, employment and community safety, have the greatest impact on our health. Variation in people’s experiences of health, care and these wider determinants result in health inequalities, which are preventable, unfair and unjust differences.

Our interim integrated care strategy was published last year and set out a shared purpose and common aspiration of partners to tackle the full range of health determinants, working in increasingly joined up ways to improve health and address inequalities. Since then, we have asked people, organisations and local partnerships to engage with us in shaping this final version. It has been refined through reflecting local priorities and work planned across Kent and Medway organisations to agree key system priorities. This strategy, which is also the Joint Local Health and Wellbeing Strategy for Kent, sets our vision for our system and all partners will tailor its delivery to meet local need, making a difference to the lives of the people of Kent and Medway.

Against a backdrop of increasing demand and challenging financial times, we must change how we approach improving health and wellbeing and, as leaders in Kent and Medway Integrated Care System, we remain committed to our pledge.

OUR PLEDGE

Recognising citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can.

Through this collaborative movement, we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes and make sure services for citizens are excellent quality and good value for money.

Together, we can.

Cedi Frederick,
NHS Kent and Medway

Cllr Vince Maple,
Medway Council

Cllr Roger Gough,
Kent County Council

NHS
Kent and Medway

Medway Council
Serving You

Kent County Council

INTRODUCTION AND CONTEXT

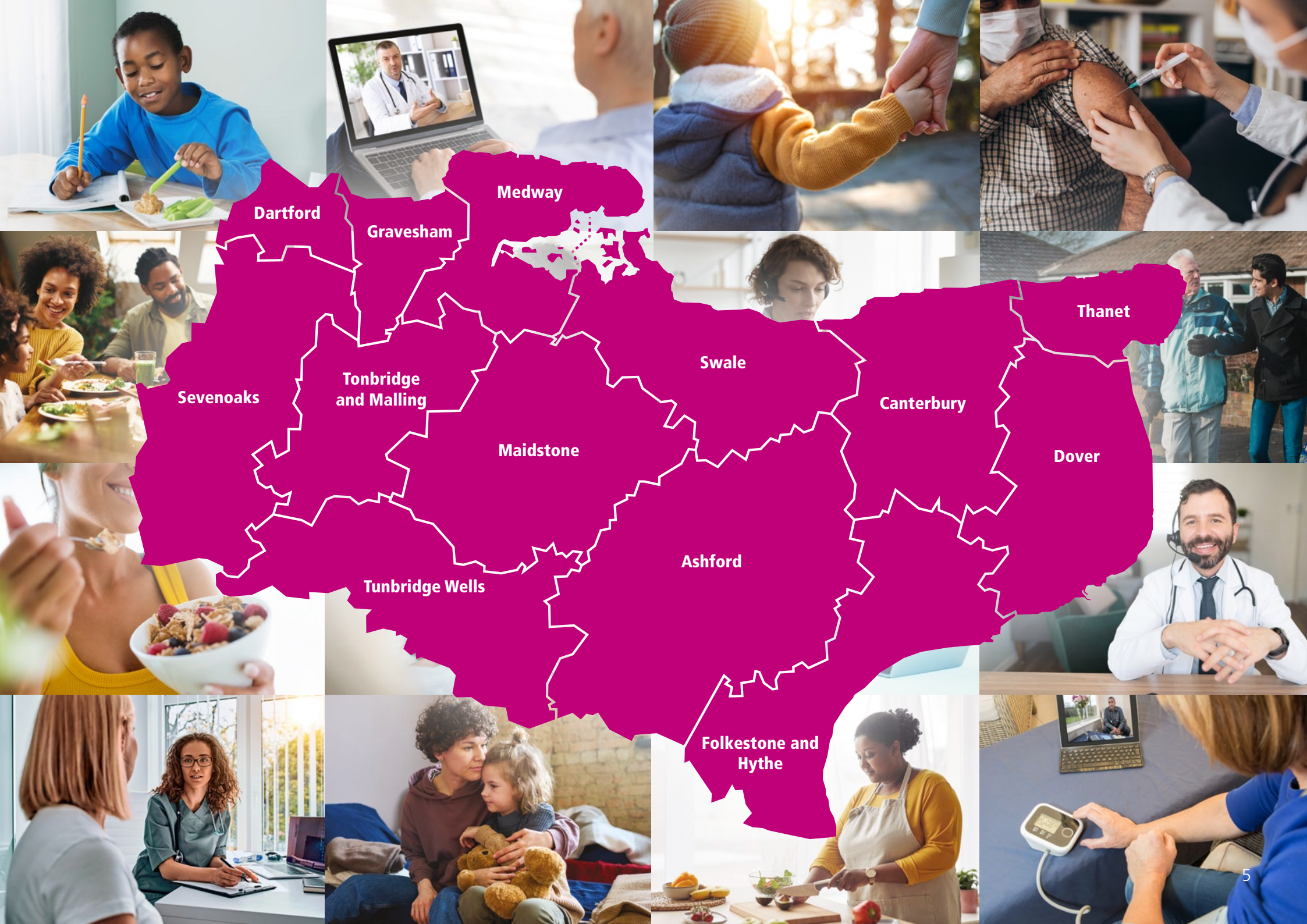
Kent and Medway is an attractive place for so many who choose to make their lives here. With close proximity to London and mainland Europe, and a plethora of green spaces, known as the garden of England, it is home to some of the most affluent areas of England. Nevertheless, it is also home to some of the most (bottom 10 per cent) socially deprived areas in England. This correlates with the health outcomes achieved.
With the current cost of living crisis, these disparities will persist or worsen without our concerted, collective effort.

Kent and Medway Integrated Care Partnership was formed in 2022 with a strong history of partnership working. As a result, we have started to see where this approach is making a difference. In the past year, we have spoken to people, organisations and partnerships to produce this integrated care strategy. It is underpinned by our joint strategic needs assessments, individual subject-specific strategies and Medway's Joint Local Health and Wellbeing Strategy. It also constitutes Kent's Joint Local Health and Wellbeing Strategy.

England's chief medical officer's annual report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Coastal communities – of which there are many in Kent and Medway – often have multiple overlapping, but addressable, health problems.

Here are some of the specific challenges facing Kent and Medway.

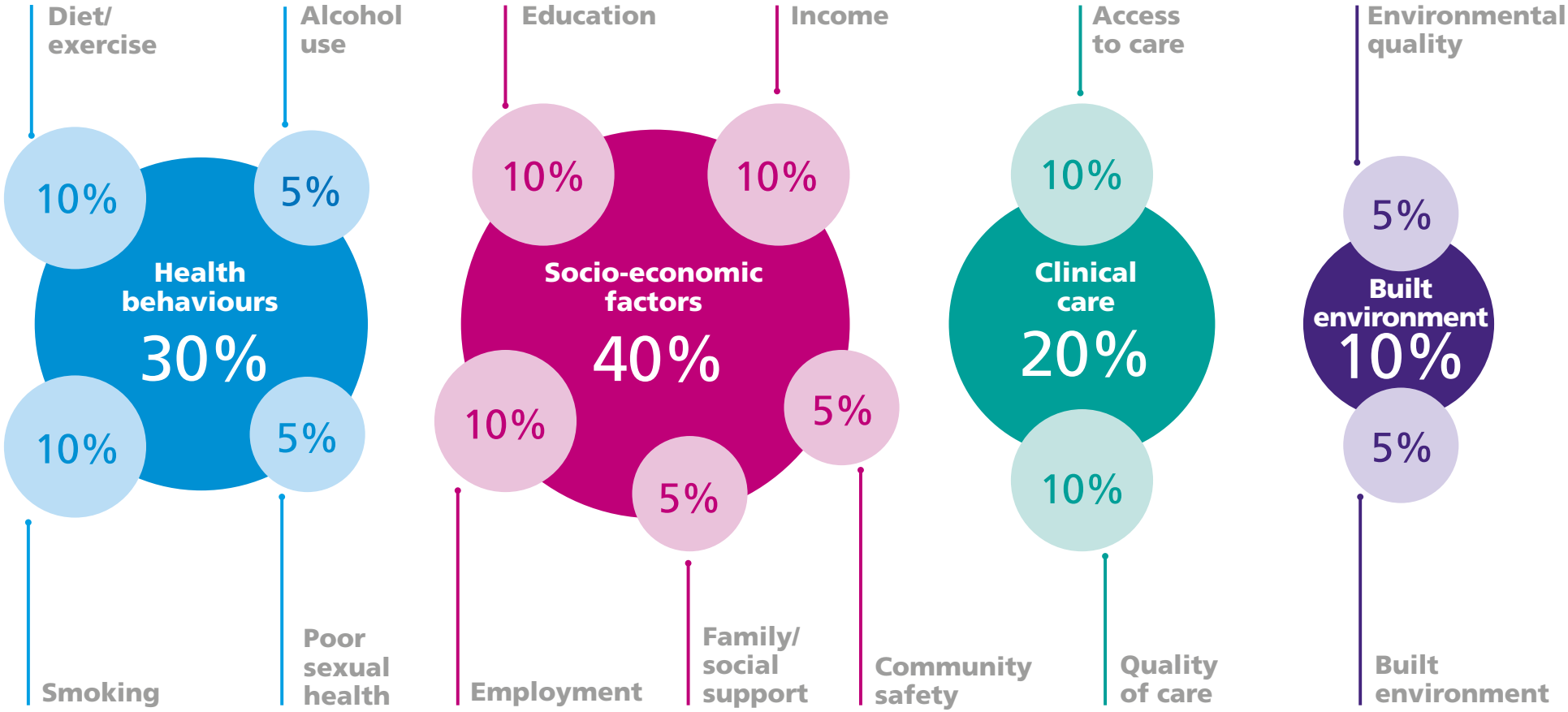
- **Our population is growing faster than the national average – more than 20 per cent growth is predicted between 2011 and 2031.**
- **Life expectancy is no longer increasing. In Medway, Swale and Thanet, it is below the average for England.**
- **In all areas (apart from Thanet), the gap in life expectancy is wider for men than for women.**
- **More than two thirds of adults are overweight or obese.**
- **Physical activity levels for children and young people are not increasing.**
- **Incidents of domestic abuse are increasing.**
- **More people are experiencing depression or severe mental illness.**
- **Kent and Medway lags behind the national average on some indicators of economic success, including productivity and skill levels.**
- **Post-Covid, fewer children are school-ready and there has been a drop in expected levels in phonics screening for Year 1.**
- **Around 170,000 adults (aged 16+) across Kent and Medway are unpaid carers.**
- **Smoking prevalence in Swale is 21 per cent, compared with only 12 per cent in areas of west Kent.**


Dartford
Gravesham
Medway
Sevenoaks
Tonbridge and Malling
Maidstone
Swale
Canterbury
Thanet
Dover
Ashford
Tunbridge Wells
Folkestone and Hythe

WHY WE NEED AN INTEGRATED CARE STRATEGY NOW

- ✔ Key measures of health and wellbeing are getting worse, or not improving as fast as the national average. We must take a **different approach and all tackle the wider determinants of health** (see figure of Robert Wood Johnson model on page 7).
- ✔ We must seize the **enormous opportunity** that working as an integrated system presents to bring real improvements to the health and wellbeing of our population and put our services on a sustainable footing, within the context of the resource and demand pressures and constraints we all face.
- ✔ This strategy uses a consensus to agree and focus on the **priorities we must deliver together as a system**, so all partners can target our limited resources and assets where we can make the biggest improvements and deliver value for money together.
- ✔ This strategy should not provide the 'how'. We recognise that **local partners** are best placed to **understand local needs** and the actions required to tackle them. The strategy will be supported by delivery plans which are organisation or subject matter specific.
- ✔ The strategy will enable a balance between universal preventative services and bespoke additional support for those with greatest needs, also known as **proportionate universalism**.
- ✔ A logical framework (logframe) matrix is being used to develop system indicators so partners can **track progress towards** each outcome. Examples of these indictors are included for each outcome.

There are a wide range of things that determine someone's health and wellbeing, with clinical care only accounting for 20 per cent of the impact. We call the factors that affect health, the wider determinants of health.



Based on: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014
www.countyhealthrankings.org/sites/default/files/media/document/CHRR_2014_Key_Findings.paf

DELIVERING TOGETHER AS AN INTEGRATED CARE SYSTEM

Kent and Medway Integrated Care System is made up of many organisations, which play a role in supporting the health, care and wellbeing of people in our area.

To improve health and wellbeing, we must tackle the wider determinants of health and address increasing health inequalities. We can only do this if we all play our role and work together to maximise our collective impact. We can all contribute using the assets and opportunities we already have to promote health and wellbeing and prevent ill-health. This includes acting as anchor institutions to support the social and economic development of our local communities, enabling individuals to achieve their potential, promoting health and wellbeing in every contact so people are able to make healthy choices and through initiatives, such as the daily mile to build physical activity into the school day.

We also know that local communities, supported by the vital role of the local voluntary and community sector, are best placed to know their needs and to play a full role in improving health and wellbeing by involving and empowering them.

1.9 million people

Two health watch organisations

Approx **4,000** registered charities

90,000 staff working across health and care

13 housing authorities

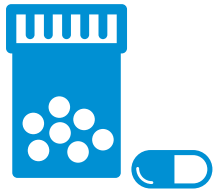
More than **74,000** businesses and enterprises

14 councils – one county, one unitary, 12 districts

182 GP practices in **42** primary care networks

684 schools and **1,713** nurseries/early yars settings

Four health and care partnerships



325 pharmacies

one medical school and **three** universities

Seven NHS provider trusts and **one** integrated care board

642 care homes

321 parish and town councils

One police force and one fire and rescue service

HOW WE LISTENED TO DEVELOP THE STRATEGY

WHAT WE HEARD

The strategy needs to set a vision and enable local delivery.

Local partners, people and communities are best placed to lead development, delivery and evaluation.

Need to recognise the financial challenges and difficulties of partnership working.

Focus on the wider determinants of health and health inequalities strongly supported.

Communication between services needs to improve.

Digital services are good but not accessible for everyone, there should be alternatives.

Access to GPs, social care and mental health services needs to improve.

More support for carers.

OVERVIEW OF THE INTEGRATED CARE SYSTEM

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

Together, we will...

Give children and young people the best start in life

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

Tackle the wider determinants to prevent ill health

- Address the social, economic and environmental determinants that enable people to choose to live mentally and physically healthy lives.
- Address inequalities.

Support happy and healthy living for all

- Support people to adopt positive mental and physical health.
- 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.

Empower patients and carers

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

Improve health and care services

- Improve equity of access to services.
- Communicate better between our partners when changing care settings.
- Tackle mental health issues with the same priority as physical illness.
- Provide high-quality care to all.

Support and grow our workforce

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

What we need to achieve

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

Shared outcome one

GIVE CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE

We will make sure the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future.

What we heard

- Improve support for those with special educational needs and disabilities (SEND) and their families.
- Support families with all aspects of the wider determinants of health, including mental wellbeing, finance and childcare.
- Safeguarding, particularly the most at risk children.
- Accessible evidence-based parenting support.
- Make sure of local access to support families.

Everyone plays a role in keeping children safe. Across the system, we bring together our collective information, skills and resources to strengthen our early help and safeguarding arrangements and work together to identify and tackle safeguarding priorities in our communities.

Shared outcome one

Priorities to deliver this outcome:
Together, we will…

Support families and communities so children thrive

We will take a whole-family approach, co-producing with children, young people and families, and looking at all elements families need so their children can thrive, with support in safe, strong communities that addresses poverty, housing, education, health and social care. We will use our family hub model, bringing together universal children's services to include midwifery, health visiting, mental health, infant feeding, early help and safeguarding support for children and their families, including children with special educational needs and disabilities (SEND). We will transform how we help families access the right support, in the right place at the right time, and make sure the support they receive is joined up across organisations. We will improve the transition to adult services.

Strive for children and young people to be physically and emotionally healthy

We will set high aspirations for the health of children and young people and make this everyone's responsibility. This will include a preventative approach to keep children physically healthy, promoting healthy eating, high levels of physical activity and improving air quality. We will address health inequalities, including smoking in pregnancy, breastfeeding, immunisation and childhood obesity. Children who are more likely to experience poorer outcomes, including children in care and care leavers, refugees and those who have offended, will receive more support. We will work together to help individuals, families, communities and schools build emotional resilience, tackle bullying and loneliness and provide opportunities for children, young people and families to form supportive networks and take part in social and leisure opportunities. Children and young people at most risk of significant and enduring mental health needs will receive timely and effective interventions. We will protect young people from criminal harm and exploitation, tackle the challenges caused by domestic abuse and support victims.

Help pre-school and school-age children and young people achieve their potential

We will support families so children are ready for school through co-produced, evidence-based support, including parenting support and high-quality early years and childcare. With families, we will tackle low school attendance, provide equal access to educational opportunities and make sure young people are skilled and ready for adult life. We are committed to working with families on our collective responsibility to support children with SEND. We will strengthen the capability of mainstream early years and education settings and universal services to make sure children with SEND are included, their needs are met and they can thrive. Where specialist help is needed, this will be identified early and seamlessly co-ordinated.

Indicators for this outcome include:

- By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2 per cent to no more than six per cent.
- By 2028, the percentage of children in Year 6 who are a healthy weight will be maintained at the current level of 63 per cent and severe obesity will have reduced from five per cent.
- By 2028, pupil absence rates will have fallen from 7.9 per cent to below five per cent.
- By 2028, pupils achieving a good level of development at the end of the early years foundation stage will have improved from 65.8 per cent to at least 70 per cent.
- By 2028/29, the average attainment eight scores for both SEND and non-SEND pupils will have increased, and the gap between the two groups will be five points lower than the national average.

Shared outcome two

TACKLE THE WIDER DETERMINANTS TO PREVENT ILL HEALTH

Address the wider determinants of health (social, economic and environmental), to improve the physical and mental health of all residents, tackle inequalities, and focus on those who are most vulnerable.

What we heard

- Target prevention activities for each community group, making the most of VCSE expertise and community assets.
- Longer duration for prevention programmes.
- Support for cost of living – housing, transport, food.
- Extend use of social prescribing.
- Improve transport access to services, jobs and social opportunities.

Shared outcome two

Priorities to deliver this outcome:
Together, we will…

Address the economic determinants that enable healthy lives including stable employment

We will attract and support new businesses and encourage all large employers to develop as anchor organisations within their communities, including all public sector organisations, procuring and employing locally in a way that optimises social value. We will support people and small businesses with the cost of living crisis. We will help individuals fulfil their potential by achieving secure employment through education and skills development and by supporting businesses.

Address the social determinants that enable healthy lives, including community networks and safety

We will build communities where everyone belongs. We will work with communities, building on their assets to empower people to address key health and social issues, including loneliness, community safety and the economic burdens from misuse of drugs and alcohol. We will further develop social prescribing and local voluntary and community capacity to meet these challenges. The importance of active travel, access to services, work and leisure and best use of local libraries, community hubs, music, arts and heritage opportunities are recognised. In partnership, we will promote community safety, tackling crime and preventing and reducing serious violence, anti-social behaviour and discrimination that can make people feel unsafe or unwelcome.

Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment

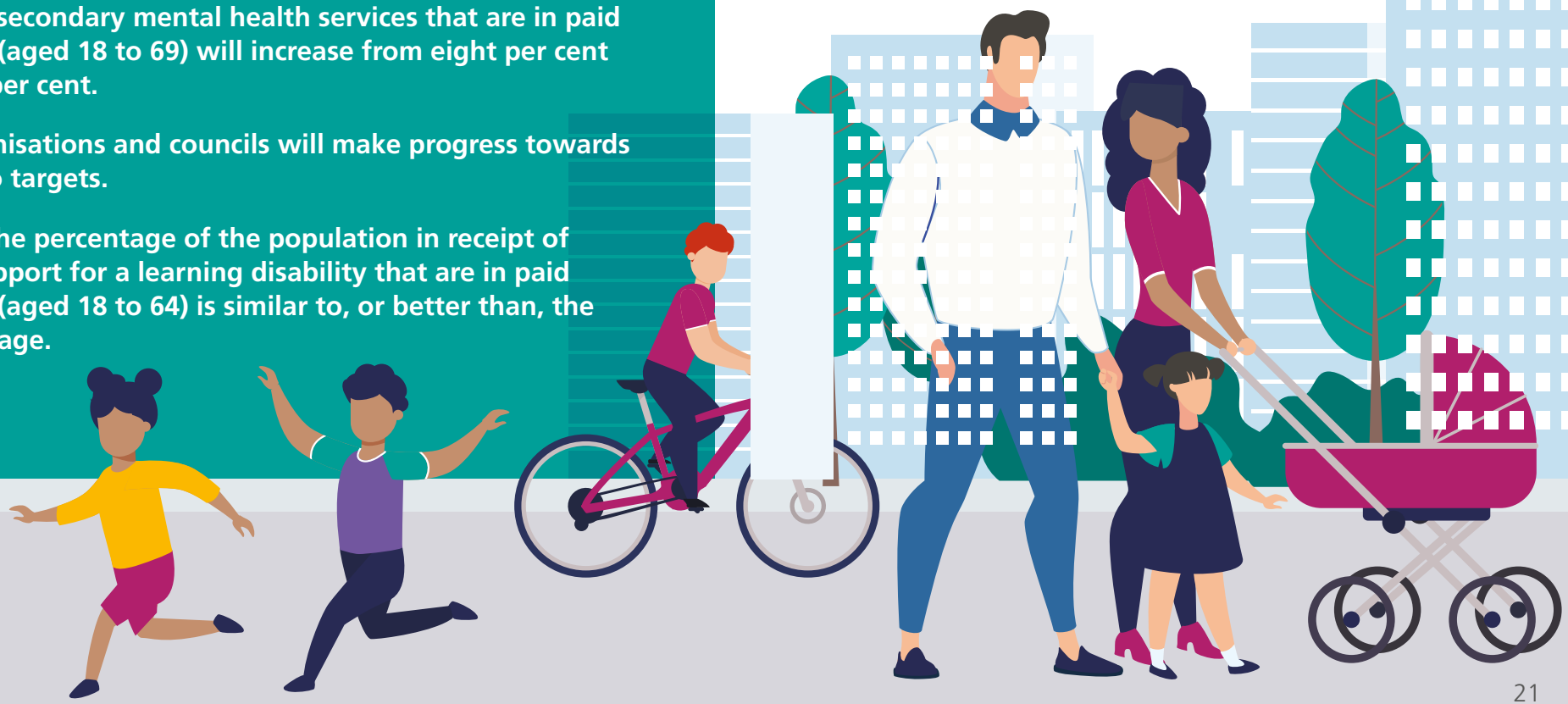
We will plan, develop and regenerate in a way that improves quality of life for new and existing communities – across built and natural infrastructures, including housing, transport and the local environment. We will incorporate the impact of climate change in all planning. We will explore how we can help people adopt sustainable ways of living and working and make best use of all our resources. We will work to provide accessible homes for life and services for all, through planning and with housing providers. We will plan to improve safety, air quality and promote physical activity.

Address inequalities

We will make sure people who need them will have access to benefits, housing, services and support through identification, signposting and a directory of local support, as well as opportunities to access work through skills development and local transport. We will focus on prevention and help people, including those with mental health issues, learning disabilities and neurodiversity, to enter, re-enter and be retained in the workplace, to have secure homes, benefits and social networks and opportunities, maximising their independence.

Indicators for this outcome include:

- By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3 per cent to no more than five per cent across Kent and Medway.
- By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will increase from eight per cent to above 10 per cent.
- All NHS organisations and councils will make progress towards their net-zero targets.
- By 2028/29, the percentage of the population in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) is similar to, or better than, the national average.



Shared outcome three

SUPPORTING HAPPY AND HEALTHY LIVING

Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.

What we heard

- Improve the transition between services – communication, user experience, timeliness.
- Engage with communities to tailor communications and support for each community.
- Joined up services to support people who are at risk, including survivors of domestic abuse and people who are homeless.
- Support veterans.
- Focus on adult safeguarding.

Shared outcome three

Priorities to deliver this outcome: Together, we will…

Support people to adopt positive mental and physical health behaviours

We will deliver evidenced-based support to individuals at an appropriate scale to enable them to choose healthy weight, healthy diet choices, physical activity, good sexual health and minimise alcohol and substance misuse and tobacco use to prevent ill health. We will work with communities to develop community-led approaches and local active and sustainable travel to support this. We will increase use of 'making every contact count' and social prescribing to signpost and offer bespoke support where needed to help tackle inequalities using a proportionate universal approach. Additionally, by addressing socio-economic determinants and aiding mental wellbeing, we will help people adopt healthy lifestyles. We will improve health through a system-wide approach to crime reduction with victim and offender support; tackling drugs, domestic abuse, exploitation and harm and violence against women and girls.

Deliver personalised care and support centred on individuals, providing them with choice and control

We will use data to identify those most at risk and make sure all care is focussed on the individual with seamless transition between services, good communication, timely care and understanding of user needs and experience so they remain in control of their health and wellbeing.

People living with dementia will be supported to live as well and as independently as possible with high quality, compassionate care from diagnosis through to end of life. We will improve the support we offer for women's health issues, such as menopause. We will develop joined up holistic support for at risk groups, including survivors of domestic abuse, people who are homeless, who misuse substances, who have mental health issues, who are veterans or who have offended.

Support people to live and age well, be resilient and independent

We will promote people's wellbeing to prevent, reduce or delay the need for care, focussing on the strengths of people, their families, their carers and their communities, enabling people to live independently and safely within their local community, including by using technology. We will make sure accessible joined up multi-agency working between services across health, social care, housing, criminal justice, the voluntary sector and others. With clear pathways and continuing support for those with complex needs and overcoming barriers to data sharing. We will make sure people receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing. Further, we will as a system, work to make sure people, especially those who are most at risk are safe in their homes and communities.

Indicators for this outcome include:

- By 2028, the percentage of adults in Kent and Medway who are physically inactive will have fallen from 22.3 per cent to 20 per cent.
- By 2028, the percentage of adults in Kent and Medway who are overweight or obese will have fallen from 64.1 per cent to 62 per cent.
- By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 to 395 per 100,000.
- By 2028, the rate of emergency admissions for those who are frail will be similar to 2024, despite significant population growth.
- By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will be below the rate for 2024.
- By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.

Shared outcome four

EMPOWER PEOPLE TO BEST MANAGE THEIR HEALTH CONDITIONS

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

What we heard

- Increase involvement of patients and carers in care plans.
- Improve access to and consistency of primary care, including general practice, dentistry and pharmacy provision.
- Increase offer of support and provide flexibility for carers.

> **"We are not always superhuman. Someone to support us to support our child."**

Shared outcome four

Priorities to deliver this outcome: Together, we will…

Empower those with multiple or long-term conditions through multi-disciplinary teams

We will support individuals to holistically understand and manage their conditions, such as cancer, cardiovascular disease, diabetes, dementia, respiratory disease and frailty by using complex care teams and multi-disciplinary teams. This will help reduce or delay escalation of their needs. We will use a model of shared information and decision-making to empower individuals to only tell their story once and make informed choices about how, when and where they receive care, which will support individuals to achieve their goals. We will use developing technologies, including telecare and telehealth, direct payments, personal health budgets, care packages and social prescribing, where appropriate, to support people to achieve their goals and live the life they want in a place called home.

Provide high-quality primary care

We will work towards a system focused on prevention, health protection and early intervention to reduce the need for hospitalisation through making sure people can readily access the services they need to manage their health. We will make sure all pharmacies are supporting people with healthcare, self-care, signposting and healthy living advice. We will improve and increase access to dentist and eye health services. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway. This means improving timely access to a healthcare professional with the skills and expertise to provide the right support and guidance; this could be a physiotherapist, doctor, nurse, podiatrist or other primary care health and care professional. We will work across the system to support the provision of primary care, responding to the needs of new, and growing, communities and making the most of community assets.

Support carers

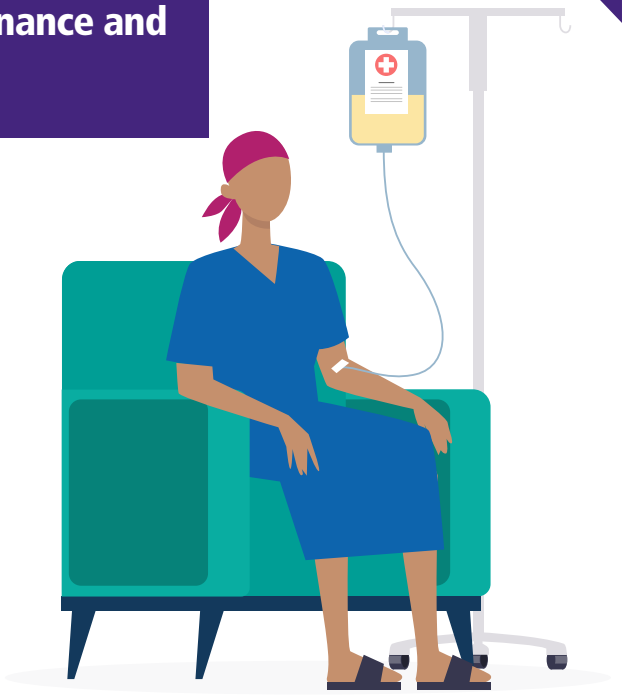
We will value the important role of informal carers, involve them in all decisions, care planning and provide support for their needs. We will make a difference every day by supporting and empowering carers with ready access to support and advice. We recognise the potential impact of their responsibilities on young carers and commit to reducing these challenges.

Indicators for this outcome

- By 2028, the number of people describing their overall experience of making a GP appointment as 'good' will have increased from 49 per cent to at least 71 per cent.
- There will be an increasing number of patients with high or very high needs being supported through integrated teams by 2028.
- By 2027, we will have implemented our organisational carers' strategies.
- By 2028, the proportion of carers who report that they are very satisfied with social services will have improved from 32.3 per cent to at least 45 per cent.

I know what my rights are as a carer and can get timely information. I can access carer training, education and advice on all the possible options for my health and wellbeing, support needs and finance and housing.

I can access the healthcare I need and know what options are available to me.



Shared outcome five

IMPROVE HEALTH AND CARE SERVICES

Improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care that improves quality, safety and sustainability.

What we heard

- Broaden to incorporate all aspects of healthcare not just hospital services.
- Timely access to all parts of healthcare, particularly primary care services.
- Improve communication and transition between all parts of health and care services.
- Increase the services offered in the community and by social care.

Shared outcome five

Priorities to deliver this outcome:
Together, we will…

Improve equity of access to health and care services

We will seek to improve the accessibility of all our services. We will make sure the right care in the right place, providing care closer to home and services from a broader range of locations by making better use of our collective buildings and community assets. By taking services to individuals and continuing to offer digital help and advice, we hope to mitigate some of the social and economic reasons individuals do not seek, or attend, health and care services. These can include travel costs or time off work or out of education.

Communicate better between our partners especially when individuals are transferring between health and care settings

We will improve flow through the system by using end-to-end care and support planning and making sure discharges are safe by better supporting individuals leaving acute care settings when transferring to another location, make sure all partners, including individuals, carers and families, are aware of the care plan and by working as a team to minimise delays. We aim to make sure people are discharged to their home as a priority and linked to timely appropriate reablement, recovery and rehab services. Our ambition is system partners jointly plan, commission and deliver discharge services that maintain flow and are affordable pooling resources, where appropriate and responding to seasonal pressures.

Tackle mental health issues with the same energy and priority as physical illness

We will support people of all ages with their emotional and mental wellbeing. We will improve how we support those with mental health conditions with their overall health and wellbeing, providing the integrated support they need from the right partner, such as housing, financial, education, employment, clinical care and police, when they need it and in a way that is right for them. We will work with VCSE partners to creatively support those at risk of suicide.

Provide high-quality care

We will continually seek to provide high-quality care by working in a more integrated way; expanding the skills and training of our staff; reducing the time waiting to be seen and treated and supported; streamlining our ways of working; improving the outcomes achieved; safeguarding advocacy and enriching the overall experience of individuals, their carers and their families.

Indicators for this outcome include:

- By 2028, waits for diagnostics will meet national ambitions.
- By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85 per cent and in Medway to be in line with the national average.
- By 2025, we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.
- Inappropriate out-of-area mental health placements will be at or close to zero.

Shared outcome six

SUPPORT AND GROW OUR WORKFORCE

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

What we heard

- Improve volunteering opportunities for staff.
- Benefits for staff:
  - financial support.
  - offers with local businesses.
  - health and wellbeing support for example leisure facility membership offers.
- Strengthen links and opportunities with education – schools, colleges and universities.

Shared outcome six

Priorities to deliver this outcome:
Together, we will…

Grow our skills and workforce

We will work as a system to plan and put in place a workforce with the right skills, values and behaviours to keep our services sustainable. We will attract people to live, study and work in Kent and Medway, promoting all our area has to offer. We will work with education and training providers to develop and promote exciting and diverse career and training opportunities, provide talented and capable leadership and offer flexible and interesting careers to reduce long-term unemployment and support people to return in work.

Build ‘one’ workforce

We will implement a long-term workforce plan, which supports integration across health and care services, enabled by digital technology, flexible working and cross sector workforce mobility. We will work in true partnership with our vital and valued volunteer workforce by seeking its input to shape, improve and deliver services.

Look after our people

We will be a great place to work and learn, with a positive shared culture where people feel things work well and they can make a real difference. We will make sure staff feel valued, supported and listened to. We will support our workforce, including helping them, as their employer, to proactively manage their health and wellbeing.

Champion inclusive teams

We will foster an open, fair, positive, inclusive and supportive workplace culture that promotes respect. We will grow and celebrate diversity to be more representative of our communities, empower and develop colleagues from underrepresented groups.

Indicators for this outcome

Shared workforce indicators will be developed by partners working across the system and are likely to include measures around:

- vacancies
- staff wellbeing
- sickness absence
- VCSE workforce
- supporting employment in under-represented groups.

I feel valued by my team and believe my employer cares about my health and wellbeing.

I hadn't realised how many opportunities there were in health and social care, and I've been able to complete further qualifications since joining.

ENABLERS AND APPROACH TO DELIVERING THE STRATEGY

Enablers

We will drive research, innovation and improvement across the system

We will empower our workforce to use research evidence and develop and test innovative approaches to its work, both to improve services and to develop new knowledge. We will establish better ways to collaborate between all partner organisations and with academia for service improvement, research and innovation. This will include safely sharing data and embracing digital innovation.

We will provide system leadership and make the most of our collective resources

We will embed sustainability in everything we do through our green plan by making sure our strategies and decision-making support social, economic and environmental prosperity now and for future generations. We will make the most of our collective resource, including our estate and play our role as anchor institutions. The principle of subsidiarity will make sure our places and neighbourhoods lead the development and implementation of delivery plans for this strategy.

We will engage our communities on our strategy and in co-designing services

In developing this strategy, we sought to engage with our residents and as partners and we will continue to do this as we implement plans to meet these aims and improve health and wellbeing.

Delivering the strategy

The priorities set out have been agreed by the partners in Kent and Medway's Integrated Care System. We recognise each place and neighbourhood is different and delivery of the priorities will need to respond to specific needs and circumstances.

Local partners, including districts have developed local alliances and networks that will deliver actions to tackle their key local health issues and which increasingly both recognise the challenges the local system faces and the need to tackle the wider determinants of health. Medway's Joint Local Health and Wellbeing Strategy outlines a similar approach for Medway.

This integrated care strategy will help align system objectives and actions to support these endeavours.

Monitoring delivery of the strategy

Each health and care partnership and the organisations that comprise these will monitor their progress in supporting delivery of the strategy. NHS Kent and Medway, Kent County Council and Medway Council will each monitor delivery of their actions to deliver this strategy.

The integrated care partnership will receive quantitative updates on progress in achieving the outcomes through the logframe matrix. Themed meetings will also provide qualitative information on progress.

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