

**HEALTH REFORM AND PUBLIC HEALTH CABINET  
COMMITTEE**

**Tuesday, 17th January, 2023**

**2.00 pm**

**Council Chamber, Sessions House, County Hall,  
Maidstone**





## AGENDA

### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

**Tuesday, 17 January 2023 at 2.00 pm**  
**Council Chamber, Sessions House, County Hall,**  
**Maidstone**

Ask for: **Katy Reynolds**  
Telephone: **03000 42252**

#### **Membership (16)**

Conservative (12): Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman),  
Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms S Hamilton,  
Mr D Jeffrey, Mr J Meade, Mr D Ross, Mr S Webb, Ms L Wright and  
Mrs L Parfitt-Reid

Labour (2): Ms K Constantine and Mr B H Lewis

Liberal Democrat (1): Mr D S Daley

Green and Independent (1): Peter Harman

#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

- 1 Introduction/Webcast announcement
- 2 Apologies and Substitutes  
To receive apologies for absence and notification of any substitutes present
- 3 Declarations of Interest by Members in items on the agenda  
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared
- 4 Minutes of the meeting held on 23 November 2022 (Pages 1 - 4)  
To consider and approve the minutes as a correct record.
- 5 Verbal updates by Cabinet Member and Deputy Director
- 6 Draft Ten Year Capital Programme, Revenue Budget 2023-24 and Medium Term Financial Plan 2023-26 (Pages 5 - 6)

- 7 Update on Public Health Communications and Campaigns (Pages 7 - 14)
- 8 Public Health Performance Dashboard – Quarter 2 2022/23 (Pages 15 - 22)
- 9 Kent and Medway Interim Integrated Care Strategy (Pages 23 - 96)
- 10 Update Report on Gambling Addiction Interventions in Kent (Pages 97 - 102)
- 11 Work Programme (Pages 103 - 106)

### **EXEMPT ITEMS**

*(At the time of preparing the agenda, there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

Benjamin Watts  
General Counsel  
03000 416814

**Monday, 9 January 2023**

## KENT COUNTY COUNCIL

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### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held Online on Wednesday, 23 November 2022.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms K Constantine, Ms S Hamilton, Mr D Jeffrey, Mr B H Lewis, Mr J Meade, Mr S Webb, Ms L Wright, Mrs T Dean, MBE (Substitute) and Mr H Rayner (Substitute)

ALSO PRESENT: Mrs C Bell and Mrs S Chandler

IN ATTENDANCE: Mr S Collins (Director of Integrated Children's Services (West Kent and Early Help and Preventative Services Lead)), Dr A Ghosh (Director of Public Health), Miss K Reynolds (Democratic Services Officer) and Mr D Westhoff (Democratic Services Officer)

### UNRESTRICTED ITEMS

**224. Apologies and Substitutes**  
(Item 2)

Apologies for absence had been received from Mrs L Parfitt-Reed, Mr D S Daley, Mr P Harman and Mr D Ross. Mr H Rayner was present as a substitute for Mrs L Parfitt-Reed and Mrs T Dean was present as a substitute for Mr D S Daley.

**225. Declarations of Interest by Members in items on the agenda**  
(Item 3)

There were no declarations of interest.

**226. Minutes of the meeting held on 20 September 2022**  
(Item 4)

RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 20 September 2022 were correctly recorded and that they be signed by the Chair.

**227. Verbal updates by Cabinet Member and Director**  
(Item 5)

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:

- a) There had been a considerable focus on the Council budget for 2023-24. Efforts were ongoing to find savings and efficiencies across Adult Social Care and Public Health while ensuring that all required services were still provided for vulnerable residents.
  - b) Health leaders in Kent had been supporting the national campaign to ensure that those at risk from Covid-19 and flu got their free NHS vaccinations this winter. A new campaign 'Protect your Lungs' had been launched in South-East England to encourage people with breathing and lung issues to be safe during the winter. The Council's annual campaign 'Keep Warm and Well' informed people how they could look after vulnerable people in their communities.
  - c) World Mental Health Day was held on the 10 October, with the theme to make mental health and wellbeing for all a global priority. In Kent 'Release the Pressure' and 'Live Well Kent and Medway' were part of a network of health and wellbeing support services provided by charities to residents that supported the improvement of their mental and physical health. There had been an increase in people who had sought support which had been attributed to the impact of the cost-of-living crisis. Further details about these services are available at: <https://www.kent.gov.uk/social-care-and-health/health/mental-health>.
  - d) On 11 October Mrs Bell hosted a webinar on digital inclusion, in partnership with Cantium and Cognitive Publishing.
  - e) In response to questions from Members it was said that Public Health did not lead on warm banks but were aware of actions being taken in local communities. Colleagues within the Council would be contacted to confirm whether there were any areas where the Council could help coordinate actions or make more accessible the locations of warm banks county-wide.
2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:
- a) There had been a reduction in the number of Covid-19 cases since the start of November, seen in data from hospitals, the Office of National Statistics Infection Survey and ZOE Health Data. The use of mechanical ventilation beds and weekly deaths had also declined. The effective vaccine programme was accredited with this positive data, with 81% of residents 80 and above and 62% of those over 50 had received their Autumn booster vaccination.
  - b) All local acute NHS Trusts were in Operational Pressures Escalation Level (OPAL) 4, the maximum level of alert, which highlighted the pressure in the system before entering the coldest part of winter.
  - c) On the Manston processing centre, it was noted that Public Health had been working closely with the Home Office and the UK Health Security Agency. An inspection by the Public Health team of the Manston processing centre was to take place on 29 November 2022 which would focus on infection, prevention and control. This would be the third visit. Many residents at the processing centre had been moved out and the site was now operating well below the capacity of 1600.
  - d) The Interim Integrated Care Strategy would be published in December. It was said that this version would be updated over time with further details. Public Health was working with Districts and Health and Care Partnerships to develop action plans informed by the priorities of the Integrated Care Strategy. Dr Ghosh then informed the Committee of the six shared outcomes from the Integrated Care Strategy.
  - e) In response to questions from Members it was said:

- i. That KCC does not have a direct role in the rollout of the immunisation project. Dr Ghosh said that he would raise the concerns regarding long waiting times in the Folkestone area with the relevant people. There had been attempts to integrate both Covid-19 and Flu jabs within the same centres but were found often not be practically feasible.
- ii. There appeared to be some evidence of vaccine fatigue, especially amongst certain groups. A roaming vaccination bus had been sent to improve take-up in targeted areas. It was noted that despite concern of a low vaccine uptake amongst health and social care staff, an improvement had been seen in more recent data.
- iii. It was said that the Manston processing centre was the responsibility of the Home Office. There were no links with local GPs, but medical practitioners were onsite provided by two organisations Medevent and Aeromed, supported by local acute trusts. Dr Ghosh said that he was confident that professional and suitable care was being provided at the site.

3. RESOLVED to note the verbal updates.

**228. Decisions taken outside of the Cabinet Committee Meeting Cycle –  
22/00094 Family Hub Transformation  
(Item 6)**

1. Mr Stuart Collins, Director Integrated Children Services (Early Help Lead), gave an overview of the report and explained that key decision 22/00094 had been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution. He noted that Kent County Council had been successful in its application for the Family Hubs Transformations, however, more detailed work was required to progress the development of formal proposals with partners and stakeholders. It was said that there would be efforts to develop full joint working between Public Health and Midwifery services.
2. In response to questions from Members it was said that:
  - i) The Family Hubs programme would be hosted in physical spaces such as Children’s Centres, and youth and community settings. In addition, and to ensure that the programme was accessible and far-reaching, there would be a virtual and a digital offer as well.
  - ii) It was confirmed that KCC was eligible to receive a national grant of up to £10m over the next 3 years, dependent on the specific proposals developed. The Cabinet Member for Integrated Children’s Services said that she would take advantage of any additional funding that becomes available.
  - iii) It was confirmed that the programme would be delivered through a multiagency partnership and that there would be a focus on preventative services, with more details on specific projects forthcoming.

RESOLVED to note that the following decision had been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution: 22/00094 – Family Hub Model in Kent.

**229. Public Health Annual Quality Report for 2021/22**  
(Item 7)

1. Dr Ghosh introduced the report which described the characteristics that needed to be in place for high quality public health services, the systems that were in place in Kent, noted the learning from incidents and complaints and subsequent developments of services. The key finding of the report was that there were systems and processes in place to promote safe effective services that provide a positive user experience.
2. In response to questions from Members, it was said:
  - i) That attempts to maximise the use of social prescribing will continue.
  - ii) Dr Ghosh said he understood concerns raised over the name of Wellbeing Health Improvement Partnership (WHIP) and would enquire as to the possibility of a name change. However, the name was long-standing.

RESOLVED to consider and comment on the content of the report.

**230. Work Programme**  
(Item 8)

RESOLVED to note the work programme.



From: Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate & Traded Services

To: Health Reform and Public Health Cabinet Committee – 17 January 2023

Subject: Draft Ten Year Capital Programme, Revenue Budget 2023-24 and medium term financial plan 2023-26

Classification: Unrestricted

**Summary:**

The administration's budget report published on 3<sup>rd</sup> January 2023 sets out the background to and draft budget proposals for the capital programme, revenue budget for the forthcoming year and medium-term financial plan. The report is a standard report for the whole council focussing on the key strategic considerations underpinning the decisions necessary for County Council to agree the budget at the Budget Meeting on 9<sup>th</sup> February 2023

The administration's overall budget strategy is intended to:

Achieve a balanced one-year budget and balanced medium-term plan with minimal unidentified savings targets

Maintain adequate reserves to mitigate financial risks/shocks and to invest in the future

Maintain a strong positive cashflow and high levels of liquidity

Maintain (but not exceeding) levels of borrowing compared to the asset base (maintaining a healthy balance sheet)

Plan to deliver a financially sustainable Council over the medium term.

In summary, the proposed draft 2023-24 revenue budget requires £39.1m savings, £15.7m additional income from fees and charges and net £14.8m from one-off use of reserves (additional contributions & draw downs, and removal of previous contributions and draw downs). The budget proposes a 5% increase in Council Tax which will generate £41.7m income to support service delivery,

The proposed draft capital programme 2023-33 includes spending of £1,644m of which £996m is funded from confirmed/indicative grants, £407m from borrowing and £261m other sources. The administration's strategy for the capital programme is to minimise the level of additional borrowing, for 2023-24 the changes to the programme represents a £9.6m reduction.

**Recommendations**

The Committee is asked to:

- a) **Comment** on the draft capital and revenue budgets including responses to consultation
- b) **Propose** any changes to the draft capital and revenue budgets for consideration by Cabinet on 26<sup>th</sup> January 2023 before the draft is presented for approval at County Council on 9<sup>th</sup> February 2023

## Budget Reports

The full draft budget report and appendices may be accessed on Kent.gov.uk:  
[Our budget - Kent County Council](#)

## Contact details

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 17 January 2023

Subject: **Public Health Communications and Campaigns Update**

Classification: **Unrestricted**

**Past Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:**

This paper reports on the campaigns and communications activity delivered through the KCC public health team in 2022 and outlines plans for the remainder of the financial year.

The report notes the ongoing winter pressures communications response and other public health priorities. An engagement programme - to measure the wellbeing of Kent residents as the county continues to recover from the pandemic is planned to help shape and inform the public health priorities due to be published in 2023.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to: **COMMENT** on and **ENDORSE** the progress and impact of public health communications and campaigns in 2022 and the need to continue to deliver throughout 2022/23.

## 1. Introduction

- 1.1 Marketing and Communications activity continues to play a critical role in supporting our residents and providing trusted, timely information throughout the year. Specifically reactive communications have been managing the impact of the recent severe weather, Covid-19 and other infectious outbreaks, the resurgence of Avian flu and the prevalence of Strep A in young people.
- 1.2 Our statutory warn-and-inform responsibilities, as lead for the Kent Resilience Forum Outbreak Control Management Plan, has seen Kent County Council's (KCC) Director of Public Health and the KCC communications team at the forefront of media and PR, social media and marketing, stakeholder, and partnership engagement. The profile of Public Health in the public consciousness has risen significantly because of the unprecedented last few

years. There is a renewed sense of personal and community responsibility and much more interest in public health issues from the media, across social media and directly from residents.

1.2 There are clear links between some health lifestyle issues and more severe symptoms of the virus, including smoking, obesity and mental health and wellbeing.

1.3 Marketing and Communication activity has continued to focus on three main drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services where available and also highlighting online and digital support.

1.4 This paper covers communications activity for 2022, along with key activities and plans for this financial year.

## **2. Winter Health Communications (including Covid-19 and flu)**

2.1 The media spotlight on winter pressures across Kent continues and we lead proactive and reactive communications as the trusted source of public health information and advice for residents, along with supporting our NHS colleagues with specific vaccinations and healthcare focus areas.

2.2 Regular media interviews have been carried out recently regarding the latest Covid-19 and flu figures as we continue to promote the importance of the most effective ways to stay well during the winter months. Considerable communications activity continues with partners and stakeholders as part of our role on the Kent Resilience Forum.

2.3 Communications for any outbreaks are carefully co-ordinated with partners from Medway Council, UK Health Security Agency (UKHSA) (formerly Public Health England) the NHS, district and borough councils and central Government departments.

2.4 Health inequality research will form the basis of the next step for inclusive campaign and communications engagement, finding new innovative ways to reach people who are most at risk of serious illness.

## **3. Public Health Campaigns and Communications 2022/23**

3.1 Overview of activity from April 2022:

- Mental health and wellbeing – promotion of Every Mind Matters online tool and Live Well Kent Services.
- Suicide prevention – ongoing targeted promotion of Release the Pressure helpline and text service.
- Children’s mental health and wellbeing - support and sharing of Headstart Kent, Kooth and partners’ campaigns and promotions.

- Alcohol awareness summer campaign – promoting the ‘Know Your Score’ online tool and local support services.
- Smoking cessation campaign – signposting to ‘One You Kent’ local support services for Stoptober.
- Child obesity - Change4Life Facebook 10 Minute Shake Up and Food Scanner App promotions.
- Severe weather communications – heatwave alerts during the summer and focus on cold weather public health communications (also includes the Covid and flu immunisation campaign).

### **3.2 Mental Health and Wellbeing – Release the Pressure, Live Well Kent & Every Mind Matters**

- 3.2.1 Campaigns for Mental Health Awareness Week in May and World Mental Health Day in October signposted to local support services including Live Well Kent, One You Kent and Every Mind Matters at [www.kent.gov.uk/everymindmatters](http://www.kent.gov.uk/everymindmatters)
- 3.2.2 Themes have included tackling loneliness and finding tools and local support to empower people to find help with anxiety, stress, low mood and sleep issues, specifically identifying new mental health and wellbeing concerns which may have risen during and following the impact of Covid-19 and lockdowns/restrictions on people's lives.
- 3.2.3 Creative assets have been developed for different campaigns and themes and channels used which included Kent Online, Spotify, social media platforms.
- 3.2.4 There is an ‘always-on’ organic promotion of the NHS ‘Every Mind Matters’ online tool at [www.kent.gov.uk/everymindmatters](http://www.kent.gov.uk/everymindmatters) There have been 3745 page views between April and November this year – an increase of 200% on the previous year.
- 3.2.5 We also share promotion of partners’ campaigns such as Kooth mental wellbeing for children and young people.
- 3.2.6 KCC Public Health has ongoing promotion of the suicide prevention ‘Release the Pressure’ campaign through Google Adwords. Targeted mobile phone adverts were used in May, and organic social media, media and PR work for World Suicide Prevention Day in September. Further targeted paid-for promotion has been and is still taking place for December and January.
- 3.2.7 Paid-for promotions have always resulted in an increase to the numbers of people visiting [www.releasepressure.uk](http://www.releasepressure.uk) for information on the text service and helpline.

### **3.3 Adult Obesity - One You Kent/Better Health (healthy weight services)**

- 3.3.1 Further creative assets including videos have been developed with partners around the county and these are used as part of an always-on organic

promotion aimed at raising awareness of adult obesity and healthy weight lifestyles.

- 3.3.2 A countywide campaign is taking place in January with themes around physical activity and healthy eating including meals on a budget.
- 3.3.3 Partners are encouraged to share the campaign through their own channels to increase reach and engagement. A multi-agency communications group has been set up as subgroup workstream for the Whole Systems Obesity Approach.
- 3.3.5 Plans are also being developed with Kent Community Health Foundation Trust (KCHFT) to promote NHS Health Checks in key under-represented communities including gypsy and traveller groups, and some BAME communities.

### **3.4 Alcohol Reduction – ‘Know Your Score’ online tool promotion app**

- 3.4.1 The ‘Know Your Score’ Audit C online tool at [www.kent.gov.uk/knowyourscore](http://www.kent.gov.uk/knowyourscore) has been refreshed and new creative assets have been developed to support a summer awareness raising campaign. A further campaign burst is running in January, signposting to support services through commissioned providers Change Grow Live (cgl), Forward Trust and One You Kent.
- 3.4.2 Key messages continue to raise awareness among all drinkers about long term health messages including stroke and impacts on mental health, work and relationships. As with previous campaigns, content is targeted at key behaviours rather than specific age ranges. Channels for promotion include Kent Online, Heart and Smooth FM, Community Ad magazine, Facebook and Spotify adverts, geo-targeted mobile adverts and MTW Hospital magazine, along with media and PR opportunities plus encouraged sharing by partners across Kent.
- 3.4.3 Page views of [www.kent.gov.uk/knowyourscore](http://www.kent.gov.uk/knowyourscore) show it was the most visited One You Kent page during July. There were 4.1k page views with the spike corresponding with the paid-for promotion. For those clicking on the quiz and further information pages (where cookie consent has been given and Google Analytics can be tracked), this totals 281 for the campaign period, a 130% increase on the previous year.

### **3.5 Child Obesity - Change 4 Life/Better Health Families**

- 3.5.1 We continue to support national campaigns locally – raising awareness of childhood obesity by focusing on primary school aged children. This includes local promotion of the ‘10 Minute Shake-up’ summer promotion and the ‘Food Scanner app’ in the winter.

- 3.5.2 Locally we continue to promote key messages around healthy eating, reducing sugar, being more active and awareness of dental/oral health care through the @BetterHealthFamiliesKent Facebook page.
- 3.5.3 We encourage KCC's Children's Centres, the Kelsi school bulletin and partners to share content through their own channels.

### **3.6 Smoking Cessation – One You Kent services promotion**

- 3.6.1 We supported the national Stoptober campaign, signposting to One You Kent commissioned support services. Where paid-for channels allowed, audiences were further targeted in key geographical areas of Kent as identified by the public health specialist where smoking rates are high and above average.
- 3.6.2 Channels used included Facebook advertising, Spotify, Kent Online sponsored advertorial content, Smooth and Heart FM adverts, and geo-targeted mobile adverts.
- 3.6.3 Key messages focused on the physical and mental health harms of smoking plus the financial impact and the quitting benefits to these. The call-to-action signposted people to [www.kent.gov.uk/smokefree](http://www.kent.gov.uk/smokefree) where there is information of One You Kent support services plus self-help tools including the NHS Quit Plan app.
- 3.6.4 Fone Media geographically targeted mobile adverts achieved 5.2million impressions, coupled with 436k impressions for Kent Online advertising and 125k Spotify advert impressions. There were 3226 page views of [www.kent.gov.uk/smokefree](http://www.kent.gov.uk/smokefree) during this period - the most visited of the One You Kent pages during October.

### **4.0 This Winter Campaign**

- 4.1 KCC has a “warn and inform” responsibility during cold weather alerts and leads on the communications for public health messaging. We also support national government and NHS campaigns, providing partners with appropriate social media, marketing, and digital assets for Level 2 and 3 alerts in Kent during the winter cold weather periods, offering advice and signposting support to enable residents to manage their health during extreme weather conditions.
- 4.2 There are considerable and varied challenges facing our residents in the coming months, and KCC is taking a proactive role in helping people find the right information and support as and when they need it. Public Health plays a pivotal role in ensuring residents have access to timely and helpful information to keep them safe and well and is an integral part of the This Winter campaign.

- 4.3 There are 3 main themes to the campaign which brings together existing key public health advice along with new or emerging support schemes such as the Household Support Fund.
- 4.4 All KCC activity between December and March 2023 will incorporate the subtle winter branding – including social media posts, KCC newsletters and specific winter health marketing and communications activity.
- 4.5 Messaging this year will also incorporate reminders of Covid messaging and we continue to support the NHS ‘Stay Well This Winter’ and the national NHS flu and Covid vaccination campaign.
- 4.6 A severe Level 3 alert in early December prompted media releases and social media content (including new winter branding and video clips with elderly residents, a community warden, and a nurse) being shared by KCC and partners. The media release was viewed 12k times in the first two days of issue.

## **5. Integrated Care System**

- 5.1 KCC plays an integral role in the planning of communications to residents as part of the health and care system. As the Integrated Care Strategy is developed an engagement programme is planned to support the development of the key themes and priorities.
- 5.2 The first piece of engagement planned is to engage with residents and understand more about how current factors are affecting their wellbeing. This engagement will help KCC to shape future Public Health priorities and will provide meaningful qualitative feedback to ensure that resident voice plays a critical role in decision making within the integrated care system. More information on the engagement programme will be provided in future reports.
- 5.3 KCC marketing and resident experience team is a key member of the communications and engagement board which reports directly to the Integrated Care Board and steering group.

## **6. Financial update**

- 6.1 The allocated funding for campaign and marketing activity in 2022/23 is £110,000.

## **7. Conclusion and Next Steps**

- 7.1 We continue to develop key Public Health campaigns based on priorities identified by the Director of Public Health. These include:
- Mental Health and Wellbeing – adults and children
  - Obesity – adult and children
  - Smoking
  - Alcohol



- Health Checks and high blood pressure
- Sexual Health
- Breastfeeding and infant feeding
- Seasonal health – heatwave and winter

7.2 Data, insight and localised information will be used to shape these campaigns.

7.3 Previous successes and learning will be integrated into future campaigns, focussing on the most effective communications methods and channels to target key groups and issue areas, as well as on the benefits of developing and utilising both social media and digital platforms.

7.4 It has long been recognised that for long-term change requires long-term, consistent messaging, and it is important to continue working with local partners and nationally with UK Health Security Health Agency (UKHSA) to create and deliver consistent Public Health campaigns and marketing activity.

## 8. Recommendation

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to:

**COMMENT** on and **ENDORSE** the progress and impact of Public Health communications and campaigns in 2022 and the need to continue to deliver throughout 2022/23.

## 9. Contact details

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**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health

Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee  
– 17 January 2023

**Subject:** **Performance of Public Health Commissioned Services (Quarter 2 2022-23)**

**Classification:** Unrestricted

**Previous Pathway:** None

**Future Pathway:** None

**Electoral Division:** All

**Summary:** This report provides an overview of the Key Performance Indicators (KPIs) for Public Health commissioned services. In the latest available quarter, July to September 2022, eight of 15 KPIs were RAG rated Green, five Amber, and two Red.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 2022/23.

## 1. Introduction

- 1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.
- 1.2. This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous five quarters.

## 2. Overview of Performance

- 2.1. Of the 15 targeted KPIs for Public Health commissioned services, eight achieved target (Green), five were below target although did achieve the floor standard (Amber) and two did not achieve the floor standard (Red). These red KPIs relate to the number of young people exiting specialist substance misuse services with a planned exit and the number of clients currently active within One You Kent services being from the most deprived areas in Kent.

### **3. Health Visiting**

- 3.1. In Q2 22/23, the Health Visiting Service delivered 17,454 mandated universal contacts and is on track to meet the annual target of mandated universal contacts. The KPI for the number of new birth visits has changed, from delivery of the visit within 30 days of birth to delivery of the visit now within 10–14 days of birth. In total, 98.7% of new birth visits were delivered within 30 days and 93.9% were delivered within 10–14 days, which is just below the 95% target. There are several reasons why a new birth visit will take place outside of day 10–14, including families who move into or out of the Kent area, babies who are an inpatient within a neonatal unit or cancellations. All families are offered a new birth visit, the majority of which take place in their home. Performance of the two-to-two and a half year health and wellbeing review is 85.3%, which is within the target (80%) but has decreased slightly from 91% in Q4 2021/22. There was a slight increase in the number of Do Not Attend (DNAs) reported in September, which has led to this reduction. The provider will be obtaining feedback from families to help improve the take up of the review and to reduce DNAs.
- 3.2. This quarter there were 374 breastfeeding support groups run across the county's districts.

### **4. Adult Health Improvement**

- 4.1. The number of eligible people receiving an NHS Health Check (12-month rolling) is below the target of 23,844, however remains on an upward trend. In Q2 22/23, there were 5,610 checks delivered representing a 25% increase compared to Q2 21/22, demonstrating the continued growth of activity. In the quarter there were 24,229 1<sup>st</sup> invites issued, the highest number since before the pandemic as the NHS Health Check programme continues to focus on building activity to pre-pandemic levels. KCC and the provider are working to increase GP participation with efforts ongoing to bolster the capacity of the provider core team due to the number of non-providing GPs increasing to 9.
- 4.2. In Q2 22/23, the smoking cessation service reported a quit rate of 62%. Referrals into the service continue to gradually increase quarter on quarter from the initial onset of the pandemic. There are some current projects linked to work within the NHS that will soon impact on the delivery of the Stop Smoking Service; Smoking workers being based within Maternity Services, and individuals attending acute NHS services being encouraged to access smoking support. Both of these workstreams could impact upon referrals, however it is unclear at present whether referrals to the service will increase or decrease as a consequence. Public Health specialists are working with NHS colleagues to ensure that the Stop Smoking Service is involved and prepared to support these workstreams as appropriate. Kent also recently undertook a pilot involving utilising vaping products to support quits – 1,000 vouchers were distributed to clients as part of the pilot and initial results appear positive.
- 4.3. In Q2 22/23, 46% of individuals active across One You Kent services were from the most deprived quintiles. In Districts with lower levels of deprivation, it can

also be more challenging to engage those from lower quintiles. The providers continue to target services towards this cohort by delivering services in their localities and undertaking engagement events at community hubs. Services are open access, and a large number of referrals are from GPs, who are incentivised to refer clients to weight management services.

## **5. Sexual Health**

5.1. In Q2 22/23, the Sexual Health Service experienced the highest number of first-time patient attendances on record (7,948), an increase of 16.2% compared to the previous quarter. The Sexual Health Service continued to achieve the 95% target for the percentage of first-time patients being offered a full sexual health screen. This is despite the increased demand for the service and the strain placed upon the service by the mpox outbreak this quarter. Service users, where appropriate, continue to be directed initially to the online Sexually Transmitted Infection (STI) testing service prior to booking a face-to-face appointment in the clinic for asymptomatic and some symptomatic cases. This has been a change since COVID-19 and is proving to be more effective and efficient in that it is resulting in additional appointment slots being made available for treatment.

## **6. Drug and Alcohol Services**

6.1. Community Drug and Alcohol Services continue to perform above target for the proportion of successful completions from drug and alcohol treatment. The number accessing treatment is stable and the services are working to ensure they are accessible to all individuals, including underserved groups.

6.2. In Q2 22/23, the Young Person's Service received 120 referrals, representing an increase of 21% compared to Q2 21/22. The amount of young people exiting treatment in a planned way this quarter has decreased to 57% from 78% in the previous quarter. This represents 25 planned exits, 1 transfer and 18 unplanned exits. The unplanned exits are all due to young people disengaging. Of those young people who exited treatment in a planned way, 40% reported abstinence. Due to the nature of reporting on low numbers, commissioners expect fluctuations in performance for planned exits. The commissioners and providers are working together to monitor and understand ways to improve the number of planned exits in the future, and any actions required on disengagement.

## **7. Mental Health and Wellbeing Service**

7.1. In Q2 22/23, Live Well Kent (LWK) referrals have increased slightly compared to Quarter 1. 50% of these referrals were self-referrals. The LWK providers have been asked to focus on increasing the number of people completing the exit survey. In this quarter, the number of people completing the family and friend element of the exit survey increased by 28% compared to the previous quarter. The client satisfaction rate for Q2 22/23 was Amber at 97%, slightly below the 98% target. The increased target of 98% was agreed for 22/23 for the last year of the current contract. In October 2022, LWK and Medway won the 'Excellent Partnerships' award at the Kent Housing Awards.

## 8. National Child Measurement Programme

8.1. In 21/22, the National Child Measurement Programme (NCMP) participation rates for Year R and Year 6 were slightly below the 90% target at 88% and 87%, respectively. Participation rates were affected by high absentee rates in schools as a result of COVID-19, and other factors, for example school trips and SATS based activities. The service provider is already working with schools to realign programmes in 22/23 to maximise uptake and engagement to support school health action plans whilst ensuring they meet school need and availability.

## 9. Conclusion

9.1. Eight of the fifteen KPIs remain above target and were RAG rated Green.

9.2. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose and able to account for increasing demand levels in the future.

## 10. Recommendations

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 2022/23

## 11. Background Documents

None

## 12. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

## 13. Contact Details

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## Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPIs	Target 21/22	Target 22/23	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	65,000	73,695 (G)	73,559 (G)	72,530 (G)	70,923 (G)	69,657 (G)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	2,616 70%(G)	2,183 62%(G)	1,809 54%(G)	1,901 54%(G)	1,624 45%(G)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	4,100 95%(G)	4,009 94%(A)	3,620 94%(A)	3,777 94%(A)	3,921 94%(A)	↔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,956 93%(G)	4,038 92%(G)	3,530 91%(G)	3,605 91%(G)	3,792 92%(G)	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,144 52%	2,125 51%	1,836 49%	1,953 50%	2,051 52%	↑
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,833 93%(G)	3,828 92%(G)	3,631 91%(G)	3,691 92%(G)	3,908 92%(G)	↔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,701 93%(G)	3,691 92%(G)	3,772 91%(G)	3,539 87%(G)	3,322 85%(G)	↓
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	34 74%(R)	55 89%(G)	30 83%(A)	36 78%(A)	25 57%(R)	↓
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,456 29%(G)	1,475 29%(G)	1,467 29%(G)	1,484 29%(G)	1,410 28%(G)	↓
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	9,546	23,844	10,476 (G)	13,378 (G)	16,740 (G)	19,834 (A)	20,946 (A)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	632 56%(G)	547 51%(A)	793 60%(G)	661 54%(A)	627 62%(G)	↑
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	797 48%(R)	1,067 55%(G)	1,339 57%(G)	734 54%(A)	786 46%(R)	↓
Sexual Health	PH24 No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	5,987 90%(A)	6,245 97%(G)	5,990 96%(G)	6,495 95%(G)	7,571 95%(G)	↔

<b>Mental Wellbeing</b>	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	467 98%(G)	363 99.7%(G)	384 99%(G)	449 99%(G)	581 97%(A)	↓
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### Commissioned services annual activity

Indicator description	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	97% (G)	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	↑
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (G)	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	↑
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	157,303	198,980	36,093	76,093	79,583	96,323	-
PH06: Number of adults accessing structured treatment substance misuse services	4,616	4,466	4,900	5,053	4,944	5,108	↑
PH07: Number accessing KCC commissioned sexual health service clinics	78,144	75,694	76,264	71,543	58,457	65,166	↑

\*\* In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

### Key:

#### RAG Ratings

<b>(G) GREEN</b>	Target has been achieved
<b>(A) AMBER</b>	Floor Standard achieved but Target has not been met
<b>(R) RED</b>	Floor Standard has not been achieved
nca	Not currently available

#### DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

\*\*Relates to two most recent time frames

### Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
Dr Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee, 17 January 2023

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

**Classification: Unrestricted**

**Summary:**

Kent County Council (KCC) is a statutory partner in the Kent and Medway Integrated Care System, along with Kent and Medway NHS and Medway Council, and has confirmed its commitment to the partnership in its strategic document, *Framing Kent's Future*. The Integrated Care Partnership was required to produce an Integrated Care Strategy for Kent and Medway by the end of December 2022. Given that 2022/23 has been recognised as a transitional period for the new arrangements and the short timescale available to produce the document, an Interim Integrated Care Strategy for Kent and Medway has been developed. This was approved by KCC's Cabinet on 1 December 2022 and discussed at County Council on 15 December 2022. It was agreed by the Integrated Care Partnership Joint Committee on 8 December 2022.

The Interim Strategy will be further developed in 2023 including through extensive consultation with partners and the public to expand on the ambitions and commitments of partners. Any comments from members on the Interim Strategy will be used to shape the development of the Strategy.

**Recommendation(s):**

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the Kent and Medway Interim Integrated Care Strategy.

**1. Introduction**

- 1.1 Kent County Council is the lead partner in the Kent and Medway Integrated Care System in partnership with the Integrated Care Board (ICB, known as NHS Kent and Medway), and Medway Council. The Integrated Care Partnership (ICP) is a core component of the System and is a broader coalition of partners which aims to join up planning and delivery for health and social care across Kent and Medway.
- 1.2 The ICP is required to produce an Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the Integrated Care System. It is approved by the three statutory partners and agreed by the ICP. National guidance sets out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative and person-centred care for their whole population, across the

course of their life. The strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health and joining-up health, social care and wider services. It provides the framework in which the partners will work and supports the council to fulfil its commitment made in *Framing Kent's Future* to seize the opportunity of integrating our planning, commissioning and decision making in adult, children, and public health services.

- 1.3 The Department for Health and Social Care (DHSC) mandated that ICPs must publish an initial strategy by December 2022 to inform the local NHS Five-Year Joint Forward Plans which are due to be published before the next financial year.
- 1.4 DHSC recognised this was a challenging timeline for the newly formed ICPs and accepted that this will be reflected in the breadth and depth of the work that can be done in preparing the strategy and, subsequently, what is included in the initial strategy. Therefore, this iteration of the Kent and Medway Integrated Care Strategy (attached as Appendix 1) is recognised as an interim strategy and has been built on work that has previously been undertaken across the system. The document will be subject to professional design.
- 1.5 The Interim Strategy was approved by Cabinet on 1 December 2022. Cabinet Members noted that it has never been more important to have an integrated strategy for health and social care to help create a more sustainable system, given the huge pressures being felt by all partners, and that there is a new optimism and momentum to achieve this now. It was acknowledged that partners will need to move quickly into action planning, delivery and monitoring of the commitments in the Interim Strategy. Members emphasised the importance of broad engagement with a wide range of people across Kent and Medway, including children and young people, in the further development of the Strategy. County Council also noted the Interim Strategy on 15 December 2022. The debate highlighted the health and social care workforce issues to be addressed and the need to involve staff in the development of the strategy. The importance of preventative work in local communities was also recognised. The Interim Strategy has separately been approved by Medway Council.
- 1.6 The ICP approved the Interim Strategy at its Joint Committee meeting on 8 December 2022, providing their endorsement of the document and recommendation that it is approved by the lead partner organisations. Members of the Joint Committee emphasised the need to quickly identify specific priorities for delivery and allocate resources to them, particularly given the important emphasis on prevention and early intervention in the Interim Strategy and the resource challenges being faced by all partners.
- 1.7 As the system matures, it is expected that ICPs will want to refresh and further develop their Integrated Care Strategy. To that end, extensive consultation and engagement with Members, partners and the public is planned from early in 2023. Comments from Members on the Interim Strategy will also be fed into the next iteration along with feedback from the planned consultation and engagement activity.

## **2. Strategy development and contents**

### Development

- 2.1 The Kent and Medway Interim Integrated Care Strategy (Appendix 1) builds on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care, improving quality and performance, preventing mental and physical ill health, maximising independence and preventing care needs by promoting control, choice, and flexibility in how people receive care and support. There is an emphasis on the wider determinants of health (such as housing, employment, the environment etc.) and their importance in improving the population's health.
- 2.2 The development of the Interim Strategy has been overseen by the ICP which is currently chaired by the Leader of KCC. A multiagency steering group and project group made up of representatives from KCC, Medway Council and the ICB has led the development of the document, working closely in partnership with wider partners. KCC's Director of Public Health and Director of Strategy, Policy, Relationships and Corporate Assurance have been members of the Steering Group.
- 2.3 Statutory Guidance on the development of Integrated Care Strategies sets out the expected topics to be covered:
- Quality improvement
  - Joint working and section 75 of the National Health Service Act 2006
  - Personalised care
  - Disparities in health and social care
  - Population health and prevention
  - Health protection
  - Life Course- Babies, children, young people, their families, and healthy ageing
  - Workforce
  - Research and innovation
  - 'Health-related' services
  - Data and information sharing

### Contents

- 2.4 The Kent and Medway Interim Integrated Care Strategy covers all the expected topics set out in the guidance. The document is structured around the shared vision and six outcomes that were agreed by partners when the Kent and Medway Integrated Care System was formed. As partnership arrangements are still developing, the Interim Strategy brings together and reaffirms existing commitments that have been made by partners. The full strategy developed next year will build upon these commitments.
- 2.5 The sections of the Interim Strategy are:

*Shared outcome 1 - Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.*

Includes commitments on maternity services, starting well, support for children with Special Educational Needs and Disabilities, Family Hubs and safeguarding.

*Shared outcome 2 - Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.*

Includes commitments on targeting support to those most in need, supporting people through the cost-of-living crisis, parity of mental health and improving wider determinants of health including employment and skills, strengthening community support and improving our physical environment.

*Shared outcome 3 - 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.*

Includes commitments on promoting healthy behaviours and health protection, supporting people to age well, delivering personalised health and adult social care and end of life care.

*Shared outcome 4 - Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.*

Includes commitments on high quality primary care, multidisciplinary teams and support for carers.

*Shared outcome 5 - Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.*

Includes commitments on healthcare close to home, specialised health services and improving hospital discharge.

*Shared outcome 6 - Make Kent and Medway a great place for our colleagues to live, work and learn.*

Includes commitments on growing and supporting our shared workforce.

- 2.6 The Interim Strategy also includes 'enablers' that set out how partners will work together to achieve these outcomes, including through collaborating on research, championing innovation and embracing digital transformation. There are commitments to provide system leadership to tackle complex challenges together, explore opportunities for joint commissioning and pooling resources and act as 'anchor institutions'; using assets and resources to benefit the community.
- 2.7 The Interim Strategy concludes with a commitment to work together to listen to and involve people and communities going forward to inform the full strategy and continue to shape service provision and decision-making across the system.

#### Communication and engagement

- 2.8 Despite the limited timescales to produce the Interim Strategy, the Integrated Care System has sought opportunities to engage with Stakeholders through:

- ‘Together We Can’ Symposium on 28 October involving Members, leaders and senior managers across the County from KCC, NHS, Medway Council, Voluntary and Community Sector and Business leaders to comment and contribute to the Interim Strategy.
- Online platform for public and professionals to provide feedback (<https://www.kmhealthandcare.uk/about-us/kent-and-medway-health-and-care-symposium>).

2.9 However, there is much more to do. Broader public consultation will be delivered from early 2023 to shape the further development of the strategy and a Kent and Medway system-wide communications and engagement plan has been drafted and approved by the ICP on 8 December. Healthwatch Kent and Medway, as members of the ICP and experts in engaging with the public on issues relating to their health and wellbeing, are supporting this work. The VCSE is also represented on the ICP and will be part of the engagement and consultation process.

2.10 There is a requirement to include in the strategy details of communications and engagement plans across the Integrated Care System to ensure effective implementation. This will be a partnership approach between the ICB, KCC and Medway Council Communications Teams with an update on progress being shared with the ICP when available.

### **3. Financial implications**

3.1 There are no direct financial costs associated with the development of the Integrated Care Strategy for KCC other than staff time in supporting the Steering Group and Project Group overseeing its development. Further work on the consultation and engagement plan for the strategy is ongoing, but any financial or non-financial resources required to support that exercise will be met from within service budgets.

### **4. Equalities implications**

4.1 An Equality Impact Assessment has been led by the ICB and is attached to this report (Appendix 2). The NHS EIA template and process has been followed with partners providing commentary and input as appropriate. This is a live document and will be developed further as the consultation and engagement process takes place and the strategy is further iteratively developed throughout 2023.

### **5. Conclusion**

5.1 The development of the Kent and Medway Interim Integrated Care Strategy, although against exceptionally tight timescales set by DHSC, has proved a useful exercise in bringing the statutory partners together to set out a clear ambition across the health and care system for residents of Kent and Medway. It provides a strong platform to undertake further work on how we can further integrate and join up our commissioning, decision-making and service delivery as a system to ensure it is more effective at meeting both the needs of individuals and service users, but also the needs of our communities at a local and Kent wide level. As such, it represents the start of a process which will see KCC play an important part in developing and delivering through the Integrated Care System, which will

support both our wider organisational objectives and support the sustainability of our health and social care services.

## **6. Recommendation**

- 6.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the Kent and Medway Interim Integrated Care Strategy

## **7. Appendices**

Appendix 1: Kent and Medway Interim Integrated Care Strategy

Appendix 2: Equality Impact Assessment for the Kent and Medway Interim Integrated Care Strategy

## **8. Contact details**

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# Kent and Medway Interim Integrated Care Strategy



## Version Control

Version No	Purpose	Date
1.0	Issued to core Project Team for review.	17/10/22
2.0	Issued to Project Team for second review and commissioning of additional material from content leads where gaps have been identified. Not for wider distribution - Content lead and Steering Group Members' editing only.	19/10/22
3.0	Consolidated version of chapters shared with Project Team at Ashford Symposium feedback workshop 2/11/22. It includes initial review of Symposium outputs and response to comments on v2.0. Outstanding actions are as agreed at workshop for completion by 4/11.	1/11/22
4.0	Incorporating comments and additional content from Symposium and content leads. Distributed to Steering Group for review.	10/11/22
5.0	Incorporating comments from Steering Group and IPPH colleagues.	16/11/22
6.0	Incorporating ICP comments	22/11/22
7.0	Approved by Steering Group	22/11/22

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### Overall document status:

- Content reflects what has been received from a number of colleagues from across Kent and Medway. Thanks for all the input to date. It has been edited to achieve flow and consistency. Please note all graphics or pictures are placeholders subject to replacement by communications team. This will also pick up final typesetting and formatting. Coloured panels represent illustrative case studies/examples only.

## Foreword

Welcome to the Interim Integrated Care Strategy. The Integrated Care System is an opportunity for the NHS and Local Authorities to work together in different ways, putting our residents at the heart of everything we do. This Interim Strategy sets out the shared purpose and common aspiration of partners to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and will help us drive forward on the agreed priorities for action across health and social care across Kent and Medway.

The breadth of the Integrated Care System, across Kent County Council and Medway Council, the NHS, District Councils, the Voluntary, Community and Social Enterprise sector (VCSE) and Healthwatch puts us in a unique position to identify opportunities for wider partnerships to strengthen our collective approach to improving longer-term health and wellbeing outcomes. For example, across education, housing, environment, transport, employment, and community safety; these wider social determinants of health, and others, have a significant bearing on the health and wellbeing of communities and health inequalities, particularly for people experiencing deprivation. The Integrated Care Partnership will champion joint approaches and look for opportunities to embed and accelerate these in our strategy.

**We truly believe that *Together, we can.***

That is why we, as the leaders of the Kent and Medway Integrated Care System are signing this pledge and making this commitment through the Integrated Care Strategy.

## Our Pledge

Recognising that 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 ensure services for citizens are excellent quality and good value for money. Together, we can.

### Signatures to follow

**Cedi Frederick,**  
NHS Kent and Medway

**Cllr Alan Jarrett,**  
Medway Council

**Cllr Roger Gough,**  
Kent County Council



**Kent and Medway**



*Serving You*

**Kent  
County  
Council**



## Integrated Care Strategy

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

### Shared Outcome 1

Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.

### Shared Outcome 2

Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.

### Shared Outcome 3

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.

### Shared Outcome 4

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

### Shared Outcome 5

Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.

### Shared Outcome 6

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

**Enabler:** We will drive research, innovation and improvement across the system

**Enabler:** We will provide system leadership, and make the most of our collective resources

**Enabler:** We will engage our communities on this strategy and in co-designing services



# TOGETHER, WE CAN

**WORKING WITH THE INTEREST OF THE PEOPLE WE SERVE!**

**ALL PARTNERS WORKING TOGETHER AT PACE...**

...and a **COMMON ASPIRATION.**

...to create **BETTER and FAIRER** health OUTCOMES across our COMMUNITIES.

**WORKING WITH a SHARED PURPOSE...**

**Addressing the SOCIAL DETERMINANTS of HEALTH & WELLBEING**

**CREATING SOLUTIONS ROOTED IN PEOPLE, COMMUNITY and PLACE!**

**WE HAVE a LEGISLATIVE MANDATE to do things DIFFERENTLY!**

we will only SUCCEED if ALL PARTNERS make it WORK!

**PROVIDING SOLUTIONS** with, not TO, MEMBERS of the COMMUNITY!

**ENGAGING PEOPLE** in the way they PREFER.

**LISTEN, TALK and LEARN** from EACH OTHER!

**RECOGNISE PEOPLE** are COMPLEX and UNPREDICTABLE.

## "DEVELOPING a MOVEMENT ACROSS KENT & MEDWAY"

**RESEARCH, INNOVATION & DATA**

**WE MUST BUILD TRUST** in RESEARCH and RESEARCHERS.

**WE NEED** QUALITATIVE and QUANTITATIVE DATA.

**BARRIERS:** DATA SETS, LACK OF AWARENESS of us in the RESEARCH in the REGION.

**FOCUS ON RESULTS** and ENABLING INNOVATION.

**PEOPLE WANT TO WORK** in REGIONS that ENCOURAGE RESEARCH.

**NO ONE ORGANISATION can ADDRESS our CHALLENGES on their OWN!**

**EMBRACE** new ways of WORKING TOGETHER!

**WE MUST SHARE DATA BETTER...**

...creating a SINGLE SOURCE OF TRUTH!

**MOVING from being a SICKNESS SERVICE to a HEALTH SERVICE** - this will require TRUST from MANAGEMENT.

**OUR VISION:**

- ENSURING CHILDREN have the BEST POSSIBLE START in LIFE.
- HELPING PEOPLE manage their own HEALTH.
- ENSURING HOSPITALS are AVAILABLE to those who NEED THEM.
- HELPING the MOST VULNERABLE and DISADVANTAGED.
- SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS.
- MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE.
- ENSURING PEOPLE manage their own HEALTH.
- ENSURING CHILDREN have the BEST POSSIBLE START in LIFE.
- HELPING PEOPLE manage their own HEALTH.
- ENSURING HOSPITALS are AVAILABLE to those who NEED THEM.
- HELPING the MOST VULNERABLE and DISADVANTAGED.
- SUPPORTING PEOPLE with MULTIPLE HEALTH CONDITIONS.
- MAKING KENT and MEDWAY a GREAT PLACE to WORK and LIVE.

**ADDRESSING HEALTH INEQUALITIES** across the REGION.

**MIND & BODY**

**HOUSING SAFETY & QUALITY** & HEALTH IMPACTS.

**ENCOURAGING PEOPLE** & ACCESS SERVICES.

**SHARED DATA RECORDS.**

**WORKING WITH VOLUNTARY ORGANISATIONS.**

**ONE AGENCY NEEDS to LEAD!**

**HOUSING SAFETY & QUALITY** & HEALTH IMPACTS.

**ENCOURAGING PEOPLE** & ACCESS SERVICES.

**SHARED DATA RECORDS.**

**WORKING WITH VOLUNTARY ORGANISATIONS.**

**ONE AGENCY NEEDS to LEAD!**

**WE NEED MUTUAL RESPECT & TRUST** between LOCAL AUTHORITIES and VOLUNTARY ORGANISATIONS.

**INVEST** in our PEOPLE & BUILD MORALE.

**AS LEADERS** we must learn to LISTEN DIFFERENTLY.

...drawing from FRONTLINE STAFF and VOLUNTARY ORGANISATIONS.

**VOLUNTARY SECTOR**

**EMPOWERING COMMUNITIES**

**MAXIMISING COMMUNITY INSIGHT!**

**It's about ENGAGEMENT!**

including communities in CO-DESIGNING SOLUTIONS.

**JOINING the DOTS** between SMALL VOLUNTARY ORGANISATIONS

**REFER KENT!**

**MANY SMALL VOLUNTARY ORGANISATIONS** CANNOT GATHER QUALITATIVE DATA on their PROJECTS.

**IDENTIFY and REPLICATE** BEST PRACTICE wherever it HAPPENS!

**PREVENTION** is BETTER than CURE!

**IT WILL BE the KEY** to our SUCCESS!

**ECONOMICS & SHARED PROSPERITY**

**JOINED UP STRATEGY** IS REQUIRED.

**CAREER advice & SKILLS** FOR SCHOOL CHILDREN.

**ONE YOUNG CHILDREN** EXPERIENCE OF HEALTH & SOCIAL CARE.

**ADDRESS INCOME GAP.**

**IMPROVE the IMAGE** of the AREA.

**ANCHOR INSTITUTIONS.**

**DELIVERING for LOCAL PEOPLE.**

**HEALTH EDUCATION** IS KEY!

**LESS REPORTING & MORE DOING.**

**STRATEGY ACTION PLAN & PRIORITISE.**

**LOOK AFTER our WORKFORCE** as well as the COMMUNITY.

**MOST PEOPLE AREN'T INPATIENTS!**

**BE PREPARED to PUSH BACK** vs GOVERNMENT & TAKE RISK.



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## Foreword

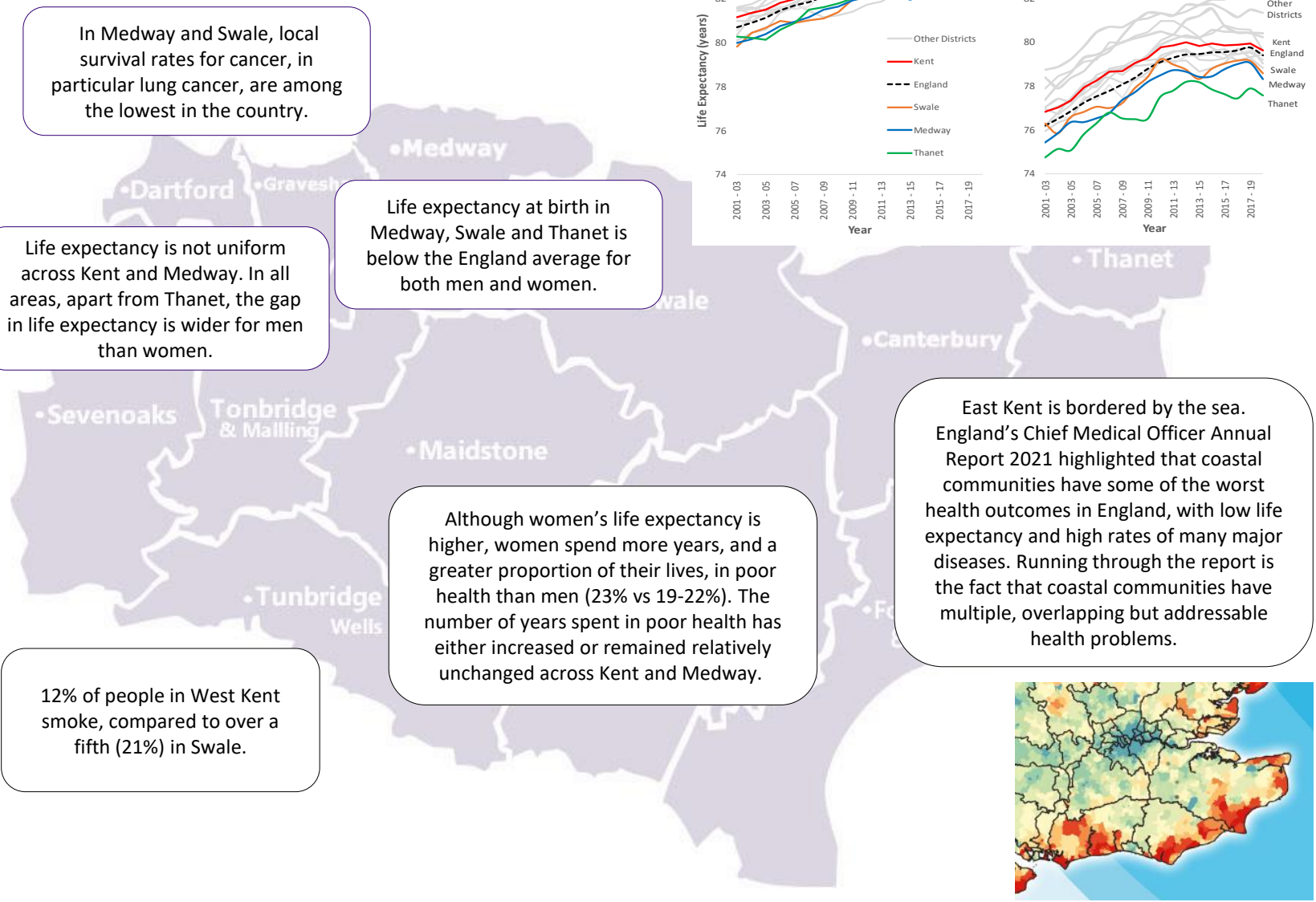
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# Chapter 1

## Introduction and Vision

## 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%) 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. This strategy is our initial blueprint for delivering a healthier future for the population of Kent and Medway over the next 5 years. We will continue to develop and refine this integrated care strategy as we engage with, and listen to, our communities. The strategy is underpinned by our joint strategic needs assessments, individual strategies on selected areas, and our Joint Forward Plan, Medway Joint Health and Wellbeing Strategy, and Kent Public Health Strategy to follow.



Map showing prevalence of coronary heart disease in England



## System 1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

## Places 260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have 4 Place Based Health and Care Partnerships in Kent: Dartford Gravesham and Swanley; East Kent; Medway and Swale; and West Kent.

## Neighbourhoods Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the VCSE, primary care networks, community groups and community assets.



### Kent and Medway Integrated Care Partnership

Members include: Kent and Medway ICB, Kent County Council, Medway Council, Health and Care Partnerships, District Councils, VCSE representative

Owens this Integrated Care Strategy

NHS Kent and Medway Integrated Care Board  
Responsible for the Joint Forward Plan

Kent County Council and Medway Council

NHS England

4 Place-based Health and Care Partnerships

12 District and Borough Councils

Provider Collaboratives

41 Primary Care Networks

Individual Providers  
including voluntary and community  
services, independent sector,  
NHS Trusts and NHS Foundation Trusts

## What affects our health and wellbeing?

Health and wellbeing is the embodiment of how we live, learn, work and play: it does not start at the GP's door. The overwhelming evidence is that the **wider determinants of health** - socioeconomic factors, our physical environment and our health behaviours - have the most impact on our health.

Variation in people's experience of wider determinants, for example the quality of their housing, their level of education or how safe they feel in their community, has a fundamental effect on their health – creating **health inequalities**. These are the preventable, unfair and unjust differences in health status between groups, populations or individuals. The ICS is committed to tackling health inequalities to improve the health of our population.

This is why this strategy deliberately addresses **health**, rather than solely **healthcare**. We will have a new focus on working together to address the wider determinants of health, tackle inequalities, and prevent people becoming ill in the first place.



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

## Developing Kent and Medway as a place where people thrive

To address the wider determinants of health, we need to create an environment where everyone can thrive. This means having all of the right building blocks in place, such as stable jobs, high quality housing, good education, green spaces and the opportunity to make healthy choices.

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There are several major developments underway in Kent and Medway, with health and wellbeing considered from the outset. For example, **Otterpool Park** is a proposed Garden Town located in the Kent countryside, close to the seaside towns of Folkestone and Hythe. Otterpool Park will offer the best of a rural and urban lifestyle. Everything that's needed will be there – homes, workspaces, schools, shops, community facilities, spaces for leisure, arts and culture. It will be a healthy and inspirational place to live, work and visit, characterised by large amounts of green space and its strong culture and community.

At place level, the things partners will focus on to make a difference include:



Good access to jobs, facilities and social opportunities

Ensuring everyone has access to education and skills development to fulfil their potential and support a thriving economy

Ensuring high quality homes available to all, including the most vulnerable, and tackling homelessness

Attracting and retaining high quality sustainable employment to local areas

Ensuring people can live in safety with little fear of crime

Developing places where active travel, such as walking and cycling, is favoured, and healthy choices are easier to make

Ensuring there are systems with sufficient capacity to deliver health protection

Recognising and supporting communities as key partners in delivering local solutions

## How we will work differently

Demand for health and social care services is at higher levels than ever before and there are increasing pressures on public spending. This means we must not only push further and faster in integrating health and care services, we must also cast our net more widely than our traditional organisational boundaries to build the foundations of improved health and wellbeing for the Kent and Medway population.

The Kent and Medway Integrated Care Partnership provides a unique opportunity for the NHS and social care to work together with local government and other partners to ensure those chances to improve population health are recognised and maximised, and to ensure that we use our resources to address our population's most pressing needs.

Some examples of how we will work together include embedding Population Health Management across the system and working together on improving the economic prosperity of the county to improve health and wellbeing.

We recognise that integration will not happen without our concerted, collective effort. We are determined to lead by example and create a culture of collaboration and trust, putting the health and wellbeing of the people of Kent and Medway at the heart of everything we do.

## Population Health Management (PHM)

Our vision is to ensure that Kent and Medway's population has the best health possible. PHM uses historical and current data to understand what factors are driving poor health outcomes in different population groups, taking a broad view across the wider determinants. Local services can then design new proactive models of care which will improve health and wellbeing today as well as in future years.

Our key goal will be to ensure a whole system collaborative approach to adopting PHM, working across the NHS, council services including public health and social care, the voluntary and community sector and the communities and neighbourhoods of Kent and Medway, to design new models of proactive care and deliver improvements in health and wellbeing which make best use of our collective resources.

People accumulate harms to health across the course of their lives, starting from conception through to old age. Approaches to PHM and prevention need to consider and address each of the stages of people's lives.

A new **economic strategy for Kent and Medway** is being developed.

**Three objectives:** By 2030 we want our economy to be more...

Productive

Sustainable

Inclusive

To 2030: **Five ambitions** to...

Enable innovative, productive and creative businesses

Widen opportunities and unlock talent

Secure resilient infrastructure for planned, sustainable growth

Place economic opportunity at the centre of community renewal and prosperity

Create diverse, distinctive and vibrant places

Leading to economic and wider environmental, health and wellbeing outcomes

## Our vision

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

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By doing this, we will:



1. **Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**



2. **Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**



3. **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.**



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



5. **Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**



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

The remainder of this document sets out our strategy for achieving each of these six strategic outcomes.

We also set out our key enablers of system leadership focus, how we will drive research, innovation and improvement across the system, and our next steps, including engaging with our communities.





## Chapter 2

**We will give children the best start in life and work to make sure they are not disadvantaged by where they live or their background, and are free from fear or discrimination.**

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We will achieve this by:

- Delivering effective maternity services;
- Supporting families to start well;
- Adopting a whole family approach, and;
- Safeguarding our most vulnerable children.

## Maternity services

We are committed to improving outcomes and experience for families using our maternity and neonatal services. We will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services (known as the Kirkup Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

Through the existing clinically led partnership of our local maternity and neonatal system (LMNS) we will:

- Ensure that we have robust processes to identify quality concerns across all of our trusts, enabling shared learning and taking proactive actions to improve patient safety.
- Continue to develop local Maternity Voices Partnerships as our main way of hearing service user feedback and involving people who have used services in making improvements.

- Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period.
- Take targeted action on workforce recruitment, retention and training to ensure that all of our maternity and neonatal services achieve sustainable, safe and effective staffing levels.
- Support all of our trusts to implement maternity continuity of carer, initially focusing on black, Asian and mixed ethnic groups and those living in our most deprived communities.
- Take targeted action to improve equity of outcomes for those from local minority groups and deprived communities, engaging closely with voluntary sector groups who support these communities, and developing a more diverse workforce.
- Procure a new shared maternity information system across all of our trusts to give families improved access to their records and enable better information sharing.
- Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.

Kent Start for life – we have built our awareness and understanding of the impacts of perinatal mental health on infant health. Training has been offered and delivered to different groups such as non-health professionals. This has included highlighting the differing needs and ways in which ethnicity or culture may change the way mental health need is expressed by pregnant or post-natal women and recognising that partners' and carers' mental health is impacted as well. Focus groups in Kent contributed to the findings which reiterated the need to help inform and support parents – to-be and parents in the workforce which led to the development of parental workplace wellbeing recommendations.

- Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.
- Complete implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.
- Complete the implementation of other new services that support families who need extra help during their maternity journey, including smoking cessation pathways, pelvic health services, and specialist maternal medicine.

## Starting well

Health inequalities begin early in life. Differences exist between population groups in many key health outcomes for children. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life.

We need to take a holistic and family-centered approach. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector.

The prevention of poor health and wellbeing outcomes before birth and the promotion of good health and wellbeing at the start of life lays the foundation for better health outcomes. The wider socio-economic context of the family and community also contributes, e.g. if fewer children experience child poverty, adult health outcomes and healthy life expectancy will improve.

Services need to evolve to meet the needs of the population, be evidence based and co-produced with our partners and users that have lived experiences. Therefore, a focus on growing our place and system workforce to work together to deliver care closer to home and within a wider network of support at local level (e.g. VCSE) is required.

Through this we will:

- support parents to be the best parents they can be;
- ensure high quality preschool education and school readiness;
- provide inclusive education that will optimise every child's potential; and
- support practices to increase uptake of childhood immunisations, including a targeted media campaign to improve coverage of pre-school vaccination.

We know that we need to rapidly improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse, and we will work as a system to do this. Short-term actions will include better and faster clinical assessment of SEND needs, improving the experience that parents have when they contact us and strengthening SEND provision in mainstream schools. In the longer-term, we will explore arrangements to bring services for children with SEND together to maximise our resources and deliver better outcomes and experience for children and families.

Medway Council is committed to its child-friendly Medway programme, demonstrating that the voices, needs, priorities and rights of children are an integral part of public policies, programmes and decisions.

Being **overweight or obese** increases the risk of developing a host of diseases. In Kent and Medway, over a third of children aged 10 to 11 are overweight or obese, and are more likely to stay obese into adulthood. At a practical level, establishing widespread use of initiatives such as the Daily Mile in schools can reduce obesity, increase fitness and improve classroom focus. Our built environment also has a role to play e.g. access to green spaces and safe walking and cycling routes to schools. **MedwayGO** by Medway Council provides healthy meals and activities including sport and nature walks during school holidays for children eligible for benefits-related free school meals.



## Whole family approach

A whole-family approach, with early help and a focus on preventing rather than responding to crises, is an essential component to reducing inequalities. Taking an approach like this across Kent and Medway Integrated Care System will better enable families to have the confidence to take ownership of their health and care journey. It will ensure improved outcomes by addressing issues such as generational trauma, housing challenges and other components that inhibit families from thriving.

We are committed to developing a **Family Hub** model, including access to Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and Special Educational Needs and Disabilities.

The programme presents an opportunity to streamline and improve early identification, assessment and interventions for children and families through the hub model.

The funding will enable improved integration, particularly in relation to perinatal mental health and parent infant relationships, parenting support, infant feeding and home learning environments. It is also an opportunity to deliver more Young Person's Mental Health services in the community. Early and targeted identification will also prevent unnecessary escalation and identify families with complexities earlier.

Consistent contact with lead practitioners will enable better engagement with families to help grow their confidence to navigate the system and manage their health and care needs.

All transitions are important points in a child's or their families' lives. We recognise that children and their families' experience of transitions can be difficult and sometimes traumatic. This can destabilise families making it harder for them to cope, especially when the people supporting them - practitioners, services, interventions – move on or change.

Implementing a strategic approach to integration, whole-family, patient-led, asset-based health and care can help to address some of the challenges children and families face at a time of transition. Needs-led and outcome-based systems help to reduce unnecessary and unwanted change.

Families should feel seen, heard and enabled to ask for help and to feel confident to help themselves. The system should have a clear understanding of the local communities, demographics and needs to build a workforce and offer that meets the diverse needs of the population. Growing neighbourhood and place-based solutions and innovations outside of (but connected to) specialist services will target populations that are seldom engaged.

We aim to build a system where a family is met with understanding and empathy when they tell their story, and we respond with a coordinated solution that addresses their needs.

## Safeguarding and children in care

Protecting vulnerable children and young people is one of our most important responsibilities. As partners, we need to bring together our collective information, skills and resources to provide fully joined up support for children and families. In everything that we do to support and protect children and young people, we will put them at the centre, ensuring their voice is listened to and they have a say in decisions about them.

We will safeguard and promote the welfare of children in care and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. This means ensuring they have a stable and supportive place to live, a good education, full assessment and support for their physical, mental and emotional needs and feel part of their community.

Many partners will play a role in this, for example:

- Medway Council and Kent County Council have a statutory duty to provide services for safeguarding children and the NHS is a statutory partner
- Working with Council housing teams to ensure that permanent housing is available for care leavers.
- Working with VCSE organisations to provide advocacy for young people.

We will ensure the information that all agencies collect about children in care and care leavers is used to the best advantage to plan and deliver support for them, including to support a smooth transition into adulthood.

A particular challenge for our system is the large number of unaccompanied asylum-seeking children that arrive in the county due to Kent's border location. These children and young people are extremely vulnerable, and we have a responsibility to provide care for them, which stretches system resources. We will continue to work closely with Government to support the National Transfer System and ensure new arrivals are cared for fairly and safely without disproportionate impact on our area.

Multiagency safeguarding arrangements are in place for Kent and Medway through safeguarding children's partnerships, however, there is more work to be done. For example, Medway's children's services has been inadequate since 2019 and are working under statutory notice from Central Government. The ICS presents opportunities to strengthen our partnership approach so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them.

'Virtual School Kent' champions the educational achievement of children in care and care leavers, ensuring they receive a good quality of education and out of school learning, closing attainment gaps and encouraging the voice of young people to be heard.

Priorities for safeguarding children and young people that partners have identified include:

- reducing significant harm to children under two
- reducing injuries as a result of serious youth violence
- identifying and responding to risks of child sexual exploitation
- preventing other forms of exploitation including 'County Lines' drug trafficking
- implementing the Prevent strategy to safeguard from radicalisation and extremism
- preventing domestic abuse and providing effective support for victims and their children
- helping, and where necessary, protecting children in households where neglect is a feature.

Delivering our priorities for children's safeguarding will require a strong partnership response, enhancing the sharing of information to understand the risks and root causes and putting in place a coordinated multiagency response where everyone plays their role. We will more widely embed learning from practice reviews and other learning opportunities to continuously improve practice right down to the frontline across all services for children and families.



## Chapter 3

**We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.**

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We will achieve this by:

- Tackling inequalities and preventing ill health, targeting those most in need;
- Supporting people deal with the current cost of living crisis;
- Tackling mental health issues with the same energy and priority as physical illness;
- Addressing the social determinants of health, such as community support and employment and skills, and;
- Developing the Kent and Medway physical environment as a place where people thrive.

## Tackling inequalities and preventing ill health

### The challenge...

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are.

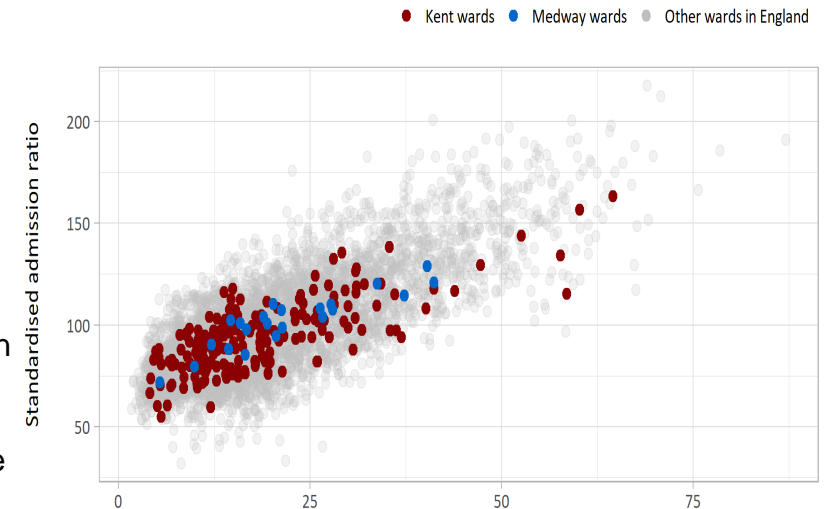
In Kent and Medway people in more affluent areas live longer than those living in more deprived areas. Life expectancy is significantly shorter for some groups of people, including homeless people, people with learning disabilities and people with severe mental illness compared to the general population. Another important group is children in care, who are at significant risk of being disadvantaged in a number of ways that can lead to poor health and wellbeing outcomes and considerable demand on health and care services.

There are inequalities in the access to both primary care (general practice, community pharmacy, dental services) and secondary care (hospital or clinic). Digital exclusion can also play a key role in inequality of access to services.

The Kent and Medway Listens programme was a community engagement process which (via community organisations) heard the voices of vulnerable people throughout Kent about their experience of living through COVID-19 and took those voices directly to the ICB leadership to create a series of pledges and actions, listening to the voices of people in need.

Emergency admissions to hospital are more common in areas with higher levels of deprivation. Research also shows that individuals from more deprived communities are less likely to engage in preventative programmes, such as immunisations, screening, dental check-ups and eye tests, when facing no immediate discomfort or disability. People from deprived areas are more likely to present to health care providers at a later stage of illness.

Services are often poorest in the areas that need them most - an issue known as the “inverse care law”. It is hard to attract and retain high quality clinicians to areas with high deprivation and needs. The work may be harder due to the high needs of the local people. There may also be more VCSE services in more affluent areas where it is easier to attract volunteers. A strategic approach to tackling inequalities will need to address these issues.



Index of Multiple Deprivation score, IMD2019

Ministry of Housing, Communities & Local Government, IMD 2019.  
Office for Health Improvement and Disparities, Fingertips, Indicator ID: 93227.  
Hospital Episode Statistics (HES), NHS Digital.

The Armed Forces community includes serving personnel (Regular and Reservists), former service personnel and their family and carers. In Kent and Medway, this community is about 8-10% of our population and is a group that frequently experiences health inequalities and poorer access to healthcare as a result of developing more complex needs during or following their service. Those with the most needs often live in areas of high deprivation. Their families can also be disadvantaged though the frequent moves, and associated absence due to military service. We will have due regard for the needs of this community in implementing this strategy.

## Our solutions

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We can deliver sustainable and resilient approaches and evidence-led change; putting people and communities at the heart of the conversation which focus on reducing health inequalities. Our key goal will be to ensure a whole system collaborative approach to **Population Health Management**, reducing and, where possible, removing avoidable unfairness in people's health and well-being outcomes.

This means that our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged - an approach known as '**proportionate universalism**' - helping everyone, whilst improving the lives of those with the worst health, fastest.

We will empower our **local neighbourhood and place-based partners** to tailor services and interventions to meet the needs of their communities. We will support the development of local prevention plans.

We aim to make promotion of healthy choices part of every encounter with individuals - **Making Every Contact Count (MECC)**. This can help ensure individuals are signposted to additional support that they need, for example, support for health behaviours such as weight loss, social issues such as loneliness or economic challenges such as access to benefits.

All public sector workers and services who are in contact with people should offer MECC supported by simple signposting systems that minimise the work involved for the front-line worker. The approach is also appropriate for VCS workers. Each service will wish to consider what the likely challenges those they serve may face, and ensure signposting to that support is available, e.g. health visitors in areas with high child poverty could signpost to advice on access to benefits.

Carers' Support East Kent is a charity that provides carers with the information and support they need. Their services are available to people who look after a relative or friend, who due to physical or mental illness, age related difficulties, disability, or an addiction, cannot manage without their support.

East Kent's Social Prescribing platform is managed by Social Enterprise Kent for the East Kent area. The service can support with short term issues such as, food and fuel support, form filling, social isolation, as well as long term support such as housing, debts, benefits and more.

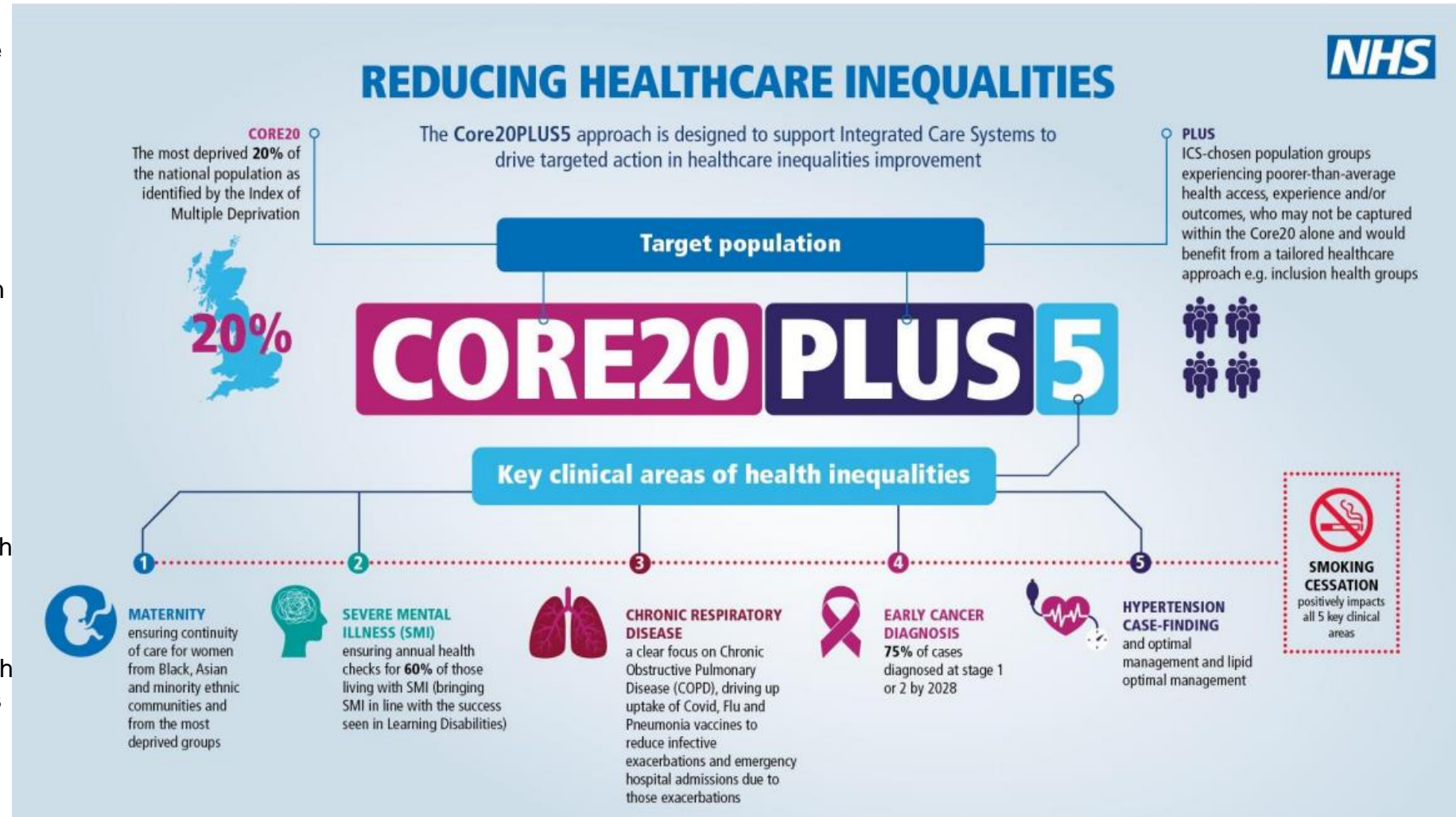


Our NHS organisations will also continue to adopt the **Core20PLUS5 model** to target those most in need.

Core20PLUS5 is a national NHS approach to support the reduction of health inequalities at both national and system level.

The approach defines a target population group – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. We will also respond to the recent additions for children and young people.

Core20PLUS5 will support us to drive targeted action in improving healthcare inequalities. This aligns with our approach to population health management and gives a foundation on which to build future joint action, engaging our local communities in design and delivery, which will lead to Health and Care Partnerships aligning to this approach, and identifying specific local population groups.



## Cost-of-living crisis

The cost-of-living crisis is likely to have a detrimental effect on people's health and could widen health inequalities. It is an issue of high importance for the system and an early opportunity to work together better.

Alongside national interventions, partners across the Kent and Medway ICS are putting in place support for local people. Kent County Council and Medway Council are ensuring vulnerable people can access help including food and fuel vouchers and community services are working to identify people who are struggling and refer them to support. The district councils in Kent are responding to local needs through their housing and benefits teams and providing advice. NHS Kent and Medway are factoring cost-of-living pressures into winter planning, identifying transport options to help patients access appointments and supporting staff wellbeing. The VCSE provides a range of support for people experiencing financial hardship including food banks, employment support and debt advice.

It is a challenging time for all partners, for example the VCSE itself is under pressure with costs increasing whilst for some donations are falling, and demand for support is likely to continue to increase.

The ICP has agreed to coordinate activity where this will add value and agree collectively how best to focus resources to have the greatest positive impact on health and wellbeing.



The Kent County Council Financial Hardship Programme addresses a strategic need to develop a solution which allows frontline teams greater visibility of individual vulnerability, both financially and socially (e.g. homelessness, falls prevention) to enable a proactive response in providing support. It involves, among other things, district frontline teams using risk stratification for case finding. It also includes a “no wrong door” approach for referring people to support - the “ReferKent” system

## Mental wellbeing

### *The challenge*

Our mental health and physical health must be treated equally. The COVID-19 pandemic has shone a spotlight on the importance of mental wellbeing, and the vital role of communities in tackling issues such as loneliness and isolation.

People in Kent and Medway that have a serious mental illness experience significantly worse health outcomes than people that don't. For example:

- Adults in Kent and Medway with a serious mental illness are 3.6 times more likely to die prematurely.
- In 2021, nearly one in five 6- to 16-year-olds had a probable mental disorder and we have seen this increase in recent years.
- The prevalence of people with more than one long-term illness or condition is around 50% higher amongst those with a serious mental illness than the rest of the population.
- The rate of suicide across the county was 10.9 per 100,000 in 2015-17. This is higher than the England average rate which was 9.6.

### *Our solutions*

We will deliver **high quality mental health and wellbeing support to our population, giving it equal energy and focus as supporting physical health**. We will:

- Promote positive mental wellbeing in all communities.
- Work through communities to tackle the wider drivers of mental ill health in all age groups (including loneliness, financial distress, abuse, addiction, housing, relationships).
- Ensure people of all ages with mental health issues can access the support they need, whether that's clinical treatment or wider support such as housing, access to and retention in employment, etc.

The NHS Long Term Plan sets out an ambitious mental health service model, taking more action on prevention. The **Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board (MHLDA PCB)** brings together all the mental health and wellbeing partners with those with lived experience to design a new way of working, integrate service models and develop a shared accountability for improving the mental health and wellbeing of our communities.

“As local authority, third sector and health partners we will build on the foundations we have put in place in recent years to transform the way Mental Health, Learning Disability and Autism services are delivered across Kent and Medway and, vitally, significantly improved the outcomes and experiences for service users, families and carers.”

### **The MHLDA Provider Collaborative Board**

Through our community mental health framework, **Mental Health Together**, we are implementing an entirely new service model to support people with complex mental health difficulties. It will provide a person who is living with serious mental illness care that is centred around them, their family and local community by joining up support from different services that can help. The model focusses on supporting mental ill health in the context of someone's whole life, for example how debt, relationships and employment can impact someone's mental wellbeing, as well as how physical health can impact them too.

We will also deliver our **Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health**. The Plan outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare, and is based on a clearer understanding of young people's needs, provided in ways that work better for them.



## Community Support

Our **communities** can provide us with support, resilience and a feeling of belonging that help us to lead healthy and fulfilled lives and reduce the need for health and care services. We will continue to work in partnership to promote **community safety**, tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Alongside the important role of public sector partners, it is often the informal support from the thousands of local organisations, community networks and local volunteers that help to make a community and create a sense of identity. As a system we will recognise, value and support the vital role that these groups and individuals play, and engage in a way that utilises these community assets for our population's health and wellbeing.

Befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Medway Voluntary Action are working in partnership with Carers FIRST, Medway HCP and other local voluntary and community organisations to deliver and co-ordinate befriending support in Medway.

**Social prescribing** helps to connect people to community services and groups local to them that can help to support their mental and physical health. For example, environmental sustainability activity can play a key role in supporting people with mental health problems. When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

The profile and level of investment in social prescribing has increased considerably over the last few years. This rapid progression has led to an increase in the number of providers and services such as Link Workers, Community Navigators and Community Wardens.

Kent and Medway is in a good position, through the development of a number of initiatives, to now go further by building on and strengthening what is in place through the system.

South Kent Mind Provides coffee, cakes, and lunches at low cost, as well as fresh bread sold separately, for all members of the community. The Café also runs classes on Coping with Life, and Food and Mood, as well as general wellbeing activities.

A strategy board was set up in June 2022 to set the strategic direction and a steering group began in July 2022 to take the work forward and develop a **Social Prescribing and Community Navigation Strategy** that sets the framework for social prescribing and community navigation across the Kent and Medway system.

Kent and Medway Councils are an integral part of the strategy board and are working collaboratively to ensure future commissioning is aligned and meeting common goals and outcomes for the people in our communities.

We are also working together to implement a **single social prescribing platform** that will be launched in 2023. It will enable the public and referrers to search a single directory of services and provide the infrastructure for a single Kent and Medway referral pathway, helping to contribute to an approach with “no wrong door” to access services.

## Employment and skills

Access to good, stable work with fair pay is one of the building blocks of good health and wellbeing. Loss of employment can lead to financial hardship, increased social isolation, loss of self-esteem and purpose and insecure housing tenure, and lead to poor health outcomes. A healthy population is also an essential component of a successful and productive economy.

Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This will include working with partners to boost skills levels, attracting more good-quality jobs into the area and supporting businesses to grow. We will particularly focus on areas that are falling behind the rest of the county on measures like employment and skills levels, helping reduce inequalities in opportunity. We will also seek to close gaps between Kent and Medway's economic performance and the rest of the South East.

The ICS will work with the partners involved in economic development, employment and skills to ensure it plays its role in achieving our ambition. As major employers and purchasers we can also play a direct role in improving local economic prosperity.

Priorities already identified by partners to improve access to good quality employment and skills include:

- Supporting young people into work through dedicated support and guidance, exploring opportunities for work-based learning and increasing access to higher education.
- Supporting the existing workforce by increasing access to training that reflects new technologies being used in the workplace, and helping people re-skill and move between jobs and sectors over their career.
- Building stronger relationships between employers and education and skills providers to put in place the skills that the local area needs to grow.
- Building on Kent and Medway's strengths, including in life sciences, to promote innovation and create more high quality jobs.
- Promoting Kent and Medway as a great place to live and work to attract and retain skilled workers.
- Helping people with mental health or Learning Disabilities into sustained work.

The new Kent and Medway Economic Strategy will set out shared objectives.



Where people are finding it hard to access or remain in work due to mental or physical health issues, there needs to be sufficient support in place to help them find appropriate, good-quality work. We will do this by working together to maximise uptake of DWP support programmes and continuing to work with experts in the VCSE who can provide support to address all of the issues that a person might be facing in returning to work, including improving their confidence, securing training to develop new skills and practical support on applying for jobs. We will also work with employers to help them adapt and accommodate the needs of all employees.

## The built environment

The ICS continues to recognise the fundamental impact that the homes and environment that we live in have on our health and wellbeing.

Everyone who lives in Kent and Medway should have access to a decent, safe, secure, warm and affordable home.

We will work with housing providers, VCSE partners and others to continue to improve the quality of housing of all tenures. Our key priorities include improving the energy efficiency of private rented households to reduce fuel poverty and addressing issues like dampness that can cause health problems.

We will encourage housing that is designed with health and wellbeing built in, promoting healthy lifestyles, and responding to the impacts of climate change and changes to the way we all live and work.

We will continue to work together to prevent and respond to homelessness, addressing the root causes.

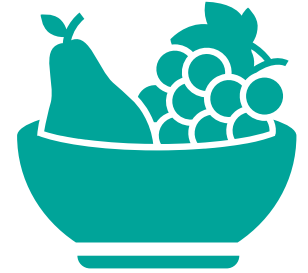
As Kent and Medway continues to grow, partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities, with the physical infrastructure in place that we all need. This includes good transport links, high speed internet connection and sufficient childcare, school places and health and care services to meet local needs.

Access to green space and nature is beneficial for physical and mental health. The physical environment is one of Kent and Medway's greatest natural strengths. We will continue to support everyone to be able to access open spaces including at parks, at the coast, and via safe walking and cycling routes.

Protecting and enhancing our environment is a priority across the system. There are clear health and wellbeing benefits to reducing carbon emissions, improving air quality and managing the impacts of climate change. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part and system partners to coordinate their activity to go further and faster. We will play our role as anchor institutions, minimising our environmental impact and promoting sustainable practices across the system.



For example, as Swale Borough Council started to give consideration to the future expansion of Faversham to meet local needs, the Duchy of Cornwall's land at the south east edge of the town was identified as the most sustainable location for growth. Careful consideration is being given to the architecture and materials but also the landscape ecology, soil, air and water of the land which can all be improved over time by sensitive development, intelligent land uses and management practices. Beautifully-designed public spaces and streets will be designed around the pedestrian rather than the car, and provide a sense of wellbeing and connection to nature, helping to create a new community that will thrive in the longest term, for people and the planet.



## Chapter 4

**We will 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.**

We will achieve this by:

- Supporting our population to adopt positive health behaviours;
- Protecting the public from diseases such as Covid-19;
- Supporting people to age well - championing resilience and independence;
- Delivering personalised care so people have choice and control over their care;
- Providing palliative and end of life care to those in the last stages of their life.



## Health behaviours

Health behaviours, for example our diet or whether we are physically active, have a direct impact on health outcomes.

As part of our Population Health Management approach, we will deliver **evidenced based support**, including emotional and mental health support, at an appropriate scale to help people maintain a healthy weight, eat a healthy diet, participate in physical activity, maintain good sexual health, and minimise alcohol, substance and tobacco use. Increasing activity and preventing diabetes is identified as a priority by all 14 Councils within Kent and Medway. We will continue to conduct system-wide health needs assessments to help us to target where we need to mitigate against health and social inequalities, and test and learn from new approaches to promoting **positive health behaviours**. For example, we will build on current Health Inequalities pilots to provide targeted, improved **access to proactive reviews and screening, including dental checks**, supported by patient focussed support services that understand and address barriers and behaviours which prevent people from engaging in their wellbeing and long term health.

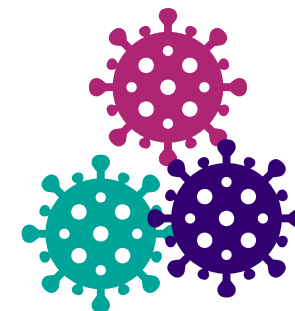
We will learn from and develop schemes delivered through the voluntary sector to provide holistic support to the public in accessing care and meeting preventative goals. With nearly two thirds of adults within Kent and Medway already overweight or obese, local community support for weight management is vital to help our population to thrive. We will engage with and raise awareness of National programmes - such as the **NHS Digital Weight Management Programme and the Diabetes Prevention Programme** - and incorporate these into existing pathways in a coherent way to ensure that we optimise their impact within Kent and Medway.



**Smoking** is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. While smoking rates in Kent and Medway have significantly fallen over the last decade, rates remain high in some wards and occupations (e.g. routine and manual). Furthermore, in 2020/1 over a tenth of mothers in Kent and Medway smoked at the time of delivery, which is significantly higher compared to England average.

Cancer Research UK reports that, whilst smokers from more deprived areas are more likely to access stop smoking services, when they do, they are less likely to successfully quit. This pattern is also seen in Kent and Medway. It is therefore important that every aspect of referral and treatment pathways are focused on helping reduce the smoking rates in these higher prevalence groups. We will **Make Every Contact Count** to signpost support.

**Contraceptive services** providers will work together to ensure a seamless service for the public, and will also consider the wider health and sexual health needs of the patients. With the additional pressures on GP practices and Sexual Health Services, the ICS will monitor and evaluate accessibility to ensure people have good access to contraception.



## Health protection

The past two years have shone a spotlight on the important role that our health protection responsibilities play in delivering improved outcomes for our population and the communities we serve.

Health protection is multi-faceted and there are many agencies involved in protecting the public from communicable diseases, non-infectious environmental hazards and the risks of a future in which antimicrobials are no longer effective.

A cross-cutting theme is to ensure that particularly vulnerable groups are being identified and their needs around the prevention and response to health protection issues are addressed. These groups include refugees and asylum seekers - a particular challenge for Kent and Medway - homeless people, Roma, Sinti, Travellers and other groups.

Health Protection includes:

- **Infection prevention and control** (IPC) arrangements within health and social care settings as well as in the community.
- Tackling antimicrobial resistance in the community, primary, secondary and tertiary care.

- Managing and controlling communicable diseases, and new and emerging infections.
- Environmental hazards including air and water quality, food safety, contaminated land, and control of biological, chemical, radiological and nuclear threats.
- Reducing the impact of vaccine-preventable diseases through **immunisation**.
- National **screening** programmes.
- **Emergency preparedness**, resilience and response (EPRR) across all hazards, including epidemics and pandemics.

The Kent and Medway Health Protection Board is a multi-agency board on health protection across Kent and Medway with a focus on protecting the public. Originating from a multi-agency board that coordinated the system response to the Covid-19 pandemic, this board has now taken charge of the wider remit of health protection, building on the effective partnerships and networks developed over the last two years.

The Board provides oversight of existing health protection issues as well as horizon scanning for any emerging situations and threats to support a joined-up and coherent system. The Board provides assurance and system leadership to Directors of Public Health in Kent and Medway in relation to their statutory functions around health protection.

The Board oversees the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters. It receives updates on areas of health protection and recommends steps for system-wide improvement, system alignment and the commissioning of services with a focus on reducing health inequalities in our populations.

In addition, task and finish groups support the Board around specific health protection areas to recommend steps.

## Ageing Well

Our adult social care services support people of all ages to live as full and safe a life as possible. They will continue to promote people's wellbeing prevent, reduce or delay the need for care and support and safeguard vulnerable adults. We will do this by focusing on the individual strengths of people with care needs, their families and carers.

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Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

We are committed to:

- Giving people choice and control about the care and support they receive throughout their lives.
- Empowering people to maintain good physical and mental health and well-being.
- Offering people relevant support, information, guidance and interventions to enable them to be proactive and address any lifestyle or related issues, promoting healthy ageing and reducing the likelihood of escalation of health or care need.
- Connecting people with their community, e.g. through social prescribing, to help to combat social isolation and loneliness, and enrich later life.

Key priorities and pathways include:

- Promoting a multidisciplinary approach where professionals work together in an integrated way to provide tailored support that helps people live well and independently at home for longer.
- Developing community response teams to support people with health issues before they need hospital treatment and help those leaving hospital to return and recover at home.
- Making the system more coordinated so it is easier to navigate and get the right care to maintain independence.
- Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death so that we can target prevention strategies and support people to manage their health and wellbeing as they age and provide support on the basis of their needs through to the end of their life.
- Offering more support in care homes including making sure there are strong links between care homes, local general practices and community services.

- Embedding technology-enabled care such as wearable devices and home monitors as core tools to support long term health problems in new ways, and support people to remain at home safely where possible.
- The Kent and Medway Care Record will support continuity of care and a holistic approach for people at higher risk of deteriorating health.







# Personalised Care Delivery

*“Personalised care means people have choice and control over the way their care is planned and delivered. It is based on ‘what matters’ to them and their individual strengths and needs”. NHS England*

Personalised care represents a new relationship between people, professionals and the health and care system. It provides a positive shift in power and decision-making that enables people to have a voice, to be heard and be connected to each other and their communities. It takes a whole system approach, integrating services around the person including health, social care, public health and wider services.

Kent and Medway’s personalised care approach is underpinned by the ESTHER philosophy, this emphasises the **“what matters to me”** methodology.

We currently have 1,700 ESTHER Ambassadors across Kent and Medway in Social Care and VSCEs and over 100 in partner NHS organisations.

Both Kent and Medway Councils work with ‘Think Local, Act Personal’ to make personalised care real.

## Shared Decision Making and Patient and Resident Choice

- Encouraging our workforce to carry out training for Shared Decision Making and Patient and Resident Choice via the Personalised Care Institute.
- Enabling our residents to have discussions on their treatment and care including what is important to meet their needs.

## Personalised Care and Support Planning (and Review)

- Encouraging take up of the Personalised Care Institute (PCI) Personalised Care and Support Planning module across all PCNs and our Delivery Partners.
- Encouraging Local Maternity Services to utilise the PCI for their personalised care planning.
- Addressing the disparity in data collection of personalised care and support plans. There is inconsistency across the system in approach and coding across the PCNs.

## Social Prescribing and Care Navigation (Community-based support)

Tailored to local strengths but with a more consistent, equitable and joined up approach across the Kent and Medway System.

## Personal Health Budgets and Integrated Personal Budgets

Increasing our offer of PHBs and Direct Payments through continuing to support, and evaluate pilot projects working with our system partners.

Work **with** Better Care Fund to support early discharge across the system.

## Enabling Choice (including legal right to choose)

Legal right to choose provider in respect of first outpatient appointment and suitable alternative provider if people are not able to access certain services within the national waiting time standards.

## Supported Self Management

Encouraging people with lived experience to carry out Peer Leadership training to support others with their experience.

For example: A project developing volunteers to teach others to check their own blood pressure, and what to do if this is not normal.

**Enablers: Leadership, co-production and change / Workforce / Finance / Commissioning and payment**



## Dementia care

We are committed to ensuring that every person living with dementia is supported to live as well and as independently as possible. The means receiving high quality, compassionate care from diagnosis through to end of life. This applies to all care settings, whether home, hospital or care home. We will:

**Empower and support people and their carers:**

Promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.

**Empower our workforce:** Developing a more productive, competent, and confident workforce (including in the care sector) to use the tools and information they need to provide high quality care and support.

**Improve partnerships:** Working closely with partners to seek opportunities to collaborate, innovate, and share information to deliver better outcomes for people.

**Improve standards, safeguarding and quality of care:** Working with all providers to continually improve the quality of dementia care, delivered in an integrated way, with the person with dementia at the centre.

Key priorities and pathways include:

- Increasing awareness and education on how to avoid the risks by promoting individual health and wellbeing, empowering people and their carers to effectively access better information and support.
  - Increase Kent and Medway's Dementia Diagnosis Rate (DDR), ensuring that individuals and their families are able to access timely and accurate diagnosis. We aim to create an improved referral pathway that is individualised and person-centred.
  - Support people living with dementia to live happy, healthy, fulfilled lives remaining safely at their normal place of residence with appropriate support, and making a smooth transition into other residential settings when needed.
  - Enable carers to be able to access support at the right time, helping them to continue in their caring role, whilst also maintaining a life of their own.
  - Ensure that people living with dementia are able to die with dignity in a place of their choosing, for those living with dementia and their families to feel supported during this difficult time and ensure the end of life care provided is excellent.
- To work in partnership across health, social care, community, voluntary and independent provision to develop services that reflect the wants and needs of people living with dementia in Kent and Medway which will:
    - Recognise the need for a collaborative journey where people's values and opinions are recognised.
    - Be delivered with care, compassion, kindness, and friendliness.
    - Keep people well informed.
    - Treat people as individuals and not make assumptions.
    - Offer consistent support and motivation.
    - Ensure that people are listened to and not disregarded.

## Palliative and End of Life Care (PEOLC)

The Palliative and End of Life Care Strategy (Adults and Children and Young People) in Kent and Medway 2022-2027 published in May 2022 provides a steady basis from which to grow. The strategy was based upon the six national ambitions for palliative and end of life care:

Our strategy aims to make sure that individuals who are in the last stages of their lives and dying 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.

Since July 2022, the Integrated Care Board also has become responsible for PEOLC as part of the Health and Care Bill with both statutory guidance and a handbook for implementation published in late September 2022.

Key local, regional and national priorities include:

- Improving the identification of those who are likely to be within the last year of life with targeted support to manage their changing health needs over time.
- Supporting people to die in their place of choice by ensuring models of care and services evolve over time, always keeping the individual's wishes at the heart of decision making.
- Raising community awareness of death and dying to enable "Compassionate Communities" to grow, and providing robust bereavement services for all.

- Providing a single point of access, available 24-hours-a-day, seven-days-a week to provide an alternative to 111/999 in times of crisis and to enable more people, where appropriate, to live well and die well, at home or the place of their choosing such as a hospice.
- Developing advance care plans for every individual enabling joined up care through the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) roll out across Kent and Medway.
- Prescriptions for medicines that support comfort at the end of life will be the norm and readily available in pharmacies and we will aim to broaden training for informal carers on how to administer these 'just in case' medications.
- Supporting people and their families during the transition between children's and adults' services.
- Learning from individuals and families to improve comfort, dignity and ensure wishes are being met.
- Providing a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.





## Chapter 5

**We will support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.**

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We will achieve this through:

- High quality Primary Care;
- Patient Empowerment and Multidisciplinary Teams, and;
- Support for Carers.

## Primary Care

Primary care is, and will remain, the bedrock of the NHS. It is the first point of contact with the NHS and is highly valued by people. It plays a vital role in supporting those with complex conditions. With the right tools, skills and investment, our primary care workforce can continue to deliver world class, place-based patient care.

We want general practice to remain true to its core principles of continuity of care and a person-centred approach whilst playing an active part in developing the integrated care system for Kent and Medway. The patient consultation will remain at the heart of general practice but the ways in which that care will be delivered is changing.

Kent and Medway ICB has recently taken over delegated authority for commissioning **Pharmacy, Optometry and Dentist** services.

Harnessing the role of **pharmacy** as part of a PCN approach to the delivery of local health and care services, we will ensure all pharmacies are supporting people with health care, self care, signposting and healthy living advice.

We will improve and increase access to **dentist** services, maximising capacity and improving urgent care, minimising deterioration of oral health and reducing health inequalities.

We will also improve people's access to NHS sight tests and other locally commissioned eye health services, focussing on improving equality of access for everyone. We will ensure that **optometry** services are integrated into wider system as a key component of vital community-based services.

### Medicines Optimisation

Spanning health, social care and justice, total spend on medicines across the ICS is estimated at c.£500m with an estimated annual growth of 8%. Our ICS has developed a pharmacy and medicines optimisation strategy to ensure that medicines are utilised safely and effectively to improve patient outcomes, whilst reducing wastage in medicines usage.

Our general practices will increasingly work with neighbouring practices through **primary care networks (PCNs)** to deliver place-based care for their local patient populations. People will benefit from more joined up care in the community, with care being received in the most appropriate setting at a local level and with local accountability.

Practice teams will widen the range of services provided with an extended range of clinical and support staff providing care for both physical and mental health and allowing patients to see the right professional more quickly.

Technology will be used to best effect for patients and general practice staff, offering better care, helping people stay healthier and more independent and improving efficiency for general practice teams. For those unable to use technology other options will be available offering care of equal quality.

We know that it is still too difficult for people to get an appointment to see their GP and primary care team, and we must do all we can to support people and general practices.

We want **general practice** to offer a consistently high-quality service to everyone in Kent and Medway, delivered by a skilled multidisciplinary team working in partnership with other health and care services to maximise benefits for our population.



## Patient empowerment and multi-disciplinary teams

The increasing number of people living with long-term conditions means that the needs of our population are often complex, requiring agencies to work in partnership to provide the desired outcomes for our population.

People with multiple health conditions are best served by teams made up of multiple disciplines.

This will ensure a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty.

Identifying people that require multi-disciplinary care earlier and being proactive in their referral will lead to better outcomes.

Primary Care will be supported in targeting proactive referrals for people based on their individual needs and choices. Complex Care Teams and Multi-Disciplinary Teams working with Primary Care and Social Care will co-ordinate identified groups of people and respond to needs and opportunities at a local level.

A strategic joint needs assessment, in support of Better Care Fund improvements between health and social care, will identify opportunities to invest in sustainable improvements in housing, environments and access to care close to home with the aims of enabling independence through system design with timely access to care where appropriate. This strategy will be informed by evidence including lessons learned from patient centred services such as Complex Care Nursing and Multi Disciplinary Teams.

A model of shared decision-making will empower the people of Kent and Medway to make informed choices about how, when and where they receive care. This will utilise personal health budgets and social prescribing where appropriate, alongside patient centred services such as complex care teams encompassing physical, mental health and social care disciplines, enabled by the Better Care Fund.

Where possible, delivering care in a person's own home will help maintain independence and quality of life. This needs to coincide with easy, local access to support services and where appropriate, assistive technologies to continue independence.

We will develop a strategy to build links with the VCSE to facilitate the business as usual approach to linking people with non-NHS and local authority services.

Cardiovascular disease outcomes are improving but remain the biggest cause of premature mortality nationally. A person dies of cardiovascular disease in Kent and Medway every 2 hours.

As a system, we are strengthening collaborative working in our Cardiovascular Networks to improve earlier detection of those at risk, and working with prevention programmes to manage cardiovascular risks (for example, high blood pressure or cholesterol) at an earlier stage. This includes increasing access to education and support to enable people to manage their own condition.

Our Networks are committed to reducing the variation of services and outcomes across the system by adopting population health management approaches to identify gaps and target resources.



## Support for carers

We recognise the important role of formal and informal carers in a person's care team. There are many different types of carer and they come from all walks of life, ages, ethnicities, and backgrounds. Anyone can find themselves in a caring role at some point in their life. However, they have one thing in common; their role directly benefits the people they look after and society as a whole, so we must recognise their needs and support them too.

A carer's role can make paid work, study, maintaining social connections and getting involved in leisure activities difficult and sometimes almost impossible. Carers are more likely to suffer with physical, emotional and mental health problems.

Young carers can experience lower educational attendance and attainment, isolation and physical and mental health problems due to their caring responsibilities. We are committed to working as a partnership to address this. We will continue to work together to ensure there is good understanding across all services that work with children about the impacts of being a young carer, how to identify 'hidden carers' and how to put support in place for them. VCSE organisations provide vital support for carers of all ages, including one-to-one support for young carers to build resilience and help them cope with challenges, respite activities and in-school support.







## Chapter 6

**We will ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.**

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We will achieve this through:

- Providing quality healthcare as close to home as possible;
- Continuing to develop centres of excellence for specialised services, and;
- A range of alternatives to hospital care, shorter stays and safe discharge enabling effective flow through the system.



## Hospitals and centres of excellence

We recognise the importance of providing **quality healthcare as close to our populations as possible** and we will continue to plan our services in to enable this to happen.

Access to hospital care at the right time is not just about location, it is also about how we look at how services are configured within a Place. Partners within the ICS must join up health and care around individuals so that they can access the service and receive the requisite quality. Some hospital services will continue to move to community based settings. For example, during the COVID-19 pandemic, virtual wards and consultations helped ease pressure on hospitals and enabled primary care and other parts of the system to provide essential services.

There is a compelling case for investment and change in the way acute care is delivered to the population of East Kent. Since 2015, we have worked closely with East Kent Hospitals University NHS Foundation Trust, other partner organisations, and the public to review how hospital services should change. The proposals form the basis of a bid to become one of the Government's New Hospitals Programme. Over the next few years we will continue to support the Trust to further develop their plans to improve the care it provides for East Kent residents.

Nevertheless, there is compelling evidence that creating **centres of clinical excellence** provides improved outcomes for patients. Increasing the volume and variety of cases within a specialism in centres of excellence that have all the necessary supporting clinical adjacencies, helps to address major geographical inequalities in life expectancy, infant mortality and cancer mortality. These centres of clinical excellence are also proven to attract and retain quality staff, and enhance clinical research and innovation.

Here in Kent and Medway, we have already established a number of centres of excellence. We already have two Neo-Natal Intensive Care Units, one single inpatient Renal Centre, one single centre for Primary Percutaneous Coronary Intervention (PPCI), and a small number of specialist cancer surgical centres. We are also in the process of creating three Hyper Acute Stroke Units and we will shortly be centralising all inpatient Vascular Surgery at Kent and Canterbury Hospital. We will continue to work will all partners to further develop centres of excellence where there are clear clinical benefits from doing so.

The recent Health and Care Act gave NHS England the powers to delegate commissioning responsibility to Integrated Care Boards for **NHS Specialised Services** and there is a national ambition to delegate commissioning responsibility for 67 of the 154 specialised services from NHS England to Integrated Care Boards.

From April 2024, Kent and Medway ICB will take over commissioning responsibility for 67 services, such as complex neurology and tier 4 child and adolescent mental health services, and will become the lead commissioner for these specialised services for Kent, Surrey and Sussex.



## Improving flow through the system

Demand on our emergency departments is at an all-time high nationally, exacerbated by seasonal pressures such as winter-related illnesses as well as overflow from primary care and inappropriate referrals. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting.

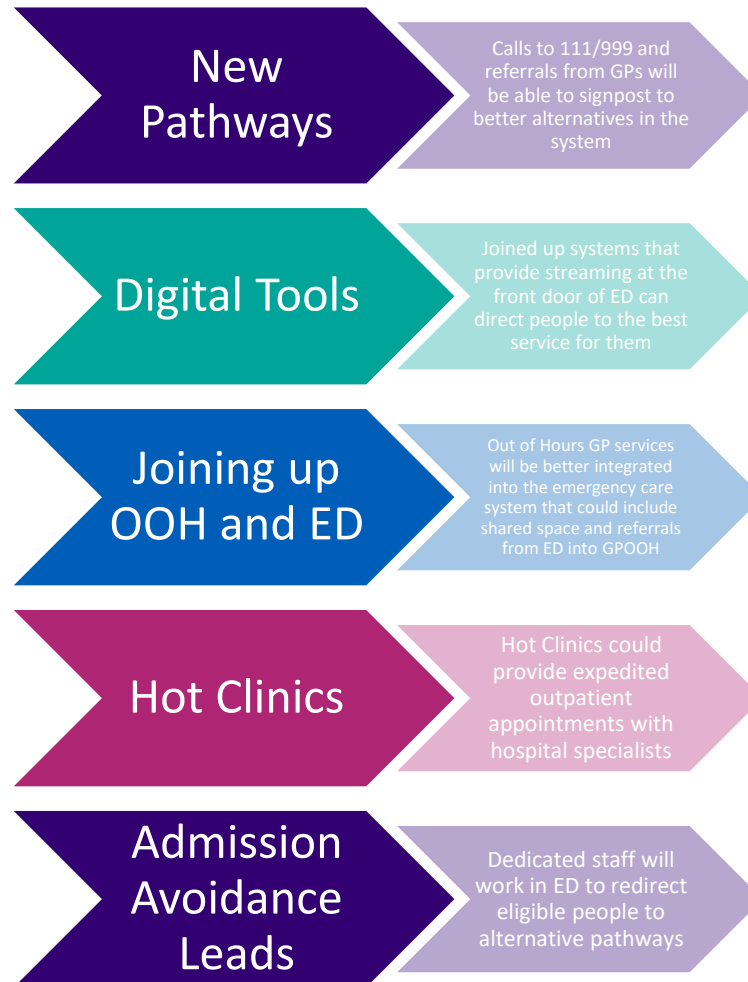
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Embedding new models and services will allow us to not only reduce pressure on Emergency Departments but also deliver more appropriate care faster and closer to the patient's home.

**Urgent Treatment Centres** and facilities that can provide **Same Day Emergency Care** are able to redirect people who would otherwise have visited an emergency department. By reviewing the provision of these services across our region we will ensure they are reflective of best practice, and we will champion these services to reach the best standards.

### Working together during surge

In peak times, we want to improve the communication channels of our services throughout the system so they can escalate and de-escalate to support the wider system and take proactive decisions to balance demand.



We will continue to develop relationships with our partners and get better at using data and evidence to inform commissioning decisions. By improving our commissioning relationships with providers of **adult social care** (including private sector and VCSE) we will ensure sufficiency of the adult social care market and aid discharge from the acute setting.

**Community services** play a significant role in supporting acute hospitals both in prevention of exacerbation of health issues reducing the need for admission, and in rehabilitating people to prevent re-admission.

### A focus on discharge

Our ambition is that the Kent system jointly plans, commissions, and delivers discharge services that maintain flow and are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate and responding to seasonal pressures.

We will leverage the benefits of being able to work at system-level to support improved flow and faster, more successful discharges. This will include reducing the transactional behaviour and competition that exists for health and local authority placements.

We will be able to manage the market better, providing joint commissioning and shared tariff and payment mechanisms for care.

Similarly, being able to evaluate our performance at system level will unlock new insights. We will monitor quality effectiveness, outcomes and value for money through new frameworks.



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**Alternatives to Hospital**

**Local Enhanced Services**

Certain investigations and treatments which could traditionally only be provided in hospital will increasingly be available in primary care, enabled through PCNs with wider skill mixes, more estate options and extended hours.

**Community Diagnostic Centres**

A system-led network solution for diagnostics aims to reduce time to diagnosis through improved patient flow. They provide convenience for patients, away from acute hospital, with rapid results.

**Virtual Wards**

Patients can get the care they need at home safely and conveniently, rather than being in hospital thanks to virtual wards, enabled by telemetry and wearables, support is delivered by a multi-disciplinary team at a distance.

**Urgent Community Response**

We are bolstering our UCR services that aim to see patients within 2 hours of referral in their own home.



**Shorter In-Patient Stays**

**Single EPR**

As part of our system-wide digital transformation, we're aiming for a single, electronic patient record that will allow clinicians to provide continuity of care with easy access to important clinical information.

**Same-day Emergency Care**

Providing rapid and targeted treatment to applicable patients without prolonged admission can reduce the risks with long stays in hospital.

**Better Testing and Pathology**

Consolidating pathology services allows for more consistent, clinically appropriate turnaround times, ensuring the right test is available at the right time.

**Urgent Treatment Centres**

These community services can be used to relieve pressure on larger A&E departments, which are better placed for treating the seriously unwell, shortening waiting times for both ambulances and patients.



**Successful Discharge**

**Discharge Pathways Programme**

K&M ICB have used the BCF to help deliver closer collaboration and joint risk sharing when funding and delivering discharge pathways.

Single, integrated discharge teams will have access to system-wide knowledge and resources to plan discharge.

**Reablement**

Joint commissioning of care will have a stronger focus on reablement and therapy and reduce the number of handovers needed between services.

**Data-supported discharge services**

Improved discharge flow is underpinned by system-level demand and capacity modelling as well as accurate and contemporary data to support us in identifying inequality across the system, allowing us to implement steps to improve pinch points and equality.



## Chapter 7

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**We will make Kent and Medway a great place for our colleagues to live, work and learn**

We will achieve this through:

- Championing an inclusive workforce;
- Looking after our people;
- Growing our local workforce, and;
- Building 'one' workforce.



## Our Context

There are over 80,000 health and care colleagues across a range of services based in Kent and Medway.

We have a multi-generational workforce with differing needs and there are opportunities to work more closely together to offer attractive employment at each stage of people's career.

While good examples of collaboration and innovation exist and should be adapted and scaled up where we can, there are differing experiences across our teams which should be tackled. This is especially true for colleagues from ethnic minority groups and those with disabilities or long-term conditions.

The demand for staff is outstripping supply and, along with an ageing workforce, this is putting increased pressure on our teams.

There are many opportunities to work together as a system to grow and develop our workforce and make Kent and Medway a great place for our colleagues.

## Our Ambition:

**Wherever you work in health and care in Kent and Medway, we want it to be a great place to work and learn.**

We see our future as one where our people champion Kent and Medway as a great place to work – where they are empowered to drive improvement, innovation and are active in research.

We want our people to work together across organisations and collaborate with local residents to create communities that are amongst the healthiest in England.

We want our workforce to work together, across health, care and voluntary sector, enjoy their work, learn and develop in their jobs, be empowered, engaged and develop to be excellent at what they do.

To do this, organisations within the ICS will work together to attract and retain professionals, work with education and training providers to develop exciting and diverse careers and training opportunities, provide talented and capable leadership and offer flexible and interesting careers.





### Homegrown Doctors

Kent and Medway Medical School is a ground-breaking new collaboration between local universities and NHS partners. The curriculum is delivered with integration in mind, with early exposure to a range of health and care professionals, and early experience in general practice. In the future, locally trained doctors will be able to serve our local communities and work within the ICS to meet the challenges of modern health and social care.

### Championing inclusive teams

We will work with all our partner organisations to embed cultures that promote civility, respect and inclusion, providing shared talent and development opportunities and education for leaders and teams, with shared action to grow and celebrate our diversity and be representative of our communities including systematically addressing bias, empowering and developing colleagues from underrepresented groups and celebrating diversity at all times.

We will build from best practice, working with colleagues with lived experience to build inclusive teams and cultures and tackle racism and discrimination.

### Looking after our people

We will develop wrap-around wellbeing services for our workforce. These will support those with illnesses as well as empowering colleagues to proactively manage their wellbeing. We will identify specific interventions that align with our population health priorities, particularly with colleagues who are experiencing health inequalities.

### Growing our workforce and skills

We will build on our Kent and Medway health and care academy by working in partnership with local employers, schools, careers services and education partners to create a robust pipeline of local workforce for future years, developing new roles such as apprenticeships, new ways of working such as cross-organisational portfolio roles with the skills and digital capability to be ready for the modern workplace.

We want to develop programmes that help to reduce long term and youth unemployment, bring young people into work and support carers as part of our wider workforce.

We will create an attractive employment proposition for health and care. One that develops and retains our exceptional local workforce and attracts people into careers in health and care from

within and beyond Kent and Medway, reducing the need for expensive agency workers.

### Building 'one' workforce at place

Working across health and care partnerships, we will use our anchor institutions to develop one workforce at place, create integrated neighbourhood teams with embedded flexible working, mobility and enabled through digital technology and capabilities. Through this, we hope to reduce unnecessary commuting and reduce our carbon footprint.

We also have a vital and valued volunteer workforce - we will ensure that that we celebrate their invaluable work but also seek their input to shape, improve and deliver services.

The Kent and Medway People Strategy is being developed alongside the Integrated Care Strategy and Five Year Joint Forward Plan and is being led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development will be overseen by the Integrated Care Board's People Committee.

## Chapter 8

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### **We will drive research, innovation and improvement across the system**

We will achieve this through:

- Establishing ways to better collaborate on research across our system;
- Unlocking additional capacity by empowering our workforce to take part in research and improvement in their everyday work;
- Championing innovation and being open to trying new ideas;
- Sharing and using data safely and effectively to achieve better outcomes, and;
- Embracing digital transformation as a system.

## Our Research Context

There is a large amount of high quality research already taking place across Kent and Medway. However, this research is not always as widely shared as it could be and it is difficult to find out what research is currently underway across the system.

The data that our partners hold is a rich source of information that can provide valuable insights and, in turn, can drive improvement. Trusted frameworks and governance structures are needed to facilitate combined data sets.

The formation of our ICS presents an opportunity to establish new ways of working and reshape the focus of our research. Our aim is to bring the research activity, data and innovation of our organisations closer together. This will allow for better **collaboration**, unlock additional research **capacity**, and help share **innovation** across our system, collectively to improve the lives of people who reside and work in Kent and Medway.

## Our 6 Research and Innovation Outcomes are set out below:

### 1. People are well informed and understand it's their right and choice to participate in research

- We'll achieve this by integrating research messaging into everyday communications

### 2. Reduced disparities in: people accessing research and benefitting from proven innovations

- We'll achieve this by making available an expansive and diverse portfolio of studies that unites system partners for equitable access to patients, carers and the general public

### 3. Research evidence is utilised to support improved outcomes

- We'll achieve this by enabling system-wide capability to access and synthesise new evidence

### 4. Co-develop new research projects in response to local evidence gaps and in line with local strengths

- We'll achieve this by commissioning local research, with university collaboration in response to local needs and priorities

### 5. Increase the number and diversity of the research and innovation workforce

- We'll achieve this by supporting our workforce, promoting research as a career and jobs that span multiple disciplines

### 6. Enabling and supporting the adoption and spread of proven innovation, for better outcomes and thriving lives

- We'll achieve this by horizon scanning and industry engagement to generate a rich pipeline of useful innovation

## Research Collaboration

Involving all of our partners will allow us to apply a more holistic approach, considering more of the wider determinants of health and challenging partners to view prevention as our primary focus.

Our own research should be utilised to help us plan and commission services more effectively. By consulting with our research community on modelling and appropriate methodologies, we can commission services based on local, evidence-based research.

As our confidence in collaborative research grows, we will understand the needs of our communities better, and identify collective solutions to address them.



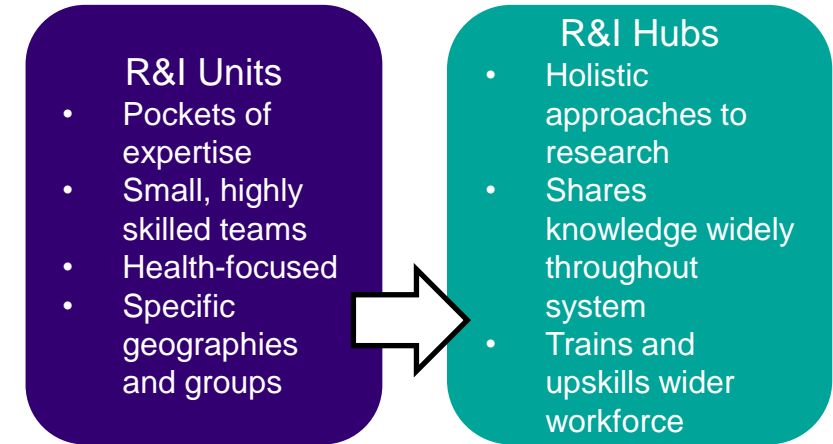
## Joint Research Collaborative

The JRC brings established NHS Trust Research and Innovation Units and local academic partners together, and now has been extended to public health and social care teams. This will support better prioritisation of research objectives and improve representation of otherwise under-represented service users.

## Health Determinants Research Collaboration

Medway Council, in collaboration with the University of Kent, has been successful in bidding for £5m in funding to establish a Health Determinants Research Collaboration, one of just 13 in the country. The team will conduct research on wider determinants of health which will inform council and ICS policy on how we work to improve health and wellbeing.

Kent County Council Public Health has recently set up a Research, Innovation & Improvement Unit working with Adult Social Care (known as Kent Research Partnership) and the wider council to strengthen existing research infrastructure, capacity and culture. This will build upon KCC Public Health's track record on international research activities (Health & Europe), experience in linked dataset development and associated education and training activities such as Darzi Fellowship and other university placement programmes.



Our Research and Innovation Units are key centres of talent and expertise that need to be harnessed to disseminate learning throughout the system. Our aim is to develop these into hubs that broaden our outlook and equip more people with skills to carry out research and improvement work.

With a system-wide overview, we can deploy additional support, such as in general practice and district councils, to bolster their research output and align it to wider system priorities.

Lastly, there is the opportunity to create new integrated research roles that traverse different sectors as well as advocating for adding research activity into job descriptions.

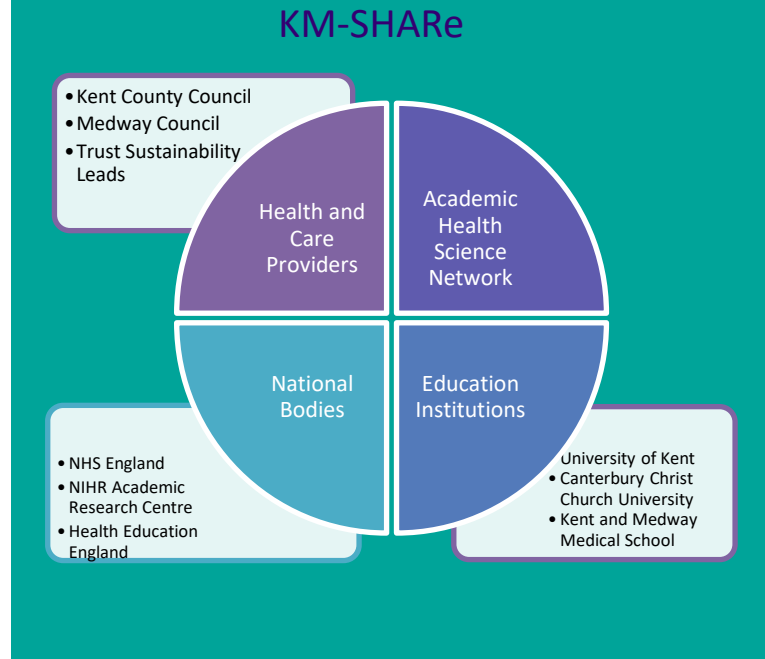
## Quality Improvement and Innovation

We will make a commitment to, and adopt, **single methodology and philosophy** (such as Quality, Service Improvement and Redesign – QSIR), and develop capacity and capability at all levels of the ICS. We will change culture to increase focus on experimentation and rapid improvement cycles.

Upskilling our workforce and empowering colleagues to take on research, innovation and quality improvement across a wider cross-section of our system will provide greater capacity. In doing so, we can instil continual improvement across the entire system.

Quality improvement and innovation are activities already underway across the system. As an ICS, we will be better able to share best practice and learning. We will work with regulators, such as CQC and Ofsted, where appropriate to drive improvement through the system.

KM-SHARe is a collection of local and national partners who are coming together, hosted by the ICS, to overcome traditional boundaries to focus on sustainability and environmental initiatives in support of our Green Plan.



## COVID-19 driving innovation

Throughout the pandemic, additional research activities were undertaken by social care, public health and primary care teams in order to respond to issues directly affecting local populations. Maintaining this momentum and capitalising on reduced barriers to work between organisations can be facilitated by the joined up approaches of working as an integrated system.

We will build a partnership between the University of Kent and key partners such as the Kent and Medway Medical School to build a centre of excellence in delivering research that creates evidence and solutions for local health and care providers and commissioners.



We will ensure a focus on key system enablers, with strategic attention to digital, including shared data and analytics.

### Data and Information Sharing

Easy access to information when and where it is required through **the Kent and Medway Care Records Programme** will help guide our decision making, allowing for informed decisions on real-world, local knowledge.

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Allowing this data to be more routinely shared throughout our system will be enabled through better legislation at both a national level and through local arrangements.

Through the **“My Care Record”** programme we will provide the residents of Kent and Medway with access to their own medical record.

Our long-term ambition is to build a **Trusted Research Environment**, based on national guidance that will allow for a safe, secure space for linked data across our local region.

A shared information governance model across local government and NHS will be developed to enable data sharing and integration for 'secondary uses' such as population health.



### Digital Transformation

The ICS Digital Charter describes how we want to work together on both a data and digital standpoint. Our collective aim is to **reduce complexity, communicate digital plans** and **deliver healthcare transformation** through a series of digital and data programmes.

Some of the ways to do this include empowering digital champions to lead transformation, building confidence within our workforce around digital and data and developing a sustainable service that does away with waste and consolidates in areas where there is duplication.

We are investing in the development of single clinical systems across the ICS. Examples include a single pathology information system, a single maternity system and a single cancer information system which will provide richer data and further develop record sharing with people.



## Chapter 9

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

We will achieve this through:

- Championing our values;
- Monitoring quality and providing governance;
- Guiding resource allocation;
- Interfacing with national bodies;
- Building resilience and preparing for emergencies, and;
- Working with our Places and Neighbourhoods to align priorities and develop implementation plans.

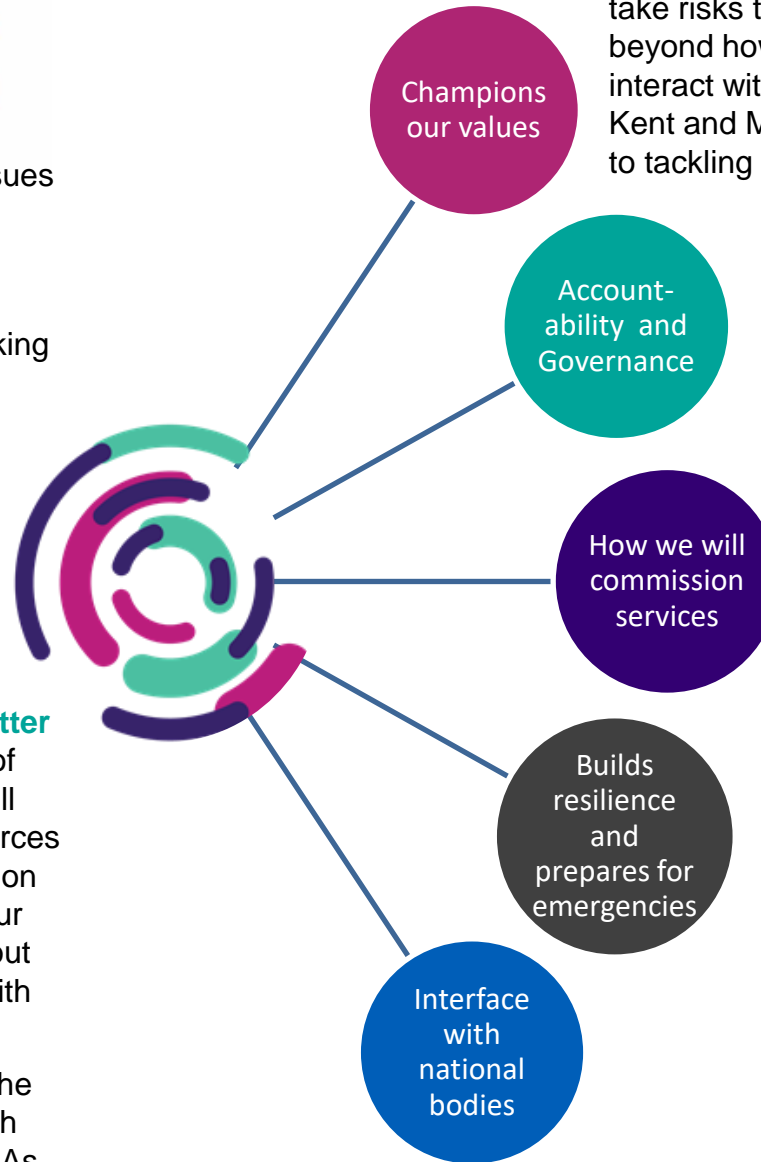
At **system level** we must focus on the complex issues that can only be dealt with by acting together.

We are facing a period of significant financial challenge. We recognise the tangible patient and population benefits that can come from closer working with partners in delivery and commissioning of services.

We will work with our **Health Care Partnerships at Place level** to ensure that priorities and ambitions are aligned and that robust implementation plans are developed with the system holding each other to account for the delivery.

Organisations need to **understand each other better** so that we reduce duplication and make the most of our collective resources. Where appropriate, we will also use the tools at our disposal to pool our resources and overcome barriers to integration. We will position Voluntary, Community and Social Enterprises as our strategic partners in various workstreams throughout the ICS by having an established VCSE alliance with formal agreements on how we will work together.

This strategy reflects insights from the public and the output of a Symposium held in October 2022, which had over 100 participants from across the system. As leaders, we must find ways to create space to continue to build a **culture of collaboration and trust**.



Our values act as the foundations for the way we conduct our work. We will build a culture of organisational trust and transparency and be prepared to take risks to achieve the right outcomes for our population. This extends beyond how we work together as a system but also sets out how we should interact with private businesses, voluntary organisations and the people of Kent and Medway. We will continue to build partner leadership and commit to tackling the wider determinants of health.

We must monitor progress of activity and our impact and hold each other to account for delivery on commitments. For the first time, targets will encompass combined metrics for both health and social care. We will work to develop core outcomes that will enable us to show tangible improvement. Governance will enable coordinated prioritisation and planning of activities and sharing of best practice between partners.

We will continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need. We are committed to increasing the resources that we can allocate and share between partners, that are jointly commissioned across health and social care. The ICB is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. This could support new and emerging provider collaboratives, and remove obstacles to operational teams working together.

We have legal duties to be prepared to respond and coordinate services in emergencies. System-wide resilience and emergency preparedness requires robust leadership and accountability. We have a robust system-level response plan and test these plans locally, regionally and nationally. Our ongoing, coordinated response to Covid-19 is led at an ICS level.

As changes take place across health and social care on a national level, the ICS will act as the voice of the people of Kent and Medway on the national stage. We will advocate on behalf of our community and influence wider policy to benefit our population.

Section 75 agreements allow us to pool budgets between local health and social care organisations and authorities.

We have agreed a new Section 75 agreement for Learning Disability and Autism (LDA) services earlier this year, with Kent County Council, Medway Council and NHS Kent and Medway as partners in this single Section 75 arrangement, a move from the two separate ones.

### Co-design and joined up commissioning

The formation of our ICS will transform how we commission services. Supported by legislation, we will deploy services and pathways that are tailored to specific needs and localities.

We will involve service users throughout design and seek regular feedback to respond to new demands and improve experiences. We will involve VCSE and Healthwatch as additional important voices in the development of our services.

These services will be able to transcend health and social care for joined up, single access provision with an emphasis on staying well and prevention.

The Better Care Fund allows spending for joined up services that span health and social care, bringing them closer together in a more streamlined way. Work has also commenced to review all Better Care Fund spend in Kent and Medway. We will look for opportunities for further joint working and re-working the Better Care Fund to make it fit for purpose and a transformational vehicle. The first stages of this work will be completed before 2023.

For example in Medway, a joint commissioning management group, made up of system senior officers oversees all spends from the BCF. The partnership commissioning function ensures that health and social care are both embedded in new contracts.

### Our Green Plan

Kent and Medway ICS is taking the impact of climate change on health and inequalities very seriously. Partners across the system are now working together to create a coordinated plan of activity to maximise the effect of our collective action in tackling climate change. The more we do to reduce carbon emissions, improve air quality and promote biodiverse green spaces, the bigger the positive impact on our population's health and wellbeing. Our vision is bold: It is to embed sustainability at the heart of everything we do, providing first-class patient care in the most sustainable way. Not just by choosing greener but by using less, repurposing what we use, and avoiding waste.

It is imperative that we work at pace and at scale as partners to deliver a combined approach not only to reducing our carbon footprint, but also promoting biodiversity and adapting to the changes in our climate that are already happening. We are confident that we can unite with our partners and our communities to achieve the ambitions of our Green Plan, and beyond.

We have responded to the NHS commitment to be the first healthcare service in the world to reach net zero on carbon emissions by 2040 by producing a 5-year Green Plan which we will deliver in partnership with staff, patients and suppliers.

As system partners, we are working to understand the impacts associated with significant housing developments, including the likely health needs and the future provision of health services. Through this process and as part of the wider healthcare infrastructure strategy, we will continue to identify infrastructure development requirements, including through developer contributions, that support the provision of additional healthcare services and healthcare facilities (including plans associated with existing facilities) for local populations.

## Playing our part as ‘anchor institutions’

Our reach extends beyond how we work together as a system. The term ‘anchor institutions’ is used to describe large organisations, connected to their local area, that use their assets and resources to benefit the communities around them.

We have many large organisations across the ICS and all have a vital role to play in the health and wellbeing of our communities. As public sector anchor institutions in Kent and Medway, we will explore how we can make a difference directly to influence health and wellbeing in a positive way, including tackling health inequalities. For example, through:

- how we procure goods and service, using the power of our supply chains to broaden our reach;
- looking after our workforce and offering training, employment, and professional development opportunities;
- looking at how we use our buildings and land, e.g. ensuring that all green spaces across the ICS footprint are utilised fully for the benefits of biodiversity, the welfare of our staff and the people of Kent and Medway;
- reducing our environmental impact and being leaders in achieving Net Zero;
- working in partnership with other anchors;
- retaining wealth in the region and driving inclusive, sustainable economic growth.



## Chapter 10

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### **What's next? Engaging our communities on the issues that matter**

We will actively engage our communities on this strategy and our joint forward plan.

We will achieve this through:

- Involving people from all walks of life to have their voice heard;
- Utilising multiple channels to ensure accessibility, and;
- Refreshing our strategy and developing supporting documents.



### Next steps

In this document, we have laid out our Interim Strategy on how we will work together to improve the lives of people in Kent and Medway. We plan to publish an updated strategy in the autumn of 2023 to reflect the insights gathered from a wide range of engagement activities.

Our immediate next step is to create a plan to transform these initial ambitions into reality. This will be a Five-Year Joint Forward Plan.

Medway Council is refreshing its Joint Local Health and Wellbeing Strategy to be published in late 2023 and Kent County Council is developing an action plan based on the priorities set out in this Strategy.

We will work to develop core outcomes that will enable us to measure success and show tangible improvement. We will then compile an annual report that will reflect on our performance and track our progress against targets.

Before the start of each financial year, we will publish a refreshed five-year plan, setting out our activities across health and social care that will work towards achieving our strategic goals. We will update our plan to celebrate our successes, refocus our efforts and respond to new challenges.

### A new approach to engagement

We will not succeed unless we actively engage with and listen to the communities we serve, and people working throughout the system.

We want to:

- raise awareness of the work to improve health and care in Kent and Medway and the wider determinants of health and wellbeing;
- give people the opportunity to influence decisions;
- ensure insights gathered are considered in future plans and strategies.

Engagement activities will support us to identify priorities and improve the way we deliver services for local people. Formal public consultation and engagement activities will take place for Medway Council and Kent County Council and system partners to further develop and refine their strategies throughout 2023.

Collectively, we will use multiple channels to reach our audiences. We will ensure that, where possible, any engagement or involvement opportunities are accessible, locally available, allow for reasonable adjustments, and, where appropriate, provide resources and training to build capability and capacity to enable effective participation.

At times, engagement will be carried out on a system basis (for instance a programme of roadshows, surveys and online engagement platforms). At other times, Health and Care Partnerships - which bring together partners at a place-based level - will lead more localised engagement, including through local district and borough councils and primary care networks, which will engage through their patient participation groups. Individual partners may also deliver localised engagement activities. Partners will share the insights gathered through all engagement activities.

We will support, complement and champion this place-based and neighbourhood engagement and make sure there are mechanisms in place for local insights to be considered and inform strategies and plans.





## Have your say

We need everyone to help us do things differently; it's time to make positive, long-term change to the way we plan and deliver services so that we can make meaningful changes to the health and wellbeing of Kent residents.

We want to prevent ill-health wherever possible. This strategy outlines some of the work we are planning – we want to know what you think and your ideas.

There are lots of ways for you to have your say to help us plan for the future.

Your views will be listened to and will help shape our plans and strategies for the future.

You can share your thoughts on our strategy or on wider issues relating to health and wellbeing by registering for our online platform:

[Have Your Say in Kent and Medway](#)

<https://www.haveyoursayinkentandmedway.co.uk/>

Here you will also find out more about some of the exciting projects underway and examples of how we are demonstrating our new future.

- Alternatively, you can write to us at:

[Kmicb.engage@nhs.net](mailto:Kmicb.engage@nhs.net) or

The Engagement Team

Kent and Medway ICS

Kent House

81 Station Road

Ashford

TN23 1PP



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# Equality, Diversity and Inclusion Impact Assessment

## Stage 1

### **Section 1: Policy, Function or Service Development Details**

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced.

### **Section 2: Assessing Impact**

This section asks the author to consider potential differential impacts the policy, function or service could have on each of protected groups. There is a separate section for each characteristic, and each should be considered individually.

Authors should refer to relevant evidence to inform the assessment, and to understand the likely demographics of the patient population who will be impacted by the policy, function or service. For example, findings from the Joint Strategic Needs Assessment (JSNA). It may be that no evidence is available locally. In this case, relevant national, regional or county-wide data should be referred to.

Authors must consider what action they will take to mitigate any negative outcomes identified and what actions they will take to ensure positive impacts are realized.

A link is provided to the legal definition for each of the protected characteristic groups.

### **Section 3: Equality Act 2010**

This section asks the ICB's equality, diversity and inclusion lead to consider compliance to the Equality Act (2010) having completed the impact assessment of each of the protected characteristics covered by the Act in section 2. Consideration should be given to whether the evidence included in the impact assessment demonstrates that the organisation has upheld its legal duty to eliminate discrimination and promote equalities and good community relations by having given due regard to equality, including all nine of the protected characteristics covered by the Act.

### **Section 4: Conclusions & Recommendations**

Now the impact has been assessed, the reviewing panel is asked to consider whether, based on the findings, they agree with the findings and any mitigating actions.

### **Section 5: Planning Ahead**

This section outlines the requirements for any next steps. This should be completed by the ICB's Equality, Diversity and Inclusion lead and the author of this impact assessment to ensure that requirements are reasonable and deliverable within project/programme timeframes.

## Section 1: Policy, Function or Service Development Details (to be completed by the author)

Directorate: Strategy

Officer responsible for assessment:

Date of assessment: On-going

Is this a (please confirm): New assessment

### Defining what is being assessed:

What is the title of the policy, function or service this impact assessment applies to?

- Interim Kent and Medway Integrated Care Strategy

Please briefly describe the purpose and objectives of this policy, function or service

The Integrated Care Partnership (ICP) is required to write a strategy which sets out how commissioners in the ICB and local authorities will work with partners to deliver joined up and person-centered care across the Kent and Medway population. To reflect the transitional nature of 2022-2023, an interim strategy is being developed by December 2022 with wider engagement and further development planned from early 2023 and in line with the first 5-year joint forward plans that are due to be published before the next financial year.

The ICP strategy, through joint, integrated ways of working, looks to reflect evidence-based, system wide priorities which address and improve health and wellbeing as well as reduce disparities. The strategy will meet the needs of the local population of all ages and will relate to all physical and mental health as well as social care needs.

Who is intended to benefit and in what way?

The strategy looks to improve the health and wellbeing of the entire Kent and Medway population. It will consider a 'life course' approach by incorporating conception through to end-of-life care, considering different life phases and settings. There will be a particular focus on prompting and restoring health and wellbeing as well as reducing disparities.

What is the intended outcome of this policy, function or service?

The strategy will be used to extend current work to further the needed transformative change to tackle challenges including reducing health disparities across health and social care, improving quality and performance, preventing mental and physical ill health, and promoting patient choice and flexibility in how care and support are delivered. The strategy will be used to agree the steps required to deliver system level, evidence-based priorities in the short, medium and long term.

Who are the main stakeholders in this piece of work?

Providers across adult and children's social care, primary care, local authorities, community health services, secondary care, public health services, voluntary and independent sector and other partners that influence the wider determinants of health will be involved in the development and implementation.

What factors may contribute to the outcomes of this policy, function or service?

Ensuring the voice of the service user is used in the development of services.

Involvement/engagement of people who live and work in the Kent and Medway area that are covered by the ICP. This includes specific engagement with children, young people and their families as well as hard to reach and underrepresented groups, for example, people who are experiencing homelessness or members of the

travelling community. Consideration about how to give a voice to those not accessing services will also be incorporated into the ICS.

Time constraints are a risk, but it is acknowledged that the strategy will mature overtime and refreshed accordingly.

Funding and enhanced partnership working arrangements that will enable new ways of working/commissioning more support and services

Workforce challenges may impact timescales and deliverability of some of the proposals outlined in the strategy

Who is responsible for implementing this change to policy, function or service? (Please provide contact details).

The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).

What factors may detract from the outcomes of this policy, function or service?  
 Some of the 'factors that contribute' above could also be factors that detract – e.g., funding, workforce shortages, need for enhanced partnership working. These factors continue to be considered as the strategy matures.

## Section 2: Assessing Impact (to be completed by the author)

When completing this section please give consideration to the fact that a differential impact may be positive or negative.

1. Could there be a differential impact due to <u>racial/ethnic groups</u> ?	Yes	
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The document outlines how Kent and Medway will proactively look to involve people who have lived experience, particularly those from underrepresented groups. The project governance includes endorsement from the Kent and Medway Inequalities, Prevention and Population Health Committee (IPPH) to ensure that the strategy details how current programmes of work and future initiatives will help improve access, patient experience and patient outcomes for all racial/ethnic groups. For example, the strategy details how existing Mental Health provision acknowledges that mental health services use a western understanding of emotional health and wellbeing which may mean that services are inaccessible for some groups. For example, Unaccompanied Asylum Seeking Children and Refugees may not access emotional wellbeing and mental health support at school. This is an area that is being reviewed to help identify gaps in need, future commissioning needs and address health inequalities. Health Prevention and Living Well are key areas within the strategy including early cancer diagnosis and cancer screening which is an area of low uptake amongst black, ethnic and minority groups. The ambition of 75% of cancer cases being diagnosed at stage 1 or 2 by 2028 is included, reflecting one of the five focus clinical areas of the Core20PLUS5 national approach to reducing health inequalities. This work will include patient focused support services that understand and seek to address barriers that stop cohorts of patients engaging with health and wellbeing services.</p>		
<p style="text-align: center;">Page 89</p> <p>In addition, the strategy champions an inclusive workforce with all organisations creating a culture that promotes diversity, respect, shared learning, development, and opportunity.</p>		

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2. Could there be a differential impact due to <a href="#">disability</a> ?	Yes
<p>It is recognized that people with disabilities are more likely to require health and care services and so are more likely to be impacted by this strategy. It is felt that the strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The strategy incorporates all aspects of health-related services, recognizing that not all services are health and/or social care. For example, the strategy includes a joined-up approach to the planning, commissioning, and delivery of housing arrangements to allow independent living for those who require additional support and housing arrangements. The strategy details how personalised care will allow for increased patient choice and flexibility and aims to allow greater independence for those living with a disability. Joined up working will allow people to access support that allows people with disabilities to work, again supporting the aim to allow people greater independence. In addition, there is a commitment to providing support for carers including young carers, acknowledging the huge benefits they provide to the people they look after as well as wider society but also recognizing the physical and emotional impact on them.</p>	

3. Could there be a differential impact due to <a href="#">gender</a> ?	Yes
<p>The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care. For example, the strategy includes a commitment to improving outcomes and experience for families using maternity and neonatal services. Kent and Medway will continue to implement the ambitions of the NHS Long Term Plan and use the learning from the Independent Inquiry into East Kent maternity services to help make positive changes.</p>	

4. Could there be a differential impact due to <a href="#">sexual orientation</a> ?	Yes
<p>There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>	

5. Could there be a differential impact due to <a href="#">religion or belief</a> ?	Yes
<p>There will be a positive impact as the strategy looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.</p>	

6. Could there be a differential impact due to people's <a href="#">age</a> ?	Yes
<p>What evidence exists for this?</p> <p>The strategy will encompass the needs of the whole population, of all ages. The strategy will consider the needs and outcomes of babies, children, young adults and families by working collaboratively with partners including children's services. There is a commitment to giving children the best start in life with a particular</p>	



focus on prevention including improving awareness, education, and support to decrease the levels of smoking and drinking alcohol during pregnancy. Giving children the best start, ensuring that they are not at a disadvantage because of their background or where they live as well as ensuring that they are free from fear or discrimination, forms a key part of the overall strategy. This will be achieved through supporting families, delivering effective maternity services, adopting a whole family approach and safeguarding our most vulnerable children. The strategy identifies the need for a holistic and family approach that incorporates housing, communities, health, education, social care and the voluntary sector. A key area will be around key transitional points to ensure continuity of care as well as improve patient outcomes and patient experience. The strategy highlights the importance of increasing fitness, reducing childhood obesity, improving focus in schools and increasing the uptake of childhood vaccinations.

The strategy includes how Kent and Medway will help people manage their own health and wellbeing including how to live well and age well, encompassing health initiatives that promote positive health benefits. For example, The Healthy Workplace programme supports health and wellbeing at work, ensuring that workplaces are supportive of good health and wellbeing. Ageing well looks to continue the focus on supporting people of all ages to live happy, healthy and independent lives with accessible, integrated health and social care being central to achieving this. The strategy outlines how a public and marketing strategy will be developed to help build relationships and understanding of how the public can stay well and how to access services outside of just health and social care. Technology will be a key tool in enabling continuity of care for older people who are at a higher risk of multiple co-morbidities and deteriorating health. Extending social prescribing, allowing people to connect with their community also forms a core part of the ageing well strategy.

7. Could there be a differential impact due to <a href="#">marital/civil partnership status</a> ?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.		
8. Could there be a differential impact due to a person being <a href="#">trans-gendered or transsexual</a> ?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.		
9. Could there be a differential impact due to a person being <a href="#">pregnant or having just had a baby</a> ?	Yes	
There is a recognition that prevention of poor health starts before birth with good foundations leading to better health outcomes overall. The strategy outlines how a joined-up network of support will be provided to support parents and parents to be, including awareness around smoking during pregnancy, breastfeeding and childhood obesity as well as support being available around housing and education in line with providing a holistic and family approach. Maternity services are identified as a key area of focus within the strategy with a commitment to improving outcomes for women and birthing people. Considering, the ambitions of the NHS Long Term Plan and the learning from the Independent Inquiry into East Kent maternity services, the ICS has identified 11 key areas of focus to continue to develop and improve services for people who are pregnant or have just had a baby.		

	<p>10. Are there any <i>other</i> groups that may be impacted by this proposed policy, function or service (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas, homeless or war veterans) but are not recognised as protected characteristics under the Equality Act 2010?</p>	Yes	
<p>The strategy furthers work and the required transformative change that is needed to tackle health inequalities across Kent and Medway. In addition to tackling and reducing health inequalities, the strategy looks to improve quality and performance, prevent physical and mental ill health and improve independence by promoting personalised care, choice and flexibility. This applies to the entire Kent and Medway population with partners aiming to deliver collaborative, joined up, person centered care throughout people’s lives. The strategy has a wide scope with focus on:</p> <ul style="list-style-type: none"> <li>• quality improvement</li> <li>• joint working</li> <li>• personalised care</li> <li>• disparities in health and social care</li> <li>• population health and prevention</li> <li>• health protection</li> <li>• babies, children, young people, their families and health ageing</li> <li>• workforce</li> <li>• research and innovation</li> <li>• health related services</li> <li>• data and information sharing</li> </ul> <p>The scope encompasses, and will impact all groups of people including speakers of other languages, carers etc.</p>			
<p>11. The FRED A principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand Human Rights. What evidence exists to demonstrate that this initiative is in-keeping with these principles?</p> <p>The strategy will continue to adopt the Core20PLUS5 model which aims to support the reduction of health inequalities at system level (as well as national). There are 5 focus clinical areas that require accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. These clinical areas align with the Kent and Medway approach to health population management that aims to ensure that population groups who experience poorer than average health access, experience and/or outcomes are able to access an inclusive and holistic care.</p> <p>There is a specific focus on health protection to ensure that vulnerable groups are being identified and their needs are addressed. These groups include refugees, asylum seekers, homeless people, Roma, Sinti, Travelers, and other groups.</p>			

*NB: Remember to reference the evidence (i.e. documents and data sources) used*

**Section 3: The Equality Act 2010** (to be completed by the ICB equality, diversity and inclusion Lead)

Under The Equality Act 2010, the ICB is required to meet its Public Sector Equality Duty. Does this impact assessment demonstrate that this policy, function or service meets this duty as per the questions below? A 'no' response or lack of evidence will result in the assessment not being signed off.

12. The need to eliminate discrimination, harassment and victimisation	Yes	No
Please evidence how		
13. Advance equality of opportunity between people who share a protected characteristic and those who do not	Yes	No
Please evidence how		
14. Foster good relations between people who share a protected characteristic and those who do not	Yes	No
Please evidence how		

*NB: Remember to reference the evidence (i.e. documents and data sources) used*

## Section 4: Action Plan

The below action plan should be started at the point of completing the Impact Assessment (as impacts are identified), however, it is an ongoing action plan that should support the project throughout its lifespan and therefore, needs to be updated on a regular basis.

Potential Impact identified	Which Protected Characteristic group will be impacted upon?	Action required to mitigate against impact	Deadline	Who is responsible for this action (Provider/ICB- please include job title where possible)?	Update on actions (to be provided throughout project)	RAG rating
	All	To reflect the transitional nature of 2022-2023, an interim strategy is being developed by December 2022	December 2022	ICB		
	All	Wider engagement and further development is planned from early 2023 and in line with the first 5-year joint forward plans that are due to be published	April 2023	ICB		
	All	Ensure that detailed equality analysis and mitigation is in place for specific service changes or projects that happen as a result of the strategy	On-going	ICB		

## Section 5 Conclusions (to be completed by the author)

Could the differential impacts identified in questions 1-15 amount to there being the potential for adverse impact?	Yes	No
This is still being considered and will be reviewed and updated as the strategy matures		
Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group, or another reason?	Yes	No
This is still being considered and will be reviewed and updated as the strategy matures		

Is there an opportunity to alter your proposal to meet the ICB duties?	Yes	No
Is there evidence of a disproportionate adverse or positive impact on any groups of protected characteristic?	Yes	No
Are there concerns that there may be an impact that cannot be easily mitigated or alleviated through the alterations?	Yes	No

For any 'Yes' answers, please amend your equality impact assessment and resubmit it for further review. For any 'No' answers, the EDWG panel must now make a decision as to whether it considers this proposal to be viable.

## Section 6: Sign Off (to be completed by author and ICB Equality, Diversity and Inclusion Lead)

Date of next review	Jan 2023	
Areas to consider at next review (e.g. new census information, new legislation due)	All areas as highlighted above in line with final strategy	
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?		
Signed (Author) J Keats	Date	22/11/2022
Signed (ICB E,D&I Lead) LS Brailey	Date	22/11/2022

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**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee, -17 January 2023

**Subject:** Update Report on Gambling Addiction Interventions in Kent

**Classification:** Unrestricted

**Electoral Division:** All

**Summary:** The Health Reform and Public Health Cabinet Committee requested briefings on gambling in November 2018 and in September 2019. The recommendation was action on gambling harms be tackled via Kent's strategic partnerships in promoting the resources available for gambling addiction, advocating for responsible measures in tackling supply of gambling products and safeguarding vulnerable groups. With little dedicated resources there have been actions in signposting and awareness raising – particularly with young people and also via suicide prevention.

Since 2019 there have been five key issues that have raised the importance of a public health approach to gambling harms; COVID19, cost of living crisis, changes to government policy, a new national public health evidence review by the Office of Health Improvement and Disparities and a call to action from the Association of Directors of Public Health. Like the issues of tobacco control and alcohol many of the supply issues are out of the county council's control. district authorities do have limited policy and licensing levers.

However more can be done to raise awareness, signpost to help and mitigate issues of mental health, family disruption and crime. Gambling still features as a priority in the NHS Mental Health Long Term Plan. It is important to note that currently there are no resources attached to gambling harm reduction for public health teams However this paper proposes a fourfold way to tackle this issue in Kent.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on the contents of the report.

## 1. Introduction

- 1.1 The UK has one of the biggest gambling markets in the world, generating a profit of £14.2 billion in 2020. There are 340,000 people in the UK who experience serious harm from gambling (which is more than the number of crack cocaine users in the UK). Research has shown that harms associated with gambling are wide-ranging. These include not only harms to the individual gambler but their families, close associates and wider society. There have been growing calls by the public health community, people with lived experience and politicians that a population-level approach is needed to tackle this public health issue. The industry is regulated by the Gambling Commission on behalf of the Department of Culture, Media and Sport (DCMS).
- 1.2 The 2005 Gambling Act defines gambling as gaming, betting and participating in a lottery. The Current Gambling Act is set out with three key objectives:
- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime
  - Ensuring that gambling is conducted in a fair and open way
  - Protecting children and other vulnerable persons from being harmed or exploited by gambling
- 1.3 Since 2005 there have been wide scale changes to the gambling market including Fixed Odds Betting Terminals, for highly addictive on-line roulette. There have also been changes in the way gambling is marketed online particularly to women and children. The Gambling Act was set for review in 2022, however this was delayed and The Gambling Act White Paper is now scheduled for publication in early 2023. The Local Government Association (LGA) submitted their responses to the proposed White Paper and recommended an increased mandatory levy on the gambling industry to fund research and treatment for gambling related harms.
- 1.4 This paper acknowledges that to date there has been little capacity to lead a co-ordinated plan to tackle gambling harms in Kent and sets out preliminary steps and an approach to raise this as a priority for 2023, linking this to the Kent and Medway Integrated Care Board's (ICB) Integrated Care Strategy (ICS) as part of tackling the wider determinants of health inequalities.

## 2. Extent of the problem of gambling related harms in Kent

- 2.1 In preparation for the new Gambling Act's White Paper the Office of Health Improvement and Disparities (OHID) was asked to produce an evidence review of gambling related harms. Below is the summary of the evidence gathered:

Questions	Answers from Public Health England (PHE (OHID) Research
What is the prevalence of gambling and gambling-related harm in England by socio-demographic characteristics,	40 to 54% of population participate in gambling. 10% is National Lottery. Males are more likely. For online gambling males 15% and females 4%. Online gambling has increased from 6% in 2012 to 9% in 2018. Problem Gamblers: 0.5% population

geographical distribution and year?	At Risk Gamblers: 3.8% population
What are the determinants (risk factors) of at risk gambling and harmful gambling?	Most people who gamble regularly are those with high life satisfaction however people with poor life satisfaction are likely to be at risk and harmful gamblers. There was a high association between alcohol and harmful gambling. Being male, poor mental health and use of online slots and sports betting and casino and bingo games.
What are the harms to individuals, families, communities, and wider societal harms associated with harmful gambling?	Financial Relationships Mental Health Suicide Employment and Education
What is the social and economic burden of gambling-related harms?	For UK £1.27 Billion ½ of these costs are direct costs to government – significantly assigned to mental health (£342million)
What are stakeholder views on gambling-related harms in England?	Difference of opinions between industry and commercial vs people with lived experience. Former highlighting the very vulnerable but those with lived experience saying all people were potentially vulnerable. All agreed greater awareness raising was important.
To what extent has coronavirus (COVID-19) affected gambling participation and behaviour?	In a small group of vulnerable people there was increases of gambling behaviour and alcohol intake but overall COVID19 reduced gambling.

### 3. Public health approach to tackling gambling related harms

3.1 A good prevention plan for gambling related harms will include the right mix of universal measures for the benefit of the whole population (awareness campaigns for children and challenging licensing decisions), selective measures for groups who may be more at risk of gambling harms (targeted screening and signposting) and indicated measures for individuals who are more at risk of gambling harms (treatment and recovery support).

#### 3.2 Gambling and Suicide

3.2.1 National Research has shown a strong and substantial relationship between gambling and suicide. The most recent statistics from Gamcare, (treatment provider) indicate that 11% of the UK wide 25,542 gamblers contacting their helpline had experienced suicidal thoughts, either currently or in the past, with

62% of callers mentioning anxiety and stress and 47% of those presenting for treatment at the National Problem Gambling Clinic in London reported currently having suicidal thoughts, with the likelihood of having suicidal thoughts increasing as the severity of gambling problems increased. This suggests a relationship between severity of problems and suicidal thought. The current research shows that it is people whose gambling addiction is spiralling out of control that are at the highest risk of suicide which shows the importance of working alongside the industry. It was recommended that gambling and debt become an element of the Kent Suicide Prevention Strategy and this has now taken place.

### **3.3 Debt and Suicide**

3.3.1 There is a well-established connection between financial stressors, like problem debt, and suicide. GamCare's own data shows that financial difficulties are a particular concern for people using their helpline (mentioned by 27%, with 66% disclosing some level of debt). Statistics from the National Gambling Treatment Service show that most gamblers (71%) receiving treatment have a debt due to their gambling. In the UK, 24 million people lost over £14.5 billion to gambling operators in 2019 and losses have steadily increased in recent years.

### **3.4 Commercial determinants of mental health: Working with Industry**

3.4.1 Like alcohol and tobacco the gambling industry makes a profit from risky activities. This includes aggressive advertising e.g. there has been a 600% increase in TV advertising from 2007 to 2012. The gambling industry uses part of its profits in ensuring gambling related harm is tackled. It is vital that that workers in the industry are able to identify people at risk and highlight those whose gambling losses are starting to spiral out of control. Licensing authorities (Kent districts) are asked to provide a statement of principles under their duties to the Gambling Act.

3.4.2 In Kent it is the District Councils that are able to issue licences and impose conditions on licencees (this includes gaming licences). However, they are not able to levy financial penalties. There are six categories of premises that the Licensing Authority will consider and determine: *Casinos, Bingo, Betting Tracks, Other Betting premises (i.e. betting shops or Licensed Betting Operators), Adult Gaming Centres (Arcades for 18 and over), Family Entertainment Centres (Arcades that permit children to enter)*. It will be important to see what the proposed changes to the act in 2023 are and if appropriate, work with the vulnerable districts to strengthen their plans.

### **3.5 Gambling and Crime**

3.5.1 Problem gambling has been linked to a range of crimes such as theft, assault and criminal damage. There were approximately 506 gambling-related crimes logged by Kent Police in 2019 and 2020. Currently although Kent Police do not routinely screen offenders on their gambling habits, there is a good partnership with public health and community safety for preventative policing which can be progressed via the new partnerships being forged via the Combatting Drugs Executive Group.

### **3.6 Treatment for Gambling Addiction (working with the NHS)**

- 3.6.1 Most treatment for gambling harm is funded and organised by the National Gambling Treatment Service, which is a network of services working together. They offer online awareness raising campaigns, screening tools, online and face to face support and also via the Gordon Moody Association they offer residential treatment and recovery and housing support. It is paid for by voluntary donations from the gambling industry.
- 3.6.2 Some support comes through networks like Gamblers Anonymous and other support groups. There are also seven NHS treatment centres for Gambling Addiction across the UK. There are centres in Southampton, Stoke-On-Trent, London, Leeds, Manchester, Sunderland and a proposed unit for young people. However only 2% of problem gamblers may be in treatment, although there has been a 42% in uptake from 2020-2021. In 2023 the Kent Public Mental Health Team will report on how many Kent residents need and access these treatment centres and create a plan to increase uptake and awareness.
- 3.6.3 The NHS launched a new national Gambling Harm Network and Clinical Reference Group, which brings expertise together and enables clinical teams to share best practices for helping to treat gambling addiction and it will be important for Kent public health to link up with the national work. The NHS long term plan for mental health pledges that there will be 15 treatment centres by 2024.
- 3.6.4 NHS Mental Health Director, Claire Murdoch quoted “It is also absolutely right that the NHS now funds these clinics independently, recognising the harmful effects this addiction can have on the nation’s mental health, and that predatory tactics from gambling companies are part of the problem, not the solution”.

### **3.7 Other Addictions and Gambling**

- 3.7.1 Many people in the most vulnerable to gambling harms category will be people who have a history of complex untreated addictions, including to gambling, co-morbidities and multiple other vulnerabilities, previous attempts at structured treatment, mental health problems, learning disabilities and adverse childhood experiences. It will be important to highlight the issue of gambling harms to all social care workers in Kent so that the services available for gambling related harms are better used by the people who need them.

### **3.8 Young People and Gambling**

- 3.8.1 The Gambling Commission (Industry Regulator) released its report on the Gambling Related Harms and Young People, in 2022. Historically, understanding the relationship between children and gambling is complex. Their survey showed 31% of young people had used their own money for gambling. The activities were mainly low risk, arcade gaming machines and card games. Only 0.9% were gambling at more high risk levels but 10% were exposed to problem gambling at home and reported gambling related family tension.
- 3.8.2 The guidelines from the new national services are firstly to talk to your child about gambling, show children that you are willing to talk to them, give them the

facts, ideally before they are exposed to the fantasy; seek professional support if your child has a serious problem, increase opportunities for greater awareness and understanding and offer a connection with people who've been through similar experiences.

#### 4. Conclusion: Next Steps and Call to Action

- 4.1 In September 2019 the Health Reform and Public Health Cabinet Committee asked for a briefing on the impact of problem gambling and its impact on public mental health. That paper proposed a number of actions to promote a public health approach to gambling. It is acknowledged that there are no public health resources allocated to focusing a prevention strategy for gambling related harm, this and the COVID-19 pandemic have delayed progress on creating a Gambling Strategy.
- 4.2 This paper provides an update on the previous report, gives a national update on NHS, licensing authority and public health roles and responsibilities to tackle gambling addiction. Given the scarce resources in the KCC public health budget and status as an upper tier authority (rather than a licensing authority), this paper notes the cost-of-living crisis, the links between suicide/ self-harm/ violence and vulnerability associated with gambling and proposes the following four key actions in 2023:
- Developing our understanding of gambling related harms by completing a rapid needs assessment of gambling related harms in Kent.
  - Improving access to high quality treatment and support by working alongside the Kent and Medway Integrated Care Board (ICB) and Health Care Partnerships (HCPs).
  - Supporting interventions to prevent gambling harms by conducting a deep dive into debt and suicide.
  - Engaging with people and communities to co-design our work by setting up a task and finish group to scope how to maximise resources for a plan of action.

#### 5. Recommendation

5.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on the contents of the report.

#### 6. Background Documents

None

#### 7. Contact details

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**From:** Benjamin Watts, General Counsel

**To:** Health Reform and Public Health Cabinet Committee – 17 January 2023

**Subject:** Work Programme 2023

**Classification:** Unrestricted

**Past and Future Pathway of Paper:** Standard agenda item

**Summary:** This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023.

## **1. Introduction**

- 1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.
- 1.2 Whilst the chairman, in consultation with the cabinet members, is responsible for the programme's fine tuning, this item gives all members of this cabinet committee the opportunity to suggest amendments and additional agenda items where appropriate.

## **2. Work Programme**

- 2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.
- 2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.
- 2.3 The schedule of commissioning activity which falls within the remit of this cabinet committee will be included in the work programme and considered at future agenda setting meetings to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.
- 2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

sent to members of the cabinet committee separately to the agenda and will not be discussed at the cabinet committee meetings.

### **3. Conclusion**

- 3.1 It is vital for the cabinet committee process that the committee takes ownership of its work programme to deliver informed and considered decisions. A regular report will be submitted to each meeting of the cabinet committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude members making requests to the chairman or the Democratic Services Officer between meetings, for consideration.

**4. Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023.

**5. Background Documents:** None

### **6. Contact details**

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**HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE  
WORK PROGRAMME**

<b>Item</b>	<b>Cabinet Committee to receive item</b>
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Update on COVID-19	Temporary Standing Item
<b>Key Decision Items</b>	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Biannually (January and July)
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (September)

**2023**

<b>16 March 2023</b>		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Public Health Performance Dashboard – Quarter 3 2022/23	Regular Item
8	Health Check System Re-commission	Key Decision – delayed to the March meeting
9	Work Programme	Standing Item
<b>10 May 2023</b>		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Work Programme	Standing Item

**11 July 2023**

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Public Health Performance Dashboard – Quarter 4 2022/23	Regular Item
8	Update on Public Health Campaigns/Communications	Regular Item
9	Work Programme	Standing Item

**ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING**

Place-Based Health – Healthy New Towns
Lessons Learnt paper from Asymptomatic testing site – added at HRPB CC 20/01/2022
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022
NHS Health Check (dependent on the confirmation of national review)
Paul Bentley (ICB) as guest speaker – requested by Mr Kennedy on 20/09/22
Public Health Inequalities: Report on geographical poverty index figures – Requested by Mr Jeffery on 23/11/2022
Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022