KENT HEALTH AND WELLBEING BOARD

Tuesday, 25th April, 2023

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

KENT HEALTH AND WELLBEING BOARD

Tuesday, 25 April 2023 at 2.00 pm
Council Chamber, Sessions House,
County Hall, Maidstone

Ask for: **Matt Dentten**
Telephone: **03000 418 381**

Membership

Mr V Badu, Mrs C Bell, Mr P Bentley, Sir Paul Carter, CBE, Mrs S Chandler, Dr A Ghosh, Mr R W Gough, Mrs P Graham, Mrs S Hammond, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee and Mr R Smith

UNRESTRICTED ITEMS

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

Item No	
1	Introduction
2	Appointment of co-opted member To agree the re-appointment of Dr Bob Bowes as a co-opted member of the Kent Health and Wellbeing Board.
3	Election of Chair
4	Election of Vice-Chair
5	Apologies and Substitutes
6	Declarations of Interest by Members in items on the agenda for this meeting
7	Minutes of the Meeting held on 23 September 2022 (Pages 1 - 8)
8	Director of Public Health Verbal Update
9	Update on Kent and Medway Interim Integrated Care Strategy (Pages 9 - 16)
10	NHS Kent and Medway Draft Joint Forward Plan (Pages 17 - 98)
11	Kent and Medway Safeguarding Adults Board Annual Report 2021-2022 (Pages 99 - 174)

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, 17 April 2023

KENT COUNTY COUNCIL

KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 23 September 2022.

PRESENT: Mrs S Chandler, Dr A Ghosh, Mrs P Graham, Mrs S Hammond, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee and Mr R Smith

IN ATTENDANCE: Ms K Cook (Policy and Relationships Adviser (Health)), Mrs J Dixon-Sherreard (Policy Adviser) and Mr M Dentten (Democratic Services Officer)

IN VIRTUAL ATTENDANCE: Mrs C Bell

UNRESTRICTED ITEMS

9. Election of Chair for the duration of the meeting

1. Due to the absence of the Chair and Vice Chair, a Chair was elected from the Board for the duration of the meeting.

2. Dr Ghosh proposed and Mrs Chandler seconded that Mr Smith be elected Chair for the duration of the meeting. No other proposals were received.

RESOLVED that Mr Smith be elected Chair for the duration of the meeting.

10. Declarations of Interest

(Item 3)

No declarations were made.

11. Minutes of the Meeting held on 24 May 2022

(Item 4)

RESOLVED that the minutes of the meeting held on 24 May 2022 were an accurate record and that they be signed by the Chair.

12. Director of Public Health Verbal Update

(Item 5)

1. Dr Ghosh provided a verbal update. Concerning Covid-19 he explained that at the time of the meeting the prevalence was low, despite the latest data indicating an uptick in cases. He informed the Board that, as of 18 September, Kent had a pillar one case rate of 53.4 per 100,000. It was stated that pillar one, which were predominantly tested in hospitals, was a proxy indicator which was not indicative of the population estimate which would be higher. He noted that the highest rate was observed between the 50+ age group, with the sharpest increase in cases recently amongst primary school aged children. He confirmed that 110 people were currently hospitalised with Covid-19 in Kent,

which had remained stable over previous weeks. He warned that there was a possibility that Kent could experience a mid-October surge in cases and that there was a risk of a flu and Covid-19 'twindemic,' which had been experienced in Australia during their winter and saw an early peak in cases followed by a sharp decline. He gave reassurance that Kent continued Covid-19 modelling, with currents models extending to early December. Regarding flu and Covid-19 vaccinations, he reminded the Board that they began on 5 September and encouraged those eligible to get vaccinated. Addressing the Kent and Medway Integrated Care Strategy, he noted that the Kent and Medway Integrated Care Partnership had a statutory responsibility to form a strategy, with an interim version expected for December. He commented that disparities in health and social care, prevention and wider determinants were expected to be among some of the strategies focuses. He concluded by emphasising the importance of the Strategy as a means for ensuring closer integration across the Partnership, with a view to create a single set of unifying principles for a resilience and effective Integrated Care System.

2. In response to questions from the Board, Dr Ghosh confirmed that:

   - as of the week beginning 12 September, 65.8% of eligible residents had received their third Covid-19 vaccination and booster;

   - communication and engagement with elderly residents, concerning their eligibility and access to a third Covid-19 vaccination and booster, had been and would continue to be raised with local partners in Swale;

   - following concerns raised regarding the inflexibility and variable rollout of the Covid-19 seasonal booster, that the supply-based model meant that delivery was dependent on how many vaccinations were available, which influenced timings.

RESOLVED that the verbal update be noted.

13. Kent Pharmaceutical Needs Assessment
(Item 6)

Sarah Leaver (Pharmacist, KCC Public Health) was in attendance for this item.

1. Dr Ghosh introduced the Kent Pharmaceutical Needs Assessment (PNA) for the Board's approval. He explained the statutory requirement to produce a PNA every three years, which had been extended in this instance due to the Covid-19 pandemic, with a deadline of 1 October 2022 set by government. A breakdown of the PNA's core functions was given, which included an assessment of the current provision of pharmaceutical services in the county and anticipated future gaps in service. He noted that the assessment contained analysis of provision in each of Kent's 12 districts, as well as their unique demographics and needs.

2. Mrs Leaver gave a technical overview of the PNA. She began by clarifying that the Assessment analysed NHS commissioned provision required to meet population needs only. She outlined the functions of community pharmacies, which included: prescriptions; advanced services; flu vaccinations; new

medical service; and advanced services commissioned by NHS England which were not currently commissioned in Kent. It was noted that pharmacy services commissioned locally by KCC or the ICB were not included in the PNA. The work of the PNA steering group and focus on individual districts needs was explained, with it noted that health needs, deprivation and public access were the core considerations. The Board were informed that a series of field investigations had taken place to understand public access. Regarding the overall assessment, she confirmed that it was representative of June 2022, noting that following public consultation, the equalities impact assessment and mapping had been adapted, taking on board the feedback received. The Assessment's conclusions were summarised with particular emphasis placed on how future developments required additional pharmacy services in Ashford, Folkestone and Hythe and Maidstone.

3. Mrs Chandler highlighted discrepancies in provision between local community pharmacies, she asked what information could be shared with residents to explain the services available and how complaints could be relayed to the appropriate authority. Mrs Leaver explained that public concerns related to the provision of services were forwarded to NHS England who were responsible for investigation, as the service commissioner. She informed the Board that pharmacy governance and standards were the subject of a national review, with the scope extending to recruitment and the workforce more generally.

4. Cllr Hollingsbee remarked that opportunities to establish pharmacies alongside future GP practices should be encouraged by partners, particularly in the three districts with anticipated future gaps in service. She noted that irregular or short opening hours had a sizeable impact on public access, with improvements to public communication required by some providers. Mrs Leaver agreed follow up the points raised with NHS England and ensure that, when consulted in relation to the commissioning of new community pharmacies, that sufficient opening hours were highlighted as an area requiring consideration.

5. Mrs Hammond asked in relation to the health and wellbeing of children and young people, especially SEND or unaccompanied asylum-seeking children, that the data included in the PNA be updated to reflect the latest picture across Kent. She also asked that an officer representative from KCC's Children, Young People's and Education directorate be involved in the PNA steering group going forward. Mrs Leaver informed the Board that the PNA would be a live document and agreed to refresh the highlighted information before the final Assessment was published.

6. Mrs Bell highlighted the benefits of postal prescription services, which could be arranged online. She noted that the service reduced demand on community pharmacies and prevented contact with vulnerable or ill residents. Mrs Leaver noted that distance selling had increased in use over recent years and that whilst some community pharmacies in Kent offered delivery, they were not paid for this service. She explained that whilst advanced services were unable to be provided online, national investigations were underway to explore future delivery options.

7. Cllr Harrison commented that the deployment of pharmacies alongside satellite GP practices should be investigated as means of bridging future gaps in the provision of necessary and essential pharmaceutical services in rural or hard to reach areas.

RESOLVED to approve the Pharmaceutical Needs Assessment and note that the previously approved PNA process had occurred.

14. Kent and Medway Integrated Care System, Integrated Care Partnership and Kent Health and Wellbeing Board Update
(Item 7)

1) Mrs Cook and Mrs Dixon-Sherreard gave a summary of their report which addressed the development of Kent and Medway's Integrated Care System and its component parts, which included a new Integrated Care Board (ICB) and multi-partner Integrated Care Partnership (ICP), following the introduction of the Health and Care Act 2022 in July. They explained that the Health and Wellbeing Board's core duties, principally commissioning Kent's Joint Strategic Needs Assessment (JSNA); Joint Local Health and Wellbeing Strategy (JLHWS); and Pharmaceutical Needs Assessment (PNA), remained unchanged. It was noted that the Act had placed a series of new requirements on the Integrated Care Board to consult the Health and Wellbeing Board, including on how the ICB had implemented Kent's Joint Local Health and Wellbeing Strategy. Board Members were reassured that the Board would continue to meet, at least annually, to meet its statutory duties and would collaborate with the Integrated Care Partnership. It was noted that the Kent and Medway of Integrated Care System was coterminous. The report's recommendations were addressed. Concerning the Board's membership, it was explained that following the replacement of Clinical Commissioning Groups (CCGs) with ICBs, that it was proposed to appoint two new ICB representatives in place of the two CCG representatives. In relation to recommendation 4, it was explained that the proposed delegation did not extend to the Board's statutory responsibilities and that the delegation would be exercised through delegation to the relevant Officers to draft and the Board's Clerk to submit the response on behalf of the Board, following consultation with and approval by the Chair. In relation to the development of the Board's terms of reference, it was explained that a refreshed draft terms of reference would be presented to the Board, for approval, at a future meeting following further local and national developments and guidance. Board Members were invited to comment on how best the Board should engage with Kent's place-based Health and Care Partnerships (HCPs).

2) Following comments from Board Members, it was agreed that a summary of the decisions taken by the Integrated Care Partnership would be circulated to the Board for information.

3) In response to a question from Dr Ghosh on the Board's place-based role and the impact it could have with annual meetings, Mrs Cook emphasised the importance of developing strong Health and Wellbeing Board-HCP relationships and giving the Board an overview of HCP work and plans.

4) The Board commented that governance duplication in the system should be reduced where possible, in order to reduce the resource constraints and enhance integration between key health and social care partners.

RESOLVED to:

1) note the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership;

2) note minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance;

3) agree that it will meet once per year and only additionally if required to fulfil its statutory purpose;

4) agree the suggested arrangements set out in section 3.16 of the report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments;

5) agree that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board;

6) note that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed;

7) note that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board;

8) agree that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval;

9) share any initial views about the Board's future relationship and links with place based Health and Care Partnerships covering the Kent area; and

10) share any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.

15. Kent Joint Strategic Needs Assessment Update
(Item 8)

Abraham George (Consultant, KCC Public Health) was in attendance for this item.

1) Mr George gave a presentation which supplemented his report to the Board that addressed the latest changes made to the Kent Joint Strategic Needs Assessment (JSNA) development process, priorities, assessments and population profiles over the past two years. The contents of his presentation included: Kent's demographic changes, which saw a 7.7% population increase between 2011-21; locality health profiles and indicators; improvements in the coverage of health checks; higher disease burden and deprivation levels in

coastal areas; increasing 5-11 years demand for Education, Health and Care Plans (EHCPs); Kent's adult obesity rate of 63.2%; increased demand for mental health services; improvements to community engagement through Kent and Medway Listens; and an update of JSNA infographics, health and social care maps, cohort models, stakeholder insight, population segmentation analysis and linked dataset development. Following his presentation, Mr George emphasised the importance of a forward looking JSNA. He reassured the Board that prevention and output impact modelling would continue, taking advantage of new census data and that KCC Public Health worked alongside NHS partners on linked data sets.

2) Mr George clarified following a question from Mrs Chandler, that whilst smoking remained the main source of preventable mortality, primarily through smoking related cardiovascular and respiratory conditions, obesity was projected to emerge as the primary cause of preventable mortality in the near future.

3) Concerning population segmenting, as addressed in Mr George's presentation, Mrs Chandler asked whether there were any risks to compartmentalising population age groups which could negatively impact a child's health journey. Mr George reassured the Board that the JSNA considered children's needs across all age ranges and that it was largely NHS data which was used for segmentation. He recognised the need to present data in better ways, which required nuanced data analysis.

4) Cllr Harrison commended the report and shared her concern at the prevalence of obesity in the county, noting that the significant cost and strain it placed on public services demanded a focused response. She added that an individual's journey to obesity should be further investigated, with at risk groups targeted with hard hitting public health advice. Mr George agreed that obesity was one of the main sources of ill health and required a concerted effort from partners to reduced both the prevalence and impact of it on services. He informed Board Members that glucose meters had been commissioned in Kent and Medway for some patients and noted that diabetes was not a homogenous group. He stressed the importance of tackling individual diabetes groups at scale and pace, with recent modelling suggesting that a targeted approach was most effective.

5) Concerning the recommendation to further improve data sharing, Mrs Chandler welcomed further investigation by partners of how the recommendation could be widely adopted and realised, noting the benefits better data sharing would have on services and assessments.

6) Mrs Cook explained, following the Board's comments, that whilst the Health and Wellbeing Board did not have the authority to mandate the Integrated Care Partnership, it was entitled to recommend and advise the Partnership on matters concerning health and wellbeing in Kent.

RESOLVED to recommend that:

1) the new NHS Integrated Care Board and Health Care Partnerships need to adopt a broader consistent structure for outlining priorities for population

health improvement, encompassing primary prevention, secondary prevention for those at risk of Long Term Conditions;

2) as part of the Whole System Approach to Healthy Weight programme, a long-term obesity plan needs to be developed and aligned with the Kent Public Health and Integrated Care Board strategies, optimising existing pathways with better referral criteria, emphasising more on population level focus, and ensuring impact on wider determinants of health;

3) greater emphasis from the Integrated Care Board and KCC is required on smoking prevention as well as cessation, integrating directly into local care and acute care models. Better emphasis on workforce planning to enhance Making Every Contact Count particularly on frontline services that have yet to implement as such, and increase referrals into existing One You and other relevant social prescribing services; and

4) local senior leadership go further and faster in better data sharing with the NHS and instruct their data infrastructure teams to work with their respective NHS counterparts in moving towards a common solution for data sharing and linkage, linking into the NHS led Population Health Management programme.

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

Dr Anjan Ghosh, Director of Public Health

To: Kent Health and Wellbeing Board - 25 April 2023

Subject: Update on Kent and Medway Interim Integrated Care Strategy

Classification: Unrestricted

Summary: The Kent and Medway Integrated Care System (ICS) has developed an interim Integrated Care Strategy (IC Strategy) in line with tight externally imposed timelines. The IC Strategy is an opportunity to respond to the increasing challenges to the health of the Kent population with renewed and increased focus on tackling the full range of Wider Determinants of Health (WDH). This will require action by all partners as well as communities themselves and will include focus on socioeconomic as well as health behaviours, clinical and environmental factors. While informed by existing system priorities, further engagement with stakeholders and the wider population is required to produce the next iteration of the IC Strategy planned for autumn this year. In parallel system partners will need to consider what actions they can take, over and above current activity, to tackle key local health issues with focus on the full range of WDH.

Recommendation: The Kent Health and Wellbeing Board is asked to CONSIDER and COMMENT on the contents of the report.

1. Introduction

1.1 The health challenges facing those we serve in Kent have been well rehearsed. Life expectancy is no longer increasing in the way it was, relative performance on many health outcome measures is declining in Kent compared with the national level. Measures of poor mental health, such as depression, are increasing in Kent more than nationally and socioeconomic challenges including children in poverty are not improving as much as we see nationally. Lifestyle behaviours remain problematic with two-thirds of people overweight and an increase in smoking levels in Kent for the first time in many years.

1.2 While there has been action across the county focused on tackling the Wider Determinants of Health (WDH) and tackling inequalities, the deteriorating position persists. We need to think what further or expanded action is needed to improve health.

1.3 The new NHS architecture, and the increased focus on system working and tackling the full range of health determinants will ensure the NHS, with partner colleagues, best consider both their impact on the WDH and how to optimise a whole system response, building on the work and approaches already in place in many districts and boroughs as well as the Voluntary and Community Sector (VCS) partners.

1.4 Linked to this is the renewed focus within Kent County Council Public Health on tackling the WDH at scale with a recognition of the increased challenges and

the need for a different ambitious approach within both the team and the wider system. This will include closer links and working between aligned Consultants in Public Health (CPH) with districts and boroughs and Health and Care Partnerships (HCP).

2. Background

2.1 The new NHS structure consists of an Integrated Care System (ICS) with the Kent and Medway ICS covering the areas served by Kent County Council (KCC) and Medway Council. The structure also includes the NHS service based Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The ICP is a core component of the Integrated Care System and is a broader coalition of partners which aims to join up planning and delivery to improve health across Kent and Medway.

2.2 The ICP is required to produce an Integrated Care Strategy to set the strategic direction for partners across the whole geographic area of the Integrated Care System. It is approved by the three statutory partners (the NHS, Kent County Council and Medway Council) 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.

2.3 The IC Strategy presents an opportunity to meet the health challenges we face, reaching beyond 'traditional' health and social care services to consider the wider determinants of health and joining-up health, social care and wider services.

2.4 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 in June 2023. While the Interim Strategy was informed by the existing priorities developed by partners across Kent and Medway, the nationally dictated timescale necessitated a rapid development, with limited engagement and consultation to date. As a result, the IC Strategy produced is an interim version and further public, partner and stakeholder engagement will take place over the spring and summer to allow a final, more informed strategy to be agreed in the autumn.

2.5 The Interim IC Strategy was approved by the Kent County Council Cabinet in December 2022. The Interim Strategy was also considered and noted by County Council in the same month. The Interim Strategy has separately been approved by Medway Council. The ICP approved the Interim Strategy at its Joint Committee meeting in December 2022, providing their endorsement of the document and a recommendation that it is approved by partner organisations.

2.6 As the system matures, it is expected that ICPs will refresh and further develop their local Integrated Care Strategies. To that end, extensive consultation and engagement with partners and the public is planned through until autumn 2023. Comments from Members of the Health and Wellbeing Board on the Interim Strategy are therefore sought and will be fed into the next iteration along with feedback from the planned consultation and engagement activity.

3. Integrated Care Strategy Development

3.1 The Interim Kent and Medway Integrated Care Strategy (Appendix 1) has been developed in an environment where system partners increasingly recognise the need for transformative change to tackle challenges around slowing improvements in population health and increasing inequalities. The interim strategy includes a welcome focus on tackling the WDH as defined by the Robert Wood Johnson Foundation including socioeconomic determinants such as education, employment, social support and community safety as well as Lifestyle Choices, Quality and Access to Clinical Care and the Built Environment.

3.2 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. Both KCC's and Medway Council's Directors of Public Health (DPH) are members of the steering group alongside NHS colleagues and have strongly influenced content related to prevention and the WDH.

3.3 Initially there was an intention that the Kent DPH would work with partners to develop a Kent System Public Health Strategy, and this in turn would be developed into the Kent Local Joint Health and Wellbeing Strategy (JHWS). The development of the Integrated Care Strategy, with its strong focus on the assessed health needs of the people of Kent, and clear and agreed priorities, including a focus on the WDH, has meant that this strategy can undertake the function of the JHWS in Kent.

3.4 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

4. Summary of the Kent and Medway Interim Integrated Care Strategy

4.1 The strategy is underlined by a Pledge, which has been developed and agreed by a range of System partners at a symposium to launch the work on the strategy last October:

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.

4.2 The Kent and Medway Interim Integrated Care Strategy covers all the nationally expected topics set out in the guidance. The document is structured around a 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 to be developed by Autumn 2023 will build upon these commitments.

4.3 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.*
This 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.*
This 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.*
This 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.*
This 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.*
This 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.*
This includes commitments on growing and supporting our shared workforce.

4.4 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 such as workforce challenges and using our estates, explore opportunities for joint commissioning and pooling resources and to act as 'anchor institutions'; using assets and resources to benefit the community.

4.5 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.

5 Public Communication and Partner Engagement

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

- The 'Together We Can' Symposium on 28 October 2022 involving Members, leaders and senior managers from KCC, NHS, Medway Council, the Voluntary and Community Sector and Business leaders to comment and contribute to the Interim Strategy.
- Launch of an online platform for public and professionals to provide feedback (https://www.kmhealthandcare.uk/about-us/kent-and-medway-health-and-care-symposium).

5.2 However, there is much more to do. Broader public consultation has commenced to shape the further development of the strategy and a Kent and Medway system-wide communication and engagement plan has been approved by the ICP. 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 Voluntary, Community and Social Enterprise (VCSE) is also represented on the ICP and will be part of the engagement and consultation process.

5.3 A survey has been published to obtain a baseline reading of public perception of their own health and wellbeing which can then be used over time to detect any change. It also asks at a very high level if anything is missing from the six strategy outcomes.

5.4 The Interim Strategy has already been published online, in full and shortened form, with the opportunity for the public to post comments on each of the six strategy outcomes. No further public engagement will take place in the very short term due to proximity of the pre-election period. A programme of public consultation and engagement will commence in earnest after the local elections.

5.5 Engagement of key local stakeholders around the strategy and how they can best contribute to improving health locally has commenced. This will include the development of HCP level action plans that will be collated to form a single action plan.

5.6 Discussions have taken place with local VCS Alliances across Kent and further discussions and workshops are planned with parish and town councils through the Kent Association for Local Councils (KALC) to seek local views on the strategy and the actions that partners can take together to help improve local health.

5.7 Additionally, the Kent Public Health Team has been realigned so that named senior consultants can link with each HCP and district to help support the development of local action plans to best improve the health of local populations building on work already in train.

5.8 The approach proposed here was broadly supported by the Kent Chiefs in early April. The value of engaging Kent wide representative groups such as those around Planning and Housing was raised as well as the need to engage bodies with both a Countywide and local presence such as Kent Police and Kent Fire and Rescue Service at both levels.

6. Financial implications

6.1 There are no direct financial costs associated with the development of the Integrated Care Strategy. It is important however that resources in the future be prioritised to tackle the agreed local priorities. Work is underway with the public health team to define, based on published literature and locally assessed needs, what is likely to be the best range of effective interventions to tackle local issues. Agreement on priority areas for action will be additionally informed by local partners' knowledge of local communities and their needs.

7. Equalities implications

7.1 An Equality Impact Assessment (EqIA) has been led by the ICB and is attached to this report (Appendix 2). The NHS EqIA 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.

8. Conclusion

8.1 The development of the Kent and Medway Interim Integrated Care Strategy, although against exceptionally tight timescales set by DHSC, has helped to start statutory partners thinking differently together to set out a clear ambition across the 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.

8.2 Most importantly, it recognises the need for change, as a system, to tackle, at scale, the full range of factors that impact on health rather than a more narrowly defined clinical focus. This will be a challenge for the system and will require

concerted work from all partners. However, it is necessary if we are to see substantive improvement in the health of the population we serve.

9. Recommendation(s):

9.1 The Kent Health and Wellbeing Board is asked to CONSIDER and COMMENT on the contents of the report.

10. Report Author

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Relevant Director

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From: Vincent Badu, Chief Strategy Officer, NHS Kent and Medway

To: Kent Health and Wellbeing Board – 25 April 2023

Subject: NHS Kent and Medway Draft Joint Forward Plan

Classification: Unrestricted

Past pathway of report: N/A

Future pathway of report: Publication of final Joint Forward Plan by 30 June 2023

Summary: This report outlines the requirement for the development of an NHS Joint Forward Plan (JFP) in response to the Kent and Medway Interim Integrated Care Strategy. The JFP has been developed in partnership between NHS Kent and Medway Integrated Care Board and its partner NHS trusts and foundation trusts, as required by national NHS England guidance. The draft JFP is being shared with Kent Health and Wellbeing Board as part of our consultation across the Integrated Care System to seek views on whether the plan takes proper account of the Interim Integrated Care Strategy, which it is also recognised will act as the Kent Joint Local Health and Wellbeing Strategy.

Recommendation(s): The Kent Health and Wellbeing Board is asked to endorse the NHS Kent and Medway Joint Forward Plan as a plan that takes proper account of the Interim Integrated Care Strategy.

1. Introduction

1.1 The Health and Care Act 2022 requires integrated care partnerships to write an integrated care strategy to set out how 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).

1.2 The Kent and Medway Interim Integrated Care Strategy was developed in partnership between the NHS and lead local authorities including Kent County Council to meet this requirement and was published in December 2022, with the short deadline required to ensure it would influence the development of the JFP.

1.3 The National Health Service Act 2006 (as amended by the Health & Care Act 2022) requires that Integrated Care Boards (ICB) and their partner NHS trusts and foundation trusts prepare and publish their JFP before the start of each financial year. For this first year, however, the date for publishing the final plan is 30 June 2023.

1.4 NHS England guidance on the development of the JFP was published at the end of December alongside, and with reference to, the 2023/24 priorities and operational planning guidance. The NHSE guidance lists a number of specific statutory requirements the plan must meet as well as additional recommendations on subject areas to be considered, see appendix 1. As a minimum, the JFP should describe how the ICB and its partner NHS trusts and

foundation trusts intend to meet the physical and mental health needs of their population through arranging and/or providing NHS services. This should include delivery of universal NHS commitments, meet legal requirements and address the four core purposes of Integrated Care Systems (ICS), namely to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

1.5 In future years it is suggested that the JFP should be a shared system delivery plan for the Integrated Care Strategy. However, in this initial year it will form the NHS delivery plan for the Interim Integrated Care Strategy in Kent and Medway.

2. Body of the report

2.1 The draft JFP is being shared with Kent Health and Wellbeing Board as part of our consultation across the Integrated Care System to seek views on whether the plan takes proper account of the Kent Joint Local Health and Wellbeing Strategy, which is represented by the Interim Integrated Care Strategy. As the Interim Integrated Care Strategy is planned to be refreshed later this year, so will the Joint Forward Plan be refreshed next year in response to this.

2.2 As noted above the JFP has been developed in response to the Kent and Medway Interim Integrated Care Strategy. The structure of the document follows that of the strategy and addresses each of the shared outcomes in turn, with a focus on actions that will be taken across the NHS to deliver the outcomes, as well as where links will be made to ensure partnership working across the ICS in delivering the outcomes.

2.3 As an example, the JFP includes reference to the system wide investment of £5.94m committed by NHS Kent and Medway Integrated Care Board to address health inequalities in outcomes, experience, and access. Although there is no specific national requirement associated with the funding, the expectation is that it is used to help systems maintain work to reduce inequalities such as Core20Plus5 approach and the five NHS inequalities priorities. Working closely with the Health and Care Partnerships a range of programmes are being prioritised for support through the allocation of this resource. For example in West Kent the programmes include Shepway Community Larder with provision of diabetes and dietetics input, mental health social prescribing link workers and improving hypertension detection and management within areas of high deprivation. In Dartford, Gravesham and Swanley the focus is on targeted interventions to support health improvement and prevention linked to four areas of greatest health inequality (obesity, diabetes, cancer screening and respiratory) in specific community groups. The Swale programmes target hypertension, Making Every Adult Matter (MEAM), improving outcomes for children with asthma in deprived populations and a tier 3 childhood obesity service amongst others. In East Kent the programmes include expansion of the Integrated Diabetes Service, implementation of a homelessness pathway model following a successful pilot in Margate and supported self-management through the development of Integrated Neighbourhood Teams.

2.4 The JFP has been developed by NHS Kent and Medway and its partner provider trusts and foundation trusts. Through their provider leads Health and Care Partnerships have also contributed to its development. In addition the Integrated Care Strategy Steering Group, which includes the Kent Director of Public Health, has reviewed and commented on the plan as it was in development.

3. Conclusions

3.1 The Draft JFP has been developed in response to NHS England guidance as an NHS delivery plan for the Interim Integrated Care Strategy. It will be subject to an annual refresh, particularly as the Interim Integrated Care Strategy is refreshed. The structure of the JFP follows that of the strategy, focusing on key actions that will be taken across the NHS to deliver the shared outcomes and enablers. It also highlights where links will be made to ensure partnership working across the integrated care system.

4. Recommendation(s):

The Kent Health and Wellbeing Board is asked to endorse the NHS Kent and Medway Joint Forward Plan as a plan that takes proper account of the Interim Integrated Care Strategy.

5. Background Documents

None

6. Contact details

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Appendix 1

The legislative requirements the JFP must address are:

- Describing the health services for which the ICB proposes to make arrangements
- Duty to improve quality of services
- Duty to reduce inequalities
- Duty to promote involvement of each patient
- Duty as to patient choice
- Duty to obtain appropriate advice
- Duty to promote innovation
- Duty in respect of research
- Duty to promote education and training
- Duty to promote integration
- Duty to have regard to wider effect of decisions (consider the triple aim)
- Duty as to climate change etc
- Public involvement by integrated care boards
- Addressing the particular needs of children and young persons
- Addressing the particular needs of victims of abuse
- Implementing any joint local health and wellbeing strategy
- Financial duties

In addition, it is recommended the JFP includes:

- Workforce
- Performance
- Digital/data
- Estates
- Procurement/supply chain
- Population health management
- System development
- Supporting wider social and economic development

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Kent and Medway

Kent and Medway Draft Joint Forward Plan

Draft Five Year Forward Plan 2023-2027

Kent and Medway

Version Control

Version No	Purpose	Date
1	Issued to steering group and content leads for editing by this group only	09/02/2023
2	Issued to steering and project group for development workshop	02/03/2023
3	Issued to steering group for approval to share with system partners	24/03/2023
5	Issued to provider boards and system partners	29/03/2023

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Introduction

Welcome to Kent and Medway's Draft Joint Forward Plan. The Kent and Medway Interim Integrated Care Strategy, published in December 2022, sets out a shared purpose and common aspiration for partners of the Kent and Medway Integrated Care System to work in increasingly joined up ways. It is rooted in the needs of people, communities and places and is intended to help us drive forward the agreed priorities for action in health and social care across Kent and Medway.

This Draft Joint Forward Plan is the NHS delivery plan for the Integrated Care Strategy, and is therefore structured to align to the shared outcomes and enablers in the strategy. It is owned by NHS Kent and Medway, the Integrated Care Board, and its partner NHS trusts and foundation trusts, namely Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust, Kent Community NHS Foundation Trust, Kent and Medway NHS and Social Care Partnership Trust, Maidstone and Tunbridge Wells NHS Trust, Medway NHS Foundation Trust and South East Coast Ambulance NHS Foundation Trust.

In developing the Joint Forward Plan we have adopted the Operational Plan as year one of our five year view. In this way we have clear actions outlined for the first year with aims and ambitions stated for future years. Actions are categorised according to the following planning horizons: short term (<1 year), medium term (1-2 years) and long term (3-5 years+).

Our Interim Integrated Care Strategy is due to be refreshed in the autumn 2023, therefore we will update the Joint Forward Plan on an annual basis to report on progress and ensure we deliver the aims of our strategy. It is hoped that in future years the Joint Forward Plan will develop into a shared system delivery plan.

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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

Overview of NHS services in Kent and Medway

NHS Kent and Medway, our Integrated Care Board, holds responsibility for NHS strategic planning and allocation decisions as well as bringing together partner organisations at a system and place level in a collaborative way to improve health and care outcomes. The breadth of responsibilities that our ICB is required to fulfil is wide and there are a range of statutory duties as outlined in our constitution. We are required to arrange for the provision of certain health services to such extent as we consider necessary to meet the reasonable requirements of our population. This includes the following services:

- Community health services (except where part of the public health service)
- Elective hospital care
- Healthcare services for children including those with complex healthcare needs
- Healthcare services for people with learning disabilities
- Healthcare services for people with mental health conditions
- Maternity services
- NHS continuing healthcare.
- Older people's healthcare services
- Rehabilitation services
- Urgent and emergency care including Accident and Emergency, ambulance and out-of-hours services
- Wheelchair services

We have delegated responsibility, from NHS England, for the commissioning of primary medical services (also known as general practice). Under the delegated arrangements, NHS England continues to hold GP contracts, but we are responsible for the day-to-day management of these. We also have delegated responsibility for the commissioning of dental services and community pharmacies.

Specialised healthcare such as heart and brain surgery; neonatal services; secure psychiatric services; public health and health promotion services; prison health; or healthcare for serving members of the Armed Forces (except emergency care) are commissioned directly by NHS England.

In ensuring the provision of services we are also required to ensure services are in place to respond to the Integrated Care Strategy. The Integrated Care Strategy is underpinned by the Joint Strategic Needs Assessments across Kent and Medway and in responding to this strategy the Joint Forward Plan also responds to those needs assessments. Medway Council has begun the process of refreshing its Joint Local Health and Wellbeing Strategy, which will include consideration of other priorities across the system and will explicitly include consideration of the Integrated Care Strategy. In Kent the draft Joint Local Health and Wellbeing Strategy that had been in development was included in the Integrated Care Strategy. There is therefore no separate and discrete JLHWS for Kent with the planned priorities fully subsumed within the Integrated Care Strategy.

The Kent and Medway Integrated Care System structure and the partnerships that are being developed to deliver our ambitious strategy are outlined on the following page.

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Kent and Medway Integrated Care System

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

Owns the Integrated Care Strategy

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

Kent County Council and Medway Council

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

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 whilst protecting our natural resources and reducing our emissions. **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.

Neighbour-hoods — 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.

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Chapter 1

How we will give children the best start in life

Shared Outcome 1: 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.

Integrated Care Strategy Summary

NHS
Kent and Medway

Delivering effective 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 (Reading the Signals Report) to help us hear the voices of families who use services and involve them in helping us make positive changes.

Supporting families to start well; Health inequalities begin early in life. These differences include smoking in pregnancy, breastfeeding and childhood obesity, which can affect health and wellbeing outcomes in later life. The wider socio-economic context of the family and community, and access to environmentally sustainable open spaces also contributes families to start well, for example 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. Integrated support for families must include a wide offer that spans housing, communities, health, education, social care and the voluntary sector. We will also work as a system to improve the support we provide to children with special educational needs and disabilities (SEND) in Kent and Medway, including those who are neurodiverse.

Adopting a 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 ICS 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 services.

Shared Outcome 1: 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.

Safeguarding children. Protecting 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. The ICS presents opportunities to strengthen our multiagency safeguarding arrangements so we can ensure children and young people grow up in safe, strong communities free from adverse situations that could harm them. We will ensure children and young people's voices are listened to. We will safeguard and promote the welfare of looked after children and care leavers, supporting them to live a positive and fulfilled life and transition into independence with confidence and ambition for the future. We will continue to work closely with Government to support the National Transfer System and ensure unaccompanied asylum-seeking children are cared for fairly and safely without disproportionate impact on our area.

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

NHS
Kent and Medway

Goal	Actions	Timescale	Owner(s)
Deliver effective maternity services **Metrics** National ambition - To halve the rates of stillbirths, neonatal deaths, maternal death and brain injuries by 2025. Local metrics: • Kent and Medway stillbirth rate • Kent and Medway neonatal death rate • Kent and Medway HIE rate Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices. Metrics: • Number of women with a personalised care and support plan	Provide targeted support to East Kent Hospitals University Foundation Trust to implement and gain assurance on the recommendations of the Reading the Signals Report and other specific local quality improvement requirements	●●	NHS Kent and Medway ICB
	Ensure continuous improvement of services through utilising the perinatal quality surveillance model across the system to identify quality concerns and support shared learning and proactive actions to improve patient safety.	Ongoing	
	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, incl. ensuring diversity in MVP membership/participation.	●●	
	Embed personalised care and support planning to increase choice and control for women throughout their pregnancy and postnatal period, contributing to families achieving the best start in life.	●●	
	Take targeted action on workforce recruitment, retention and training to ensure that all maternity and neonatal services achieve sustainable, safe and effective staffing levels.	●●	
	Support all of our trusts to fully implement maternity continuity of carer, initially focusing on black, Asian and mixed ethic groups and those living in our most deprived communities.	●●●	
	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 across services	●●	
	Ensure community maternity services work in close partnership with health visiting and other community services for families, particularly in the development of Family Hubs.	●●	

Goal	Actions	Timescale	Owner(s)
Deliver effective maternity services (continued) **Metrics** Reduce inequalities in access and outcomes: • Number of women in deprived and BAME groups with a personalised care and support plan • Number of women in deprived and BAME groups in a maternity continuity of carer pathway • Smoking at time of delivery (SATOD)	Continue to develop our specialist perinatal mental health community services, enabling more people to access them, including assessment and signposting for partners.	●●	NHS Kent and Medway ICB
	Complete the implementation of Thrive, our new maternal mental health service offering psychological support for birth trauma and perinatal loss.	●	
	Complete the co-production and implementation of new services and pathways in the NHS Long Term Plan that support families who need additional support during their maternity journey, including smoking cessation, pelvic health, and specialist maternal medicine.	●	
	Continue the implementation of targeted actions to address inequalities of outcomes in maternity and neonatal services, as set out in our perinatal equity action plan.	●●	
	Continually improve our neonatal services through partnership working with the KSS neonatal Operational Delivery Network to deliver the recommendations of the Neonatal Critical Care Review (NCCR) and take on local commissioning of these services.	●●	
	Reduce the risk for those with military connected pregnancies by implementing recommendations from the Maternity Military Matters Project, ensuring a military family approach and supporting maternity services to understand military life and culture.	●	Local Maternity and Neonatal Systems Board Armed Forces Network.
	Deliver the actions from the Ockenden report as set out in the April 2022 letter, the East Kent Reading the Signals Report (2022) as well as those that will be set out in the new NHSE national single delivery plan for maternity and neonatal services.	Ongoing	East Kent Hospitals University NHS FT Board Local Maternity and Neonatal Systems Board

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Goal	Actions	Timescale	Owner(s)
Support families to start well **Metrics** • Number of children on the waiting list for ADHD and autism diagnostic assessments • Number of children waiting over 18 weeks for treatment • Core20PLUS5 metrics for children and young people, for example number of asthma attacks, waiting list for tooth extractions due to decay for children admitted as inpatients, number of children and young people accessing mental health services	Evolve our services to meet population need, taking a holistic, family centred approach. Actively reduce barriers to supporting families in the widest-sense working with partners in housing, health, education, social care and voluntary sector.	●●●	NHS Kent and Medway ICB
	Grow our workforce to work together to deliver care closer to home within a network of local support.	●●●	
	Redesign pathways to reduce elective surgical and outpatient appointment wait times for secondary and tertiary care, including Paediatric Surgery as detailed in our operational plan. Dartford, Gravesham and Swanley Health and Care Partnership has also identified this as a priority.	●●	
	Pilot integrated models of care with a focus on long term conditions, emotional wellbeing, (special educational needs and disabilities) SEND and other risk factors. This will support: - strengthening relationships and joint working practices across health, social care and education - sharing of specialist skills and knowledge between professionals/clinicians and children/families - clearer Information, advice and guidance, including for families - joined up decision making, systems and plans - better experience and outcomes for children, young people and families - a reduction in emergency department attendances	●	

Goal	Actions	Timescale	Owner(s)
Support families to start well (continued)	Improve support to children with special educational needs and disabilities (SEND) with better, faster clinical assessment of SEND needs and improving experience that parents have when they contact us. Explore arrangements to bring services for children with SEND together to maximise resources and deliver better outcomes, and other measures as set out in the Kent and Medway Integrated Children's Delivery Board Plan.	●	NHS Kent and Medway ICB
	Support armed forces children to thrive at school by identifying need and using the Thriving Lives toolkit.	●	Kent Community Health NHS Foundation Trust Board School Health Services supported by the Armed Forces Network
Adopt a whole family approach with early help and a focus on preventing rather than responding to crises	Work in partnership with local authorities to develop the Family Hub Model - Start for Life Universal Services; midwifery, health visiting, mental health, infant feeding, safeguarding and SEND	●●	NHS Kent and Medway ICB ,
	Change our commissioning approach from activity based commissioning (for example number of clinical sessions) to outcome-based commissioning.	●●●	
	Develop an approach to better support the child, young person, young adult (0-25) and their families at key transition points in order to improve outcomes and ensure continuity of care. This includes looked after children.	●●	Kent and Medway NHS and Social Care Partnership Trust Board, Kent & Medway Children's Programme Board
	Implementation of the Armed Forces Act 2021 to ensure the removal of disadvantage in accessing services for Armed Forces Children and families. Increase awareness training, identification of the armed forces community and reduce delayed or interrupted treatment/care of service children	●	Provider Trust boards Armed Forces Network

Goal	Actions	Timescale	Owner(s)
Safeguard children	Deliver the NHS Kent and Medway Safeguarding Strategy. The key aims are: - to prevent violence and violence related trauma, injuries and deaths in the communities across Kent and Medway. - to work with partners in providing strategic leadership to improve outcomes for vulnerable children and adults at risk of violence or aggression. The objectives address domestic abuse, violence reduction, contextual safeguarding and PREVENT. - to create a safeguarding culture for the future health system - to promote health equality and access to early help, signposting and support to promote positive safeguarding outcomes. - to strengthen system assurance and a continuous improvement approach. - to ensure that no person is deprived of their liberty without the appropriate legal framework being in place. This strategy ensures we meet all statutory reporting requirements, is focused on working with key stakeholders and partners and includes ensuring the voice of these children and young people are used to inform service development.		NHS Kent and Medway ICB

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Chapter 2

How we will help the most vulnerable and disadvantaged

Shared Outcome 2:
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.

Integrated Care Strategy Summary

NHS
Kent and Medway

Tackling inequalities and preventing ill health, targeting those most in need; Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Our key goal will be to ensure a whole system collaborative approach to Population Health Management, reducing avoidable unfairness in people's health and well-being outcomes. Our health and social care provision needs to be made available to all, with increasing attention needed for those who are more disadvantaged. We will empower our local neighbourhood and place-based partners to tailor services and interventions to meet the needs of their communities. We aim to make promotion of healthy choices part of every encounter with individuals - Making Every Contact Count (MECC). Our NHS organisations will also continue to adopt the Core20PLUS5 model, a national NHS approach to support the reduction of health inequalities at both national and system level.

Tackling mental health issues with the same energy and priority as physical illness; The Kent and Medway Mental Health Learning Disability and Autism Provider Collaborative Board brings together all the mental health and wellbeing partners with those with lived experience to integrate service models and develop a shared accountability for improving the mental wellbeing of our communities. 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. Our Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare.

Shared Outcome 2: 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.

Addressing the social determinants of health, such as community support and employment and skills. Our approach to social prescribing will help to connect people to community services and groups local to them that can help to support their mental and physical health. Our ambition is to grow the Kent and Medway economy and ensure that everyone can benefit from increased prosperity. This includes supporting people who are finding it hard to access or remain in work due to mental or physical health issues.

Supporting people deal with the current cost of living crisis; This 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. 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.

Developing the Kent and Medway physical environment as a place where people thrive. We will work with housing providers, voluntary, community and social enterprise partners and others to continue to improve the quality of housing of all tenures. Partners will work together to plan housing development and regeneration in a way that improves quality of life for new and existing communities. Reaching our challenging environmental targets and adapting to climate change will require all partners to play their part.

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

NHS
Kent and Medway

Goal	Actions	Timescale	Owner(s)
Tackle inequalities and prevent ill health, targeting those most in need	Embed Population Health Management (PHM) across the system through a comprehensive Population Health Roadmap structured around the core PHM framework capabilities of infrastructure, intelligence, intervention and incentives. Local services will design new proactive models of care which will improve health and wellbeing today as well as in future years Population Health. The roadmap includes ensuring a sustainable footing for the segmentation dataset and outcomes platform.	●●	NHS Kent and Medway ICB
	Develop local place prevention plans. Targeting individuals from more deprived and disadvantaged communities who are less likely to engage in or have access to preventative programmes, e.g. immunisations, screening, dental checks and eye tests	●	NHS Kent and Medway ICB
	Embed Making Every Contact Count to make promotion of healthy choices part of every health service encounter with individuals	●	
	Define the approach, process of allocation and aims for using health inequalities funding and additional funding, to include an evaluation approach	●	NHS Kent and Medway ICB
Metrics • Core20PLUS5 • Decrease in the number of asthma attacks • Oral health – tooth extractions due to decay for children admitted as inpatients	Apply the Core20PLUS5 model to drive targeted action in improving healthcare inequalities, aligned to our Population Health Management approach and engaging local communities in design and delivery. This will include the PLUS Groups being identified at place and the CORE20PLUS Connectors programme. The Core 20 Plus connectors programme is currently focused on early cancer diagnosis through bowel cancer screening and understanding the perinatal needs of Black, Asian and Minority Ethnic communities.	●●	

Kent and Medway

Goal	Actions	Timescale	Owner(s)
Tackle inequalities and prevent ill health, targeting those most in need (continued) **Metrics** • Covid Immunisation - % of eligible adults vaccinated • COVID-19 vaccination uptake for black and minority ethnic groups and the most deprived quintile compared to the national average	Providers of health care services will work to understand the health inequalities within waiting lists and take action to level up access and outcomes across the population. Also to make changes in their approach or provision to ensure services are accessible.	●	Provider Trust Boards
	Turning the Tide Oversight Board will act in a leadership role with a focus on reducing ethnicity related health inequalities across Kent and Medway. To complete a social marketing insight project and mobilise the hypertension pathway with an ethnicity focus. Matrix working within the NHS and across local authorities.	●	NHS Kent and Medway ICB
	The Covid Vaccination Programme includes a specific focus on ensuring covid vaccinations are easily accessible to all eligible members of the population. Data will be used to identify low areas of uptake and target additional support. Learning will support the development of the an action plan in response to the integrated national vaccination strategy.	●●	NHS Kent and Medway ICB
	Codesign a fluid engagement strategy – Continue to attend community organisations and understand ways we can work with them that would be mutually beneficial. Progress data linkage, analytical support and outcome measures to evidence VCSE benefit, developing principles for the transfer of budget to preventative measures.	●	NHS Kent and Medway ICB
Support people deal with the current cost of living crisis	Work together to address the cost-of-living crisis and its likely detrimental effect on people's health and widening health inequalities. It is an issue of high importance for the system and an early opportunity to work together better. The integrated care partnership (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. This is also a priority area for Medway and Swale Health and Care Partnership (HCP).	●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Tackle mental health needs with the same energy and priority as physical illness **Metrics** • For 2023/24 27,937 people with a serious mental illness will receive 2 or more contacts with a transformed model of care • Achieve 5% year on year increase in the number of people supported by community mental health services	Deliver an entirely new service model to support people with complex mental health difficulties through our community mental health framework, Mental Health Together. Set up the implementation group, recruit to new roles, Kent and Medway NHS and Social Care Partnership Trust as lead provider to set up commissioning arm Trailblazer of the core model in Medway. Evaluate and monitor Mental Health Together with a particular focus on marginalised groups. Roll out to Swale. Roll out to East Kent, West Kent, DGS Service User Network (SUN) model to be rolled out for peer support for community eating disorders Pilot transformed Community Rehabilitation pathway to include VCSE, local authority and secondary care in west Kent . Procurement of the VCSE element for eating disorders	●● ● ● ●● ● ● ●●	NHS Kent and Medway ICB
	Implement our Local Transformation Plan for Children, Young People, and Young Adults' Emotional Wellbeing and Mental Health, which outlines how we will widen access to services closer to home, reduce unnecessary delays and deliver specialist mental healthcare.	●●●	NHS Kent and Medway ICB
	Implement our local transformation plan for people with learning disabilities and autistic people which outlines how we will widen access to services closer to home, reduce unnecessary delays and secure equitable access to early intervention and prevention services to prevent escalation of people's needs and premature deaths	●●●	

Goal	Actions	Timescale	Owner(s)
Address the social determinants of health, such as community support and employment and skills.	Work in partnership to promote community safety. We will work together in tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome	●●	NHS Kent and Medway ICB
	Create a range of opportunities and systemic support in the community, including housing, community infrastructure, carer / family support and workforce, employment and life opportunities, to enable people with learning disability, autism or both to live as safely and autonomously as possible, in their local neighbourhood (preventing the use of large institutional settings).	●●●	NHS Kent and Medway ICB
	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 and relationships.	●●	NHS Kent and Medway ICB
	Develop a social prescribing and community navigation strategy that sets the framework for social prescribing and community navigation across the Kent and Medway system.	●	NHS Kent and Medway ICB
	Pilot work to support a wide range of initiatives for young people including volunteering opportunities, co-design of PSHE curricular to support healthy choices (with clinical support), offering opportunity to entry level roles in health and care as well as apprenticeship.	●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Develop the Kent and Medway physical environment as a place where people thrive	Aim to ensure high quality homes are available to all, including the most vulnerable, and tackle homelessness. Work across the ICS to prevent and respond to homelessness, addressing the root causes.	●●	NHS Kent and Medway ICB
Help and protect adults with care and support needs in the Kent and Medway area who may be experiencing, or are at risk of, abuse or neglect, and unable to protect themselves.	Support the delivery of the Kent and Medway Safeguarding Adults Board Strategic Plan 2022-2025 through partnership working as a member of the Kent and Medway Safeguarding Adults Board. The key priorities are promoting person centre safeguarding, strengthening system assurance and embedding improvement and shaping future practice.	●●●	NHS Kent and Medway ICB
	Deliver the NHS Kent and Medway Safeguarding Strategy. The key aims are: - to prevent violence and violence related trauma, injuries and deaths in the communities across Kent and Medway. - to work with partners in providing strategic leadership to improve outcomes for vulnerable children and adults at risk of violence or aggression. The objectives address domestic abuse, violence reduction, contextual safeguarding and PREVENT. - to create a safeguarding culture for the future health system - to promote health equality and access to early help, signposting and support to promote positive safeguarding outcomes. - to strengthen system assurance and a continuous improvement approach. - to ensure that no person is deprived of their liberty without the appropriate legal framework being in place. This strategy ensures we meet all statutory reporting requirements and is focused on working with key stakeholders and partners across the system.	●●●	NHS Kent and Medway ICB

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Chapter 3

How we will help people to manage their own health and wellbeing

Shared outcome 3:
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.

Integrated Care Strategy Summary

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Supporting people to age well - championing resilience and independence; 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. Accessible and integrated health and social care services where partners work together will enable people to live independently and safely within their local community.

Supporting our population to adopt positive health behaviours; 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 – including in environmentally sustainable green spaces, maintain good sexual health, and minimise alcohol, substance and tobacco use. 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.

Shared outcome 3: 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.

Delivering personalised care so people have choice and control over their care; Kent and Medway's personalised care approach is underpinned by the ESTHER philosophy, this emphasises the "*what matters to me*" methodology. Both Kent and Medway Councils work with 'Think Local, Act Personal' to make personalised care real. Dementia care is a priority. 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.

Protecting the public from diseases such as Covid-19; 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. 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.

Providing palliative and end of life care to those in the last stages of their life. 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. 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.

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

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Goal	Actions	Timescale	Owner(s)
Support our population to adopt positive health behaviours **Metrics** • Screening rates e.g. learning disability cervical screening, bowel screening, breast screening • Percentage of patients aged 18 or over with GP recorded hypertension in who the last blood pressure reading is below the age-appropriate treatment threshold	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.	●●●	NHS Kent and Medway ICB
	Work with Health Care Partnerships to implement evidence-based support for increasing activity and preventing diabetes. Partners across the ICS will work together to promote referrals to the NHS Digital Weight Management Programme and incorporate the programme in a coherent way into existing pathways. Existing incentivisation measures will be utilised to encourage referrals taking into account good models of behaviour change.	●●	
	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.	●●	
	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.	●●	
	The NHS LTP Tobacco Dependence Treatment Service Programme will continue to be driven forward ensuring support to quit smoking for eligible members of the population. This will sit alongside the existing strong offer of LA community stop smoking services provided across Kent and Medway. The established Smoking in Pregnancy specialist midwives in each acute trust will continue to work to support those who are pregnant to quit smoking. Provide access to services for those most at risk of health inequality will continue with, for example programmes to increase treatment to target for hypertension, increase engagement in NHS Health Checks and in diabetes management programmes. Development of the CVD Prevention Group will further address cardiovascular health including the wider determinants of health.	●●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Support our population to adopt positive health behaviours (continued)	We will Make Every Contact Count to signpost support to reduce the smoking rates in higher prevalence groups.	●●	NHS Kent and Medway ICB
	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.	●●	
	Promote active travel through working with local councils to identify access to public transport and safe cycle routes and promote access to Green Social Prescribing to support self-management of health and wellbeing	●●	NHS Kent and Medway ICB
Protect the public from infectious diseases, chemical, biological, radiological, and nuclear incidents, and other health threats	The Kent and Medway Health Protection Board (KMHPB) is a multi-agency board on Health Protection across Kent and Medway with a focus on protecting the public. It 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 and assurance to Directors of Public Health in Kent and Medway in relation to their statutory functions around health protection. 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. We will work with the board, consider their recommendations and oversee the appropriateness of strategies and plans in place on health protection and emergency prevention, planning and response matters.	●●●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Support people to age well, championing independence and resilience	Proactive identification of those that are frail or at greater risk of future hospitalisation, care home admission or death to target prevention strategies and support people to manage their health and wellbeing. This includes acute frailty response and frailty hubs e.g. Home Treatment Service and Medway frailty unit at Sheppey Hospital	●●	NHS Kent and Medway ICB Community service provider boards
	Promote 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. Development of neighbourhood models of care in alignment with Fuller Stocktake.	●●	
	Make the system more coordinated so it is easier to navigate and get the right care to maintain independence for patients, loved ones and health/care staff.	●●	
	Increase support offer to care homes with strong relationships between care homes, local general practices, community services, hospices and other health/care teams as part of the Enhance Health in Care Home (EHCH) national requirements.	●	
	Embed 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. Also support the role out of digital social care records across care homes and domiciliary care. Explore further opportunities between health and care to further this relationship as well as considering the role of remote monitoring in care homes.	●	

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Goal	Actions	Timescale	Owner(s)
Deliver personalised care so people have choice and control over their care – Dementia **Metrics** • Dementia Diagnosis Rate maintained at 66.7% • 75% people wait 6 weeks from referral to memory assessment (service) • % people waiting 6 weeks from diagnosis to treatment – metric in development	Recover waiting lists and ensure sufficient capacity to achieve and maintain a dementia diagnosis rate of 66.7%. Reduce the waiting list to enable people to start treatment in closer to six weeks from referral.	●●	NHS Kent and Medway ICB
	Increase the number of Dementia Coordinators in each PCN to enable people living with dementia and their carers to access better information and support	●	
	Increase the use of DiADem, the tool to support GPs in diagnosing people living with advanced dementia and pilot in a care home setting. Consider its use for people with dementia who are housebound. Introduce A GP with Extended Role (GPwER) in Dementia and later in local care.	● ●●	
	Review the services provided to Carers with Health and Care Partnerships and Local Authorities and ensure that the needs of those families affected by Dementia can access community resources.	●	
	Embed Admiral Nurses into the wider pathway to provide expert practical, clinical and emotional support to families/carers living with dementia, as part of a tiered model working with VCSE, so Admiral Nurses can focus on those with higher level complex needs.	●	
	Refine the current Dementia pathway, recognizing the impact of an ageing population.	●	

Kent and Medway

Goal	Actions	Timescale	Owner(s)
Deliver personalised care so people have choice and control over their care **Metrics** • Number of personalised care interventions	Roll out across the system the ESTHER Ambassador training for all staff underpinning the Personalised Care approach and culture.	●	NHS Kent and Medway ICB
	Encouraging take up of the free Personalised Care Institute (PCI) Personalised Care Accredited Training offer across Local Maternity System, PCNs and all Delivery Partners.	●●	
	Encourage regular care plan reviews in line with the SOF and ensure they are consistently coded accordingly.	●	
	Develop one off Personal Health Budgets (PHB's) to other identified cohorts linked to population health needs. Develop robust financial governance framework and clinical governance framework to support this. Provide a clear, published local offer of what is available through a one off PHB with local examples of PHB use. Pilot integrated health and care budgets pooling resources by use of Better Care Fund.	●●	
	Co-Produce across the system a Social Prescribing and Community Navigation Strategy, to include links with green social prescribing – due for completion in summer 2023.	●	
	Set up a Social Prescribing and Community Navigation Support Group, The programme includes: the development of peer support, induction and continuing professional development, managerial supervision, access to information and resources and will aim to create a progressive learning culture within the community of social prescribing link workers across the Kent and Medway area.	●●	
	Social Prescribing mapping across Kent & Medway to enable easy access/location of appropriate services across the System.	●	

Goal	Actions	Timescale	Owner(s)
Provide palliative and end of life care to those in the last stages of their life **Metrics** • Expected deaths known to palliative care • Time spent at home (not in hospital) during the last 60 days of life	Improve 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.	●●	NHS Kent and Medway ICB
	Support 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.	●●	
	Raise community awareness of death and dying to enable "Compassionate Communities" to grow and providing robust bereavement services for all.	●	
	Provide 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.	●	
	Develop 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.	●●	
	Take learning from deaths by reviewing outcomes for individuals and families to improve comfort, dignity and ensure wishes are being met.	●	
	Provide a comprehensive end of life care training programme across all in Health and Social Care in Kent and Medway.	●	

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Chapter 4

How we will support people with multiple health conditions

Integrated Care Strategy Summary

Patient Empowerment and Multidisciplinary Teams. People with multiple health conditions are best served by teams made up of multiple disciplines. This ensures a holistic approach to common conditions such as cancer, cardiovascular disease, dementia, respiratory disease, and frailty. 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 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.

NHS Kent and Medway

High quality Primary Care. Primary care is, and will remain, the bedrock of the NHS. 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. Kent and Medway ICB has recently taken over delegated authority for commissioning Pharmacy, Optometry and Dentist 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. 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.

Shared outcome 4: 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.

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. 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. Young carers have particular needs. 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, including working with VCSE organisations who provide vital support for carers of all ages.

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

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Goal	Actions	Timescale	Owner(s)
High quality Primary Care – General Practice Through the NHS Kent and Medway ICB GP Development plan, there is a commitment to address the demand placed on primary care services. **Metrics** • Number of general practice appointments per 10,000 weighted patients • FTE doctors in general practice per 10,000 weighted patients	Support GP practices and Primary Care Network's (PCN) to engage with their local communities, and increase the number of people referred to the community pharmacy consultation services.	●	NHS Kent and Medway ICB
	All GP practices will be supported to install digital telephone systems to make it easier for patients to call their GP practice, and to utilise the functionality and reporting available to drive efficiency.		
	Develop an attraction offer for GPs to work in general practice in the areas where we know we have higher deprivation i.e. Medway, Swale and Thanet in 2022 to 2024	●	
	Support practices and PCNs to continue to develop their response to the estates strategy to further inform commissioning decisions.	●●	
	A pilot of eConsultations into a Health Hub is complete. This will be developed into a sustainable eHub model, including, the blueprint, evaluation of the health hub model and business case for scaling across Kent and Medway		
	Scope a research project to pilot different approaches to modelling demand and capacity in general practice across Kent and Medway	●●	
	Increase the number of people using online primary care services. This will be supported by introduction of a programme of interventions with our stakeholders that address digital exclusions. We will also support digital remote monitoring technologies to create clinical capacity.	●●	
	Increase the number of additional roles staff working in general practice.	●●	

Goal	Actions	Timescale	Owner(s)
High quality Primary Care – General Practice (continued)	Deliver 3 distinctive areas of intervention in relation to GP practice support, to improve care for our patients: • Proactive: risk stratification of a range of information and data to proactively understand variations in quality and outcomes and support the improvements to address these • Supportive: working with practices to continuously learn and improve their services for better outcomes for their population • Reactive: using information gathered from proactive and supportive interventions to identify and escalate concerns, providing reactive support when needed to ensure safety and effectiveness	●●	NHS Kent and Medway ICB
High quality Primary Care – Pharmacy Services **Metrics** • Number of completed referrals to community pharmacist consultation service from general practice	We will implement a collaborative provider approach to Medicines Optimisation Strategy and deliver 3 main work programmes: **Medicines Value** including aseptics and sustainability: • to ensure medicines are used cost effectively to achieve optimal patient outcomes • to ensure access to adequate resilient high quality aseptic services that supports healthcare staff • to identify and implement medicines related initiatives that support sustainability goals **Medicine Safety** including overprescribing and mental health to ensure that patients are not prescribed medicines that are inappropriate or no longer necessary, or where harms outweigh benefits. **Assurance and outcome monitoring** including community pharmacy • establish programme and lead the roll-out of community pharmacy clinical services The main work programmes will be supported by 3 enablers: **Workforce** -to improve the recruitment and retention of Pharmacy workforce and ensure appropriate access to training and development opportunities Creation of a dynamic and flexible workforce that can work across systems built around the needs of people who use our services.	●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
High quality Primary Care – Pharmacy Services (continued)	**Digital-** to embed digital technology to improve patient experience, improve safety and support cost effectiveness **Medicines optimisation in primary care**	●	NHS Kent and Medway ICB
High quality Primary Care – Optometry and Ophthalmology	We will adopt an integrated Tiers of Care approach to Optometry and Ophthalmology in the community, to ensure as much capacity as possible is available to deliver appropriate care in a community setting.	●	
	We will integrate Optometry, Community & acute Ophthalmology care by digitalisation of the referral (EeRS) and electronic patient record systems (EPR) to promote shared care approach and reduce the requirement for hospitals visits where possible.	●	NHS Kent and Medway ICB
	As many patients as possible will be repatriated from acute care setting to primary/community setting to improve access and waiting times. Currently In Progress for Glaucoma, Minor Eye Conditions & Hydroxychloroquine Monitoring.	●	
Patient Empowerment and Multidisciplinary Teams	Ensure that patients have timely, appropriate access to effective Primary Care, achieved through strategies aligned to the 3 key Fuller Report recommendations, including providing more proactive, personalised care with support from a multidisciplinary team. • Continued development of Complex Care Nursing services, aligned to structured MDT approaches, leading to greater integration of Primary Care and community services • Further integration of system wide care record (KMCR) to support continuity of care and a holistic approach • Continuing the increased use of personalised health budgets and social prescribing, manged by complex care support to reduce the burden on Primary Care	●	NHS Kent and Medway ICB Kent Community Health NHS Foundation Trust Board

The following four pages are focused on actions relating to major or common conditions, including those identified in the NHS Long Term Plan

	Actions	Timescale	Owner(s)
Maternity	See shared outcome 1 – delivering effective maternity services, page 11.		
Serious Mental Illness (SMI) **Metrics** The number of people on the SMI register in receipt of all 6 core physical health checks Q1 - 9,922 Q2 - 10,228 Q3 - 10,533 Q4 - 10,839 Progress towards the 60% target has been made with more than 40.6% of people with SMI across Kent & Medway have received a physical health check, at the end of Q1 22/23.	The Kent and Medway Provider Collaborative Board has made a commitment to deliver compliance against the Long Term Plan (LTP) for Mental Health. Providers and Health and Care Partnerships (HCP) are represented on this Board. The Mental Health Operational Delivery Group (ODG) is the operational vehicle for the delivery of the system priorities and currently oversees 8 workstreams aligned to the strategic objectives of the LTP. Internal assurance and performance meetings have been established within the ICB Mental Health Team to monitor progress at a system level in delivering the LTP. These meetings include a monthly Quality and Outcomes Assurance Meeting to systematically bring together, review, share and triangulate the quality intelligence and outcomes of the adult mental health and dementia programmes. Physical Health Checks: Work is ongoing to increase outreach/engagement of service users to improve the uptake of the physical health checks among people with serious mental illness, focussing on hard-to-reach groups. Part of this project enables our providers to carry out the checks in a much wider remit than GP surgeries, i.e., people's homes, community centres etc. Progress towards the 60% target has been made with more than 40.6% of people with SMI across Kent & Medway have received a physical health check, at the end of Q1 22/23.	●	NHS Kent and Medway ICB

	Actions	Timescale	Owner(s)
Cardiovascular disease and Hypertension **Metrics** • Percentage of hypertension patients who are treated to target as per NICE guidance • % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins • CVD high risk patients on lipid lowering therapy	Provision of specialist cardiology pharmacy resources to primary care across Kent and Medway through the Hypertension Support Package (HSP). The HSP menu of support offered to practices includes direct interventions with patients by undertaking clinical consultations, running hypertension clinics, and mentoring of local healthcare professionals, either virtually or in person depending upon specific needs.	●	NHS Kent and Medway ICB
	Target 30 initiative is underway to provide additional support to the lowest performing practices treatment to target for hypertension. This includes a free pilot to all Kent and Medway practices of Accurx batch messaging and floreys.		
	Continue Hypertension Heroes (HTH) project working with VCSE organisations recruiting volunteers to be trained to support local, targeted communities in understanding the importance of managing their blood pressure, supporting them to use a home monitor and report the results into their GP practice. Designed to reach people and communities who may not be engaging with health services and GPs.	●●	
	Increase detection and optimise the management of hypertension, atrial fibrillation, high cholesterol, and 10-year cardiovascular disease risk by: • case finding including through community pharmacies and the Primary Care Network investment and impact fund and management through the Quality Outcomes Framework • work with local government to support restoration and improvement of the NHS Health Check programme This is also a priority for Dartford, Gravesham and Swanley Health and Care Partnership.	●●	
	Develop the maturity of the clinical network to support specialised commissioning delegation requirements.	●	

	Actions	Timescale	Owner(s)
Cancer **Metrics** • Cancer constitutional targets met at system and provider level • Number of patients diagnosed at stage 1 or 2	Support initiatives which will deliver earlier cancer diagnosis so that 75% of newly diagnosed patients are diagnosed at stage 1 or 2.	●●●	NHS Kent and Medway ICB
	Streamline pathways to ensure that all patients receive a diagnosis or 'rule out' of cancer within 28 days.	●●	
	Roll out a Targeted Lung Health Check Programme for all patients across Kent and Medway.	●●	
	Ensure that all cancer constitutional targets are consistently met at system and individual provider level.	●	
	Every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.	●	
	Make sure that people can access more effective tests and treatments, from genomic testing to the latest diagnostic technologies to help find more cancers before symptoms appear.	●●●	
	Support projects and initiatives which mean that after treatment, patients will move to a follow-up pathway that suits their needs and ensures they can get rapid access to clinical support where required.	●●	
Long Covid **Metric** • Proportion of people referred to a post COVID service who are not assessed by a registered health care assessment within 15 weeks of referral	Implement the enhanced specification for the Long Covid Service including care pathways and services in line with national requirements and local need.	●	NHS Kent and Medway ICB
	Identify and reduce inequalities of access to Long Covid Services and outcome variation through local and regional peer reviews.	●	

Goal	Actions	Timescale	Owner(s)
Long covid (continued)	Work with London Paediatric Hub to determine local provision required to support Children and young people with Long Covid		NHS Kent and Medway ICB
	Improve care pathway for those requiring fatigue management		
	Enhance capacity in Pulmonary Rehabilitation provision to enable access to those with Long Covid		
Diabetes **Metric** • Proportion of those with type 2 diabetes receiving recommended care processes	Increase the number of patients with diabetes receiving all 8 care process with the aim of at least meeting national average achievement by increasing education and workforce capacity, reconfiguring the multidisciplinary diabetic foot care pathway and additional advanced practitioner roles.		NHS Kent and Medway ICB
	Increase the number of people supported through the NHS Diabetes Prevention Programme as a proportion of patients profiled.		
Chronic respiratory disease **Metric** • Percentage of people aged 65 and over who received a flu vaccination	Restart of Spirometry in primary care and community services, aim to get 100% coverage of spirometry for all patients across Kent and Medway.		NHS Kent and Medway ICB
	To get 100% coverage of FENO (fractional exhaled nitric oxide) for all patients across Kent and Medway.		
	Expansion of pulmonary rehab services to prevent exacerbations and admissions. Increase referral rate to 60% of eligible patients.		
	Collaborate across the system to optimise the use of respiratory medicines and pilot the ‘asthma friendly schools’ initiative in Medway and Swale.		

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Chapter 5

How we will ensure access to hospital services and centres of excellence for specialist care

Shared Outcome 5: 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.

Integrated Care Strategy Summary

NHS Kent and Medway

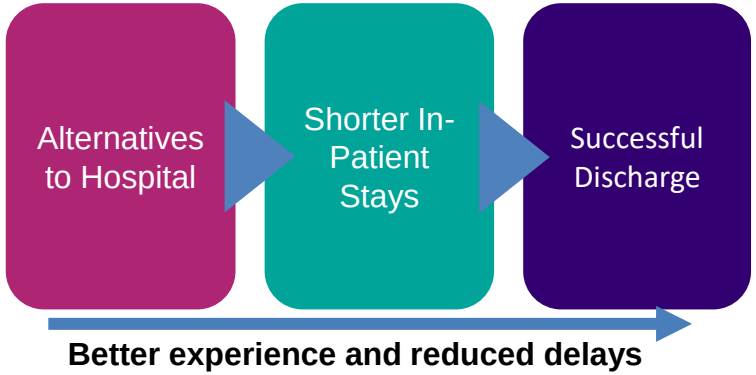
Improving flow through the system. Demand on our emergency departments is at an all-time high nationally. In turn, this leads to full hospital wards, made worse by the challenges of discharging patients from the acute hospital setting. Embedding new models and services will allow us to not only reduce pressure on Emergency Departments but also deliver more appropriate care faster and closer to the patient's home. 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.

Providing quality healthcare as close to home as possible; 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. 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.

Shared Outcome 5: 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.

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. 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.

Continuing to develop centres of excellence for specialised services. 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.



Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

Kent and Medway

Goal	Actions	Timescale	Owner(s)
Provide quality healthcare as close to home as possible – mental health **Metrics:** • Out of area placement occupied bed days - 570 will be set as an average for Q1- Q4 2023/24. • Length of Stay against a target of 32 days for younger adults and 77 days for older adult wards • 80% patients discharged from acute admission are followed up with a face to face or phone contact within 72 hours	Eliminate the use of inappropriate out of area mental health placements (OAPS) used for adult acute admission so that more people can be admitted closer to home.	●●●	NHS Kent and Medway ICB
	Improve the mental health system/bed capacity and management to ensure acute mental health care remains therapeutic and purposeful and that effectiveness and experience of care is improved. Actions include: Revise acute admission inpatient skill mix and workforce plan developed	●●	
	Improve collaboration between Health and Social Care Partners via a co-produced Patient Flow Pathway	●	
	24/7 Urgent Crisis Line from March 2023 will be accessed by the public via NHS 111	●	
	2 Crisis Houses in Medway and east Kent and then roll out to west and north Kent	● ●●	
	West Kent Urgent Care Hub 23/24 and roll out to east and north Kent.	●●	
	Pilot alternative to Emergency Departments Model	●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Provide quality healthcare as close to home as possible – East Kent hospitals programme	East Kent hospitals programme – East Kent Hospitals University NHS Foundation Trust submitted an expression of interest to the government's new hospitals programme, seeking vital and long overdue investment of £460m in our hospitals for the long term. A decision on the long-listed schemes is expected in the near future. A successful bid is essential before the NHS can consult on options to transform how our services are delivered in future. In the meantime, we are undertaking due diligence with the construction industry to further test the viability and deliverability of both options. This exploratory process is an important piece of work that will provide an additional assurance test before consultation gets underway	●●●	East Kent Hospitals University NHS Foundation Trust Board
Provide quality healthcare as close to home as possible and Improve flow through the system - Community Diagnostics Centres	Diagnostic imaging services flow improvement will be established through expansion of the Community Diagnostic Centres (CDCs) in East and West Kent together with the development/establishment of a new CDC at Sheppey Community Hospital and its associated spoke site at Rochester Healthy Living Centre which are scheduled for operational delivery in 2023/24. In addition, Dartford & Gravesham NHS Trust has submitted a plan for £19.5m standard CDC hub which is pending national approval. The Kent & Medway CDCs provide diagnostic imaging, pathology and physiological measurement services nearer to home, in community settings, separate from acute hospital sites. The CDCs contribute to improved patient flow through:- • Redesign of patient pathways with a system led approach to improve access and alignment of elective pathways to CDC activity • Establishment of system wide polices/procedures to standardise systems and processes thereby reducing delays in diagnosis and supporting delivery of diagnostic/cancer/elective backlog reduction	West Kent CDC (Hermitage Court) ● East Kent CDC (Buckland Community Hospital Hub) ●●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Provide quality healthcare as close to home as possible and Improve flow through the system - Community Diagnostics Centres (continued) **Metrics:** • 95% patients will receive a diagnostic test within six weeks of referral, with a stretch target to achieve 99% DM01 compliance by March 2025. • Increase activity from the 2019/2020 activity baseline by 15% in imaging and 26% in endoscopy • Reducing carbon emissions associated with patient/staff travel – 3.5% (9.5 billion miles) of all road travel in England is linked to NHS	Continued… • Collaboration with the Cancer Alliance to review cancer pathways and ensure optimisation of CDC capacity by prioritising a 25% increase of capacity for suspected cancer referrals to (a) increase the percentage of patients receiving tests within 6 weeks of referral (b) increase the percentage of cancers diagnosed at stage 1 and 2 and (c) contribute to achievement of the faster diagnosis standard by March 2024 • Expansion of GP Direct Access to improve patient flow from point of referral • Establishment of 7 day 12 hour services • Introduction of Digital Pathways reducing processing delays • Introduction of Picture Archiving and Communications Systems (PAC) across each CDC enabling PACs based reporting • Faster access to diagnostic imaging services The ICB and Kent & Medway Imaging Network work in partnership ensure compliance with national standards and improve patient pathways/flows and resource optimisation.	Continued… Medway and Swale CDC (Sheppey Community Hospital Hub, Rochester Healthy Living Centre Spoke) ● Dartford, Gravesham and Swanley ●●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Provide quality healthcare as close to home as possible and Improve flow through the system **Metric:** • Number of patients that the virtual ward is able to simultaneously manage	Continue to develop the use of virtual ward pathways to plan for safe and timely discharge, ensure safe and effective home-based follow-up support and enhance flow through the system.	●	NHS Kent and Medway ICB Provider Trust Boards
	Increase in number of rehabilitation beds to meet required demand. Including greater utilisation of ambulatory and community bed-based alternatives to acute hospital admission which are a more effective settings of rehabilitation care, where patients can be safely managed with effective coordination.	●	
	More intensive step-down services with enhanced nursing and therapies cover will help patients achieve care outcomes with a shorter length of stay, allow more acute needs to be safely managed.	●	
Improve flow through the system – Urgent and Emergency Care **Metrics:** We are currently achieving the 76% A&E 4-hour standard. The first draft operational activity plan shows achievement of 81% by March 2024. Our ambition is to achieve 88% and to have all of our acute trusts achieving 76% by the end of 2024.	The Urgent and Emergency Care Recovery programme will focus on general practice, high intensity users, single point of access, urgent community response and step-up virtual wards. Actions are also included in the programme in relation to mental health support, urgent treatment centres, 111 and 999 activity, same day emergency care (SDEC), intermediate care and discharge. There are a number of actions in relation to the enablers – estates, communications, system coordination and workforce.	●●●	NHS Kent and Medway ICB
	Continue to meet and exceed the target 70% two hour urgent community response standard	●	Community service provider boards

Goal	Actions	Timescale	Owner(s)
Improve flow through the system – Urgent and Emergency Care (continued)	Implement a single ICS wide referral optimisation system with pre-programmed patient pathways and decision making that has been agreed by both primary and secondary care to ensure that patients are directed first time to the most appropriate point of care following presentation of a health concern.	●	NHS Kent and Medway ICB
Improve flow through the system – Elective Care **Metrics**: • Increase elective activity to 115% of pre-pandemic levels and reduce long waits to deliver the 109% Elective Recovery Fund target • Ambitious goal to deliver elective activity to around 130% of pre-pandemic levels by 2024/25.	Deliver more elective care to address backlogs	●●	Provider Trust Boards, NHS Kent and Medway ICB
	Eliminate waiting times over 65 weeks by March 2024	●	

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Goal	Actions	Timescale	Owner(s)
Improve flow through the system – Winter Planning	Maintain flow during winter alongside continuing to improve services. Produce a joint plan with health and social care partners. Use data and analysis of previous winter trends to determine how best to meet the increased demand. Produce surge plans for critical care, acute beds, paediatric care, maternity, primary care, social care and community services using escalation frameworks (OPELs) to determine the surge demand. Coordinate the response through the Operational Control Centre (OCC).	●	NHS Kent and Medway ICB
Continue to develop centres of excellence for specialised services	Finalise Joint Working Agreement between NHS England and ICB and continue preparation for the delegation of specialised commissioning.	●	NHS Kent and Medway ICB
Continue to develop centres of excellence for specialised services – Vascular Services	Vascular services reconstruct, unblock or bypass arteries and are often one-off specialist procedures to reduce the risk of sudden death or amputation and prevent stroke. Evidence shows that patients who need vascular treatment receive better care and have a better chance of survival when they are treated by a team of vascular surgeons, interventional radiologists, nurses and therapists, who treat large number of these patients. Kent and Canterbury Hospital will become the county's specialist centre for inpatient vascular surgery in April 2023. Outpatient appointments and diagnostic tests will continue at patients' local hospitals in Ashford, Canterbury, Margate, Maidstone, and Medway. Day surgery will continue at Canterbury and Medway hospitals. Vascular patients will also benefit from the new interventional radiology suite that opened at Kent and Canterbury Hospital in May 2022, with a second suite opening April 2023, which provide minimally invasive image-guided procedures to treat patients with vascular and other diseases.	●	NHS Kent and Medway ICB and all Provider trusts represented on NHS England Programme Oversight Group

Goal	Actions	Timescale	Owner(s)
Continue to develop centres of excellence for specialised services – Stroke **Metrics** • Percentage of patients receiving thrombectomy	We will reconfigure acute stroke services. The Kent and Medway Stroke Review was instigated in 2014 by local healthcare professionals, including senior doctors, nurses and care professionals. National guidance states that the quality of a stroke unit is the single biggest factor that can improve a person's outcome following a stroke. Successful stroke units, both hyper-acute stroke units (HASUs) and acute stroke units (ASUs), are built around a multi-disciplinary team that is able to meet the collective needs of the patient. The plan is to establish HASUs and ASUs operating 24 hours a day, 7 days a week, to care for all stroke patients across Kent and Medway. This will deliver many benefits for patients, most notably improved survival rates and have improved quality of life and independence. Following the development of options, options appraisal and public consultation, the Joint Committee for stroke agreed that three HASU/ASUs would be established at Darent Valley Hospital, Maidstone Hospital and William Harvey Hospital. The programme is to be delivered in two phases, with MTW and DGT going live in phase 1 and EKHUFT in phase 2. Works on phase 1 are due to start by July 2023 for completion in 2024. Thrombectomy is a procedure which can significantly reduce the severity of disability caused by an ischaemic stroke. Modelling suggests that up to 10% of patients with stroke may be appropriate for treatment with thrombectomy and current levels across the NHS are low – around 2.2%. The Getting it Right First Time (GIRFT, 2022) aims for 8% of all patients with a stroke accessing thrombectomy by 2025. Currently all Kent and Medway patients are transferred to the Royal London Hospital (RLH) to receive their thrombectomy. EKHUFT will provide the thrombectomy service for stroke patients within east and west Kent. Patients at DGT will continue to be transferred to the RLH, due to shorter transit times but will access the Kent and Medway service at Canterbury when the RLH is not accepting patients. Preparation and enabling works for the development have started. The main building works for the thrombectomy suite are due to start in April 2023 and be completed by March 2024.	Phase 1: Maidstone Hospital and Darent Valley. ● Phase 2: William Harvey. ●● ●	Provider trust boards

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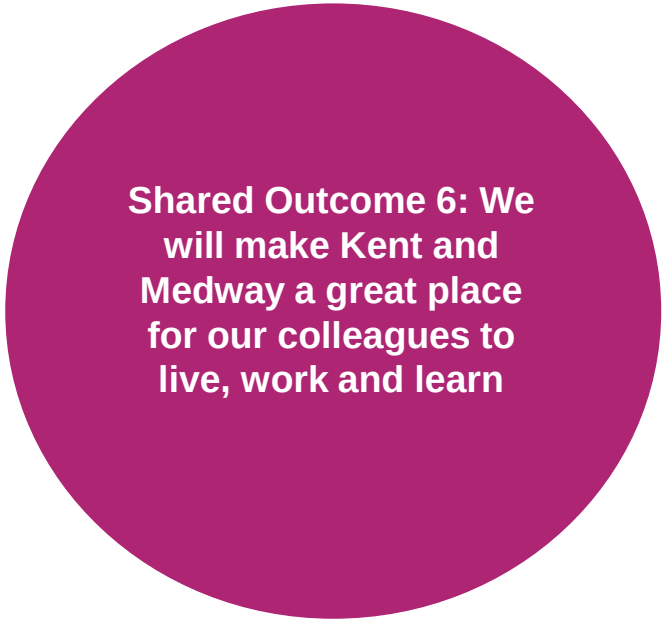
Chapter 6

How we will make Kent and Medway a great place for our colleagues



Integrated Care Strategy Summary

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

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Championing inclusive teams There are over 80,000 health and care colleagues across a range of services based in Kent and Medway. We will work with all our partner organisations to embed cultures that promotive 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.

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

Shared Outcome 6: We will make Kent and Medway a great place for our colleagues to live, work and learn

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.

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.

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How we're working with partners across the system

To realise our ambition of Kent and Medway being a great place to work, live and learn we are working on a Kent and Medway People Strategy. This strategy is being developed alongside the Interim Integrated Care Strategy and Joint Forward Plan and led by the Chief People Officers across Kent and Medway with engagement of a range of partners. The strategy development has been overseen by the Integrated Care Board's People Committee.

We will deliver this strategy and delivery plan through collaboration with our Health and Care Partnerships, through Provider Collaboratives and through shared workforce programmes.

Workforce is often recognised as a key challenge to the delivery of our ambitions. Our short term workforce priorities include:

- Developing our Health and Care Academy hub and spoke model with a range of activities to grow workforce skills, partnership working with colleges, schools, voluntary organisations and providers to promote careers, hold joint recruitment events and attract to hard to recruit roles
- A range of developmental opportunities that support inclusive cultures and compassionate, inclusive leadership including shared talent and mentoring programmes, debiasing recruitment, cultural intelligence and leadership development programmes across Kent and Medway
- Maximising our health and wellbeing offers including a range of offers to health and care colleagues and shared programmes to improve retention, such as a menopause programme, flexible working programme, new starter champions, legacy nurse programme, talking wellness hub and an increase in TRiM (trauma risk management) practitioners and mental health first aiders to support workforce wellbeing
- Programmes to support integrated care workforce models including planning and organisational development and a workforce efficiency programme to maximise existing resources and reduce temporary staffing cost

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

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Goal	Actions	Timescale	Owner(s)
Make Kent and Medway a great place to live, work and learn	Develop the Kent and Medway People Strategy.	●	NHS Kent and Medway ICB
	Academy Hub and Spoke Pilot - To create a greater presence and influence with the Academy, we are planning that each Health and Care Partnership (HCP) will "host" a skills and employability coordinator placed within their workforce to influence the HCP to ensure they are working towards the outcomes of the Academy. The Academy will be piloting the initial "Hub & Spoke" model with East Kent initially until March 2023 with a view to create equivalent arrangements in all of the H&CP's across Kent & Medway.	●	NHS Kent and Medway ICB
Champion inclusive teams	Deliver a Kent and Medway talent development programme, focused on staff groups where intervention is needed to assist colleagues to progress, starting with Band 5 nurses pilot.	●	NHS Kent and Medway ICB
	Deliver a Kent and Medway mentoring programme to support colleagues with protected characteristics (reciprocal and reverse mentoring).	●	
	Develop a debiasing recruitment programme to systematically de bias recruitment processes as part of the Overhauling recruitment programme. Commenced across health, opportunities in social care are being explored.	●	NHS Kent and Medway ICB
	Develop a culture and inclusion plan and Kent and Medway commitment to levelling up staff experience across health, including cultural dashboard and metrics for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and gender pay.	●	
	Develop cultural intelligence through the pilot and rollout of the Cultural intelligence development programme to improve leadership, culture and behaviours	●	

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Goal	Actions	Timescale	Owner(s)
Champion inclusive teams (continued)	Deliver Kent and Medway leadership and management development programmes built to deliver consistency and high quality development as part of our response to the Messenger review (including our international colleagues)	●	NHS Kent and Medway ICB
	Scoping of how just learning restorative justice practice can be embedded in all organisations, following development programme	●	
	Shared calendar of cultural events, with Equality, Diversity and Inclusion (EDI) networks working together on key events such as PRIDE, Black History Month, Disability Month etc	●	NHS Kent and Medway ICB
Look after our people **Metrics:** • Sickness rate 4.32% • Turnover: 12.4%	Review all health and wellbeing services, including growing occupational health review, to develop one wellbeing approach, and improve access to our wider health and care workforce.	●	
	Identify health and wellbeing interventions that address inequalities and reflect population need within our own health and care workforce.	●	
	Promote our collective commitment to zero tolerance to violence, aggression, discrimination and abuse. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.	●	Health and Care Partnership Workforce Groups
	Promote our collective cost of living and benefits of working within Kent and Medway.	●	
	Implement local and system wide retention activities to improve our retention of our valued colleagues, including promoting flexible working, generational needs and key interventions evidenced from colleague feedback and workforce metrics	●	NHS Kent and Medway ICB

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Goal	Actions	Timescale	Owner(s)
Grow our workforce and skills **Metrics:** • Substantive workforce growth: 1683 WTE, 5.31% • Vacancy: 7.22%	Develop the Kent and Medway health and care academy workforce plan to grow our local workforce pipeline and develop high quality education and skills as part of the People Strategy. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.	●	NHS Kent and Medway ICB
	Launch the Kent and Medway Academy website which will be the central repository for Kent and Medway education, development and skills. Promote careers and development through our Academy website and through our educational partnerships. Access to quality training is also a priority for Medway and Swale Health and Care Partnership Workforce Group.	●	
	Focus on Kent and Medway hard to attract areas to deliver system wide recruitment campaigns and events with programme in place for 23/24 and rotations i.e. GP attraction campaign, system International Recruitment.	●	
	Create an attractive and holistic employment proposition.	●	
	Create employment programmes to address long term and youth unemployment opportunities for individuals with learning disabilities and neurodiversity and carers and widen participation from under-represented groups,	●	
	Focus on new role development, expand placements for transformation priorities and hard to recruit areas to improve experience and explore role and team redesign.	●	
	Kent and Medway careers framework developed for professional groups. This is also a priority for Medway and Swale Health and Care Partnership Workforce Group.	●	
	Work collaboratively to expand skills development to include digital skills andleadership (clinical and technical) and support professionalism and career development (for example engaging with the Skills Development Network). Priorities will include cyber, information governance and clinical safety, where there are limited skills available and opportunities to create shared functions	●●	Provider Trust Boards, System oversight by the Digital and Data Board, NHS Kent and Medway

Goal	Actions	Timescale	Owner(s)
Build one workforce at place	Create integrated neighbourhood teams, with supporting team based OD and leadership development.	●	Health and Care Partnership Boards, NHS Kent and Medway ICB
	Engage volunteer workforces in shaping, improving and delivering services. Pilot underway in East Kent HCP	●	
	Refresh local workforce sharing agreements and work together to address any HR barriers and opportunities for collaboration and new ways of working (to be inclusive of social care, primary care and voluntary sector).	●	NHS Kent and Medway ICB
	Create place based workforce plans to address local population needs and promote local employment and careers, including expanding local volunteering opportunities.	●	Health and Care Partnership Boards
	Increase opportunities for shared roles and place based learning opportunities (building on the bank models for primary care, trusts and social care).	●	
Using our current teams efficiently and reducing high agency costs **Metrics:** • Bank reduction: -862 WTE, -31/28% • Agency reduction: -442 WTE, -45.34%	Temporary staffing and workforce efficiency plan in place to deliver workforce productivity and attractive ways of working for our flexible workforce.	●	Provider Trust Boards, NHS Kent and Medway ICB
	Exploring opportunities to collaborate on temporary staffing across health and social care, building on Trust, primary care and social care bank arrangements.		
	Advance levels of attainment programme to review e-rostering and e-job planning for expansion to support reduction in temporary staffing and enhance clinical productivity (working with digital, finance and operational colleagues). Diagnostic to be undertaken in Q1 23 to inform scoping and plan for 23/24	●●	NHS Kent and Medway ICB

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Chapter 7

How we will drive research, innovation and improvement across the system

Integrated Care Strategy Enabler: 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.

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

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Goal	Actions	Timescale	Owner(s)
Promote and facilitate research, and improve research collaboration across the system	To embed research collaboration through the Joint Research Collaborative (JRC), and utilise the JRC to engage with its membership to design and implement appropriate prioritisation activities	●	NHS partners, Local Authority and VCSE Supported by National Institute for Health and Care Research/ Kent Surrey and Sussex Clinical Research Network Academic Health Science Network collaborative
	We will increase research and innovation leadership capacity within NHS, local government (particularly district councils) and Primary Care (particularly General Practice). Integrated Care Boards leads to collaborate and inform National Institute for Health and Care Research Kent Surrey and Sussex Infrastructure partners and Universities of system investment priorities to build capacity.	●	
	We will ensure citizens are well informed and understand it's their right and choice to participate in research by: • Integrating research messaging into everyday public and professional communication including patient emails, clinic letters, organisational websites (NHS and local authority) • Engaging the Integrated Care Partnership in a Social Movement Pilot around research awareness, and a priority • Promoting https://bepartofresearch.nihr.ac.uk/ through all channels in order to facilitate awareness and direct (digital) access to opportunities.	●	NHS Kent and Medway NHS partners, Local Authority

Goal	Actions	Timescale	Owner(s)
Promote and facilitate research, and improve research collaboration across the system (continued)	Engage with the research community on appropriate methods when commissioning new evidence-based interventions. Enable system wide capability to access and synthesise evidence, and create/utilise existing communication systems to alert the workforce to new evidence, including integrating, signposting messages from different agencies.	●	NHS partners, Local Authority and VCSE Supported byNational Institute for Health and Care Research (NIHR) / Kent Surrey and Sussex (KSS) Clinical Research Network (CRN) Academic Health Science Network (AHSN) collaborative
	We will also: • Map and prioritise evidence gaps, and match need against local Research and Innovation Leadership strengths in Kent and Medway • Co-develop new research and innovation studies/trials to address local evidence gaps and in line with local strengths, and • Accelerate evaluations and implementation with the NIHR Applied Research Collaborations to tackle specialist themes and topics linked to local priorities	●	
	We will reduce disparities in citizens' research opportunities and benefit from proven innovation. The Integrated Care Partnership and Regional NIHR partners will identify a community with whom all partners can systematically and collectively engage in health and research promotion. We will develop a pilot programme to engage under-served communities to better understand their needs and to support equitable access to research opportunities	●	NHS partners, supported by NIHR / KSS CRN AHSN collaborative

Goal	Actions	Timescale	Owner(s)
Empower our workforce to take part in research and improvement in their everyday work	Educate and support the health and care workforce to be confident, competent, and afforded the time to talk about research and innovation opportunities as an integral part of the delivery of care.	●	NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative
	Promote Research as a career option for all disciplines, enabled through integrated care and research workforce planning and development.	●	
	Empower the workforce to contribute to research and innovation every day and in diverse ways including: leading research programmes, delivering research, providing opportunities to articulate challenges that can be addressed through innovative solutions.	●	
	Build protected time within job plans/roles to lead research and innovation activities, for example as a site base principal investigator, chief investigators and Innovation Fellows leading studies nationally, regionally and locally.	●	
	Where capability building programmes exist e.g. Kent Community Health NHS FT Innovation Fellowship we will evaluate their impact and support spread across the system.	●	
	Develop a mentorship and coaching network on the application of innovation principles and approaches in the ‘real world’.	●	
	Provide opportunities to learn, develop skills, capability and confidence in the adoption and spread of innovation e.g. scale and spread of KSS AHSN Digital and Innovation Fellowship programmes.	●	
	Build a diverse and inclusive research and innovation workforce in terms of all health and care disciplines. NIHR/AHSN and system partners to implement organisational EDIB (Equality Diversity Inclusion and Belonging) plans, across all business functions to support increased diversity in research and innovation workforce.	●	

Goal	Actions	Timescale	Owner(s)
Empower our workforce to take part in research and improvement in their everyday work (continued)	Promote research and innovation activities across boundaries, within the system, to enable flexibility and choice as well as making the most of connections to regional and national networks with innovation, insights and expertise. We will create a multi-disciplinary peer support network across Kent and Medway.	●	NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative
Champion innovation and be open to trying new ideas	We will generate a rich pipeline of demonstrably useful, evidence-based innovations by connecting commercial and clinical innovators to health and care organisations, providing advice and bespoke support at every stage of the innovation pathway and matching proven technologies to NHS challenges. KSS NIHR AHSN will collaborate to horizon scan for innovations that can provide solutions to local challenges and list of technologies that the ICS is seeking to scale	●	NIHR/ KSS CRN AHSN collaborative
	We will promote a culture and design activities and processes so people are encouraged and empowered to try, test and learn from new ways of doing things, including: • Learning from and spreading local excellence in innovation • Understanding the needs of the person, or the care provider or commissioner and prioritising the most important challenges; • Searching for relevant innovation and enabling testing innovation within the ICS; and • Supporting and facilitating the spread of innovation where it is successful Kent and Medway will become a Learning Health System by partnering with research stakeholders that can help with clinical evaluation and the establishment of evidence bases to ensure interventions are effective	●	NHS Research and Development Leads, reporting to NHS Boards and NIHR/ KSS CRN AHSN collaborative

Goal	Actions	Timescale	Owner(s)
Share and use data safely and effectively to achieve better outcomes	Build a 'Trusted Research Environment' based on national guidance. This will allow a safe secure computing environment for linked data research and other complex analytics locally.	●●●	NHS Kent and Medway ICB
	Develop and agree a communications and engagement plan to promote use of linked data for secondary uses to the wider public.	●	NHS Kent and Medway ICB
	Discuss with councils signing up to the Shared Health and Care Analytics Board (SHcAB) Joint Controller Agreement and single operating model for approving data access and data integration, where appropriate.	●	NHS Kent and Medway ICB
	Simplify governance and decision making arrangements for Kent and Medway Care Record (KMCR) to be made available for linked data access requests for secondary uses by aligning with existing SHcAB arrangements.	●	NHS Kent and Medway ICB
	We will create a Data Ethics Board to review data requests for pure research, building on our vision to become a 'Trusted Research Environment' and complementing SHcAB.	●	NHS Kent and Medway ICB
	The ICB will agree and implement a funding model for the new linked dataset called Kent Research Network for Education and Learning (KERNEL) being developed by the Kent & Medway Data warehouse. KERNEL development is expected to last next 4 years.	●●●	NHS Kent and Medway ICB

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Goal	Actions	Timescale	Owner(s)
Share and use data safely and effectively to achieve better outcomes (continued)	Incentivise and promote GP engagement and training in SHcAB related and analytical activities e.g. GP Fellowship programme in Public Health and Population Health Management.	●	NHS Kent and Medway ICB
	Review how to participate in other data integration activities such as Financial Hardship programme by KCC and Kent districts where integrated council data is used for case finding to support work around homelessness and falls prevention.	●	NHS Kent and Medway ICB
	Transfer hosting arrangements and historical data for Optum / Mede analytics tool to the Kent & Medway Data warehouse in 2024 for advanced analytical projects similar to the Kent Integrated Dataset (KID).	●●	NHS Kent and Medway ICB
Embrace digital transformation as a system	Establish a Digital and Data Board to deliver the ICS Digital and Data Strategy. A number of the actions included in this strategic plan are referenced over the following slides.	●	NHS Kent and Medway ICB
	Electronic Patient Record Optimisation to ensure that all organisations across Kent and Medway ICS have an EPR in line with National Standards	●●	NHS Kent and Medway ICB
	Convergence Programme that works with EPR to the next stage of being a fully digitally integrated health and care system	●●●	
	A Digital First programme to enable multidisciplinary and extended practice teams to work collaboratively	●●	NHS Kent and Medway ICB
	Continue to build share care records and care plans with the contribution of multi-disciplinary teams and patients	●●●	NHS Kent and Medway ICB

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Goal	Actions	Timescale	Owner(s)
Embrace digital transformation as a system (continued)	Convergence of Diagnostics across ICS through development of single Pathology, Radiology and imaging systems.	●●●	NHS Kent and Medway ICB
	Develop an ICS shared systems, data and technical architecture that delivers What Good Looks Like and enables cross organisational patient pathways, high quality information for direct care, planning and research, integrated working, reduces costs and increase operational and cyber resilience.	●	NHS Kent and Medway ICB
	Work in partnership with Kent County Council and Medway Council to deliver a provide access to basic technologies and promote digital literacy to allow citizens to successfully use digital tools to access health and care services. This includes digital hardware loan scheme, a WiFi voucher scheme and citizen digital champions scheme to improve digital literacy, patients' confidence and skills to access digital services.	●	NHS Kent and Medway ICB
	Support the General Practice workforce, as the first point of contact with the NHS, to adopt digital technologies to support citizens navigate digitally enabled health and care pathways.	●	NHS Kent and Medway ICB
	Support practices to accelerate patient prospective access to their GP records	●	NHS Kent and Medway ICB

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Goal	Actions	Timescale	Owner(s)
Embrace digital transformation as a system (continued)	Work with CQC registered adult social care providers to promote the implementation of Digital Social Care Records (DSCR) to meet the adoption target of 80% by March 2024	●	NHS Kent and Medway ICB
	Sensor based falls prevention and detection technologies, such as acoustic monitoring, will be in use in Care Homes for the residents identified as most at risk of falls, reaching at least 10% of residents by March 2023; 20% by 2024	●	
	Improve NHS App functionality by linking local patient engagement portals (PEPs) with the NHS App under the Wayfinder programme.	●●	Provider Trust Boards
	Support General Practice in Kent and Medway adopt online registration processes.	●	NHS Kent and Medway ICB
	Support General Practice in Kent and Medway optimise routine administrative and clinical workflows through the use of automated tools.	●●●	
	Meet the objectives set out in Sustainable ICT and Digital Services Strategy (2020 to 2025).	●●	NHS Kent and Medway ICB
	Implement an electronic referral optimisation system (EROS). Deploy a digital solution which will enhance and optimise referral processes. Enable timely decision making, support, care, and access to treatment for patients throughout the healthcare system in Kent and Medway. Ensures that the right patients are seen in the most appropriate service with appropriate clinical workup and information.	●●	NHS Kent and Medway ICB

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Chapter 8

How we will provide system leadership and make the most of our resources

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

We will achieve this through:

- Playing our part as ‘anchor institutions’, using our assets and resources to benefit the communities around us, including embedding sustainability in everything we do through our Green Plan
- Championing our values. We will continue to build partner leadership and commit to tackling the wider determinants of health
- Monitoring quality and providing governance; for example holding each other to account and developing core metrics that encompass health and social care
- Guiding resource allocation; By understanding each other better we can reduce duplication and make the most of our collective resources, pooling resources where appropriate, and removing obstacles to operational teams working together
- Interfacing with national bodies; The ICS will act as the voice of Kent and Medway, advocating on behalf of our population to influence policy
- Building resilience and preparing for emergencies; Continuing to coordinate our Covid-19 response at ICS level, and being prepared for other emergencies
- Working with our Places and Neighbourhoods to align priorities and develop implementation plans.

NHS
Kent and Medway

Our financial duties

The current financial climate for the NHS is challenging, with ever increasing demand and limited financial resources, both revenue and capital. This has made achieving the revenue breakeven duty challenging across the NHS in 2022/23. The Kent and Medway system is forecasting achieving a deficit at the end of 2022/23 of £25.3m.

Looking forward, each system partner has focused on balancing delivery across the national recovery objectives for 2023/24 with a focus on recovering our core services and productivity. It is in this context that the 2023/24 financial plan has been developed. The initial system financial plan for 2023/24 is an unbalanced plan and whilst the system is working hard to balance this for final plan submission it is highly likely that there will be a planning deficit within some organisations in the system.

The system is committed to achieving financial sustainability but also recognises that this may be over a longer time period than one year. There are two Trusts, Medway Foundation Trust (MFT) and East Kent Hospitals University Hospital Foundation Trust (EKHUFT) which are in the NHS England, Recovery Support Programme. They are also in Single Oversight Framework (SOF) 4 which has a requirement for mandated intensive support as these Trusts face very difficult challenges. The Integrated Care Board (ICB) is in SOF 3. This means that NHSE work collaboratively with the ICB to provide support to understand the needs and agree improvement actions.

There are key factors that have in, 2022/23, impacted upon the system's financial performance. These factors will continue, to some degree, to influence the system's productivity and financial performance in 2023/24 and are all evidenced and addressed in this, our Draft Joint Forward Plan.

The system recognises that it will be challenging to deliver a fully recurrent CIP programme. There will be an element of non-recurrent delivery as in previous years. The CIP percentage is between 8% to 10% across the system. This is a challenging ask but the system is working towards strengthening its CIP programme which will support the system's ambition to become financial sustainable.

Whilst capital is constrained nationally, the system, as a whole, invests c.£73m annually, in Board approved capital plans, on maintenance and additional improvements to the estate infrastructure, replacement of medical and IT equipment. We spend c.£14m of our system capital allocation on digitalisation to improve how we deliver patient care and supporting the transformation of services which is improving patient outcomes.

Key to timescales

- ● Short term < 1 year
- ●● Medium term 1-2 years
- ●●● Long term 3-5 years+

NHS
Kent and Medway

Goal	Actions	Timescale	Owner(s)
Play our part as 'anchor institutions', including embedding sustainability in everything we do through our Green Plan	Implement the Kent and Medway Integrated Care System Green Plan to embed sustainability in everything we do and meet our statutory duties. In the medium term we will: • Calculate ICB staffs' commuting footprint and promote lower carbon alternatives such as active transport or greener transport methods. • Measure system partners' annual footprints, both for travel to and from work and when travelling for work, to promote lower carbon alternatives. • Promote vehicle sharing schemes (when safe to do so post Covid) amongst system partners, reducing the number of vehicles on the road.	● ●●	NHS Kent and Medway ICB NHS Provider Boards
Metrics • Included in Green Plan • Reach net zero on our emissions by 2038-40.	In the longer term we will: • Ensure that all new cars leased by staff through NHS Kent and Medway are either Ultra Low Emissions vehicles or Zero Emission Vehicles, and we will vigorously promote active and greener forms of transport to all staff. • Engage with public transport providers to identify options for subsidised or free access to public transport for ICS staff when travelling to and from work. • Develop a program that supports the establishment of anti-idling zones in and around all system partner's infrastructure to improve local air quality. • Engage with suppliers to identify economies of scale and shared specifications in the phased replacement of existing system partner fleet vehicles with electric alternatives. • Establish a campaign with all system partners to implement the clean air framework methodology for measuring and planning to reduce the impacts of air pollution in their sites.	●●●	NHS Kent and Medway ICB NHS Provider Boards

Kent and Medway

Goal	Actions	Timescale	Owner(s)
Champion our values, continue to build partner leadership and commit to tackling the wider determinants of health	Repeat the Symposium event first held in October 2022 which brought together over 100 leaders from across the system as an opportunity to create space to continue to build a culture of collaboration and trust and to develop our interim Integrated Care Strategy.	●	NHS Kent and Medway ICB
	Continue to develop single specialty or clinical support service networks to ensure dedicated commitment to and transformation of services in line with the NHS Long Term Plan and relevant national or local strategies.	●	NHS Kent and Medway ICB
Monitor quality **Metrics** • Integrated Quality and Performance Report • Get It Right First Time reports	Deliver the National Quality Board's shared commitment to quality which focuses on ensuring care is: safe, effective, response and personalise, caring, well-led, sustainably resourced and equitable.	●	NHS Kent and Medway ICB
	Share data and intelligence through the System Quality Group, following National Quality Board guidance on metrics. Also to develop quality monitoring using a standardised set of quality metrics.	●	
	Reduce variation across the system as defined by the Get It Right First Time Programme	●	
	Reduce the number of providers rated as Requires Improvement of Inadequate by the CQC	●	NHS Kent and Medway ICB
	Establish cross system learning and quality improvement programmes focusing on key quality priorities set by the system	●	NHS provider trust boards,

Goal	Actions	Timescale	Owner(s)
Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together **Metrics** • Patients with LoS 21+ days who no longer meet the criteria to reside • A reduction in super stranded patients (LoS 21+ days) of 2% of bed base • Increase patient initiated follow up take-up to 5% of OPA activity • Number of requests for pre referral specialist advice (including Advice & Guidance models)	Meet our statutory requirement to remain financially viable and commit to achieve financial sustainability and a break even position.	●●●	NHS Kent and Medway ICB Provider Trust Boards
	Deliver our cost improvement plan. This includes actions around workforce, outpatient transformation, theatre utilisation, procurement, length of stay, corporate, Getting it Right First Time (GIRFT), and medicines optimisation. This work supports the financial performance and the efficiency and productivity of the system. Some of the CIP schemes are cross-cutting programmes of work and multi-year.	● ●●	
	Through the work of the System Productivity and Efficiency Team identify, evidence and implement programmes of work that contribute to financial and operational recovery across the system, for example focusing on areas such as estates, medicines optimisation and transportation.	●●●	NHS Kent and Medway ICB
	Continue to use value for money audits and benchmarking tools such as Model System Hospital, NHS England benchmarking (including corporate services), GIRFT, service line reporting and patient level information costing to review opportunities for focus, efficiencies and productivity improvements.		NHS Kent and Medway ICB
	Deliver key system capital transformation priorities referenced earlier in this plan to support the delivery of improved patient outcomes, including: • Stroke units to support the Hyper and Acute Stroke Service • Electronic Health Records • Invest in the eradication of mental health dormitories • Edenbridge Memorial Health Centre • Community Diagnostic Centres	●●●	Provider Trust Boards NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together (continued) **Metrics** (continued) • Financial stability : variance from break :even • Financial efficiency : variance from efficiency plan	Produce a full business case for the Kent and Medway Elective Orthopaedic Centre	●	NHS Kent and Medway ICB Provider Trust Boards,
	Implement the Procurement Transformation Operating Model, which includes establishment of system lead and oversight board, an agreed MOU for collaborative working, review of key data sets, ongoing use of tools to review variation in contracts, and confirmation of the future structure of procurement services.	●●	NHS Kent and Medway ICB
	Build on the informal and formal joint working arrangements to deliver more joined up care by establishing three provider collaboratives and agreeing priorities for 2023/24: • Mental Health, Learning Disabilities & Autism - building on the current collaborative and it's work programme (this includes work on commissioning specialised services, quality improvement and sharing best practice) • Acute Services - a new Collaborative focusing on diagnostics and pathology. • Primary, Community and Social Care (predominantly dealing with out of hospital pathway of care) - a new collaborative.	●	NHS Kent and Medway ICB

Goal	Actions	Timescale	Owner(s)
Guide resource allocation, make the most of collective resources, pool resources where appropriate and remove obstacles to operational teams working together (continued)	In 2023/24 we will invest £22.8m with Medway Council and £125.7m with Kent County Council through the Better Care Fund. The services in the BCF are mainly focused on discharge support, admittance avoidance and carers support, such as community equipment, carers breaks and reablement services. These are areas where the ICB and social care are pushing for greater integration and have worked well together in the past. This greater integration will free up beds in our hospitals and supports us, as an integrated system, to provide the right care in the right location at the right time.	●	NHS Kent and Medway ICB
	Establish Kent and Medway system Estates strategy. The Estates and Infrastructure Strategy for the ICS will set out the ICS's shared estates and infrastructure commitments and will provide a roadmap to support integrated working between teams across partner organisations. The strategy will also include information about the ICS's Sustainability programme and how this will support the estates and infrastructure priorities (such as the public sector decarbonisation schemes (PSDS) and future intentions). It will also need to link closely with the ICS's Digital Strategy, identifying how estate may be better utilised and supported by improved digital utilisation. .	●	NHS Kent and Medway ICB
Build resilience and prepare for emergencies; Continuing to coordinate our Covid-19 response at ICS level, and being prepared for other emergencies	Work closely with our partners cross the ICS to develop a system-wide Adaptation Strategy to address the effects of climate change that are already being observed and to respond to anticipated climate change impacts in the future. This may include improving our infrastructure to ensure it is stronger and safer, replanting trees, developing green spaces and supporting ecosystems, and working with partners to develop innovative solutions to prevent and manage natural catastrophes.	●	NHS Kent and Medway ICB, Provider Trust Boards

Goal	Actions	Timescale	Owner(s)
Work with our Places and Neighbourhoods to align priorities and develop implementation plans	Support the principle of subsidiarity, delegating decisions from NHS Kent and Medway to Health and Care Partnerships to ensure services are co-designed, commissioned and delivered in partnership with local communities, as close to the service user as possible. Operating models and Memorandums of Understanding to be developed and agreed.	●●●	NHS Kent and Medway ICB Provider Trust Boards

Kent and Medway

Chapter 9

How we will engage our communities

Integrated Care Strategy Enabler: We will engage our communities on this Forward Plan and in co-designing services

We will actively engage our communities on the Interim Integrated Care Strategy and our Joint Forward Plan through:

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

NHS
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Goal	Actions	Timescale	Owner(s)
Involve people from all walks of life and through multiple channels	Continue to listen to the voice of those with lived experience of our services, including those unable to access what they perceive they need through a mixture of engagement tools and activities. Ensure accessibility is key to what we do.	●●●	NHS Kent and Medway ICB
	Further develop the Communications and Engagement Oversight Group to lead joint working across the Integrated Care System using the strategy and forward plan as the starting point in partnership working.	●	
Refresh the Interim Integrated Care Strategy and Joint Forward Plan	Deliver the communications and engagement strategy for the Interim Integrated Care Strategy by attending in-person and virtual events across Kent and Medway to engage on the content of the Strategy and Joint Forward Plan. Arrange strategy and forward plan-specific events and roadshows to engage across all our communities. Use digital and print material developed for this purpose. Campaign to also include use of social media, stories in digital e-bulletins, stores in printed materials – with all partners across the system. Potential interviews and short videos. Provide feedback to the strategic oversight group to inform changes.	●	
	Deliver online survey on 'Have Your Say' platform to support engagement listed above. Opportunities provided for paper-based response via dedicated print materials.	●	
	Support communication and engagement for large-scale change, projects and activities within the Strategy and Joint Forward Plan to ensure visibility of activities under way, achieved and completed.	●	
	Plan and deliver a second symposium event in October 2023 to hear from all stakeholders on the development of the strategy.	●	NHS Kent and Medway ICB

NHS
Kent and Medway

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 Forward Plan 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 Interim Integrated Care Strategy and our Forward Plan 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 or

  The Engagement Team

  Kent and Medway ICS

  Kent House

  81 Station Road

  Ashford

  TN23 1PP

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From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health Richard Smith, Corporate Director Adult Social Care and Health Andrew Rabey, Chair of the Kent and Medway Safeguarding Adults Board
To:	Kent Health and Wellbeing Board – 25 April 2023
Subject:	Kent and Medway Safeguarding Adults Board Annual Report April 2021 – March 2022
Classification:	Unrestricted
Past Pathway of report:	Adult Social Care Cabinet Committee, 18 January 2023 KMSAB Executive Members, 6 December 2022
Future Pathway of report:	N/A
Electoral Division:	All

Summary:
This report introduces the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2021–March 2022. The Annual Report sets out the responsibilities and structure of the Board and details how the multi-agency partnership delivered against its priorities for the year. The report also provides information pertaining to Safeguarding Adults Reviews and safeguarding activity information.

Recommendation(s): Kent Health and Wellbeing Board is asked to **CONSIDER** and **ENDORSE** the Kent and Medway Safeguarding Adults Board Annual Report, 2021 – 2022.

1. Introduction

1.1 The Care Act 2014 made it a requirement for each local authority to establish a Safeguarding Adults Board (SAB). Kent County Council's duty is met through a joint Board with Medway Council; the Kent and Medway Safeguarding Adults Board (KMSAB).

1.2 The KMSAB does not provide frontline services, it has a strategic role which is "greater than the sum of the operational duties of the core partners"[1]. The KMSAB sets the strategic direction for adult safeguarding in Kent and Medway and seeks assurance and provides challenge to

[1] Care and Support Statutory Guidance. Care and Support Statutory Guidance (14.134)

ensure that adult safeguarding arrangements in Kent and Medway are in place, are effective and are person centred and outcome focused. The KMSAB membership works collaboratively to raise awareness of adult safeguarding and prevent abuse and neglect.

1.3 Under the Care Act 2014, the KMSAB has three core duties, it must:

- Publish a strategic plan to set out how it will meet its main objectives and what members will do to achieve this. The newly developed 2022-2025 strategic plan is available on the link below: https://kmsab.org.uk/p/about-kmsab-1/annual-report-and-strategic-plan

- Publish an Annual Report to detail what the Board has done during the year to achieve its main objectives and implement its Strategic Plan, and what each member has done to implement the strategy, as well as detailing the findings of any Safeguarding Adults Reviews and subsequent actions.

- Conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act.

1.4 The Care Act 2014 states that, once the Annual Report is published, it must be submitted to:

- the Chief Executive (where one is in situ) and Leader of the Council;
- the local Police and Crime Commissioner and Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

1.5 The supporting statutory guidance states that "it is expected that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board". As such, this report presents the 2021 - 2022 Annual Report to the Kent Health and Wellbeing Board.

2. KMSAB Annual Report 2021 - 2022

2.1 The Annual Report details how the Board delivered against its strategic priorities of 'prevention', 'awareness' and 'quality' during 2021 – 2022. Some of the key achievements during the reporting period include:

- The Board commissioned a translation of it's 'Adult abuse and what to do about it' leaflet into Ukrainian. This was completed and made available on the KMSAB website in April 2022. In addition, hard copies of the leaflet were printed so that these could be shared with Ukrainian families.

- The Board continued to deliver it's multiagency training programme. Between April 2021 – March 2022, 59 workshops were held, with 683 delegates participating. The training was closely aligned to the Board's priorities and learning from safeguarding adult reviews. Feedback from delegates presented a positive picture in relation to the quality of training, increase in knowledge and how learning is embedded into practice.

- As a result of feedback received from attendees and the training provider, the half-day workshop on self-neglect and hoarding was extended to a full day session, from September 2021. The expansion allowed the learning objectives to be covered in more depth, reflecting the complexities of the topic and the learning from Safeguarding Adults Reviews (SARs). Additional self-neglect and hoarding workshops were commissioned to meet demand.

- Quality assurance activity identified a need to produce guidance for professionals to help them prevent adults from going missing from health and care settings, and to ensure people who go missing are found safely and are supported on their return. To address this, members of the Practice Policies and Procedures Working Group developed a protocol document "multi-agency response for adults missing from health and care settings".

- Kent and Medway Safeguarding Adults Board members chose to align with the national safeguarding adults awareness week, established by the Ann Craft Trust. The purpose of the week was to share messages with the public on how to recognise and report abuse and neglect, and to highlight the support and services available for those at risk or experiencing abuse. The national campaign reached over 79.4 million people through Twitter hashtags, with 59.5 thousand interactions and 47.4 thousand shares. By comparison, in 2020 the reach was 12.5 million and in 2019, 5.5 million. Locally, there were 3890 visits to the KMSAB webpages during the week, with 779 clicks to the 'report abuse page' and 510 visits to the 'useful resources for the public' page. Public facing events included attendance at coffee mornings and information stands at supermarkets and shopping centres.

- Public engagement activity continued throughout the year, for example, members of KMSAB and Business Unit hosted a stand at the Kent Police Open Day, where 14,000 members of the public were in attendance. The aim was to speak to members of the public, share safeguarding resources and raise awareness of how to recognise and respond to adult safeguarding concerns. Approximately 700 people visited the stand and engaged with the facilitators. When compared to the previous week's figures, there was a 35% (344 views to 465) increase in visits to KMSAB webpages in the week following the event.

- The Board Business Unit launched quarterly 'KMSAB open forum sessions', providing an opportunity for anyone with an interest in adult safeguarding to hear from people with a lived experience of safeguarding, and other subject matter experts. The following sessions were held in 2021-2022:
    - Safeguarding Adults Awareness – two sessions aimed at the charity and voluntary sector.
    - Sharing learning from Safeguarding Adults Reviews.
    - The Mental Capacity Act 2005.

- One of the themes identified in safeguarding adults reviews was the need to promote a person centred approach, making safeguarding personal. A dedicated page on the KMSAB website was developed to share the substantial amount of high-quality resources which had been produced by other leads, such as the Association of Directors of Adult Social Services, the Social Care Institute for Excellence, and the Local Government Association.

- During 2021-2022, Quality Assurance Working Group (QAWG) members continued to implement the quality assurance framework, which sets out the methods and tools used to measure effectiveness of partners' safeguarding activity. One of the quality assurance tools is the 'self-assessment framework' (SAF). All agencies represented on the Board are asked to complete an annual SAF, a series of questions to measure progress against key quality standards. The purpose is to enable them to evaluate the effectiveness of their internal safeguarding arrangements and identify and prioritise areas needing further development. The standards are informed by national good practice, learning from safeguarding adults reviews, any new legislation and guidance, policy and practice and feedback from service users and carers. In 2021 the number of agencies required to complete the SAF was increased, to include the 12 district/borough councils in Kent. North-East London NHS Foundation Trust and G4S (patient transfer services) were also asked to complete a return, as they were each involved in a safeguarding adults review, commissioned by the Board.

2.2 Twelve safeguarding adults reviews (SARs) have been published since the last annual report. Further details of the reviews, learning from these, and actions taken by the Board, are set out in section three of the annual report. In summary, recommendations relate to:

- Identifying and responding to self-neglect and hoarding.
- Raising awareness of KMSAB policies and procedures.
- Working with individuals who are dependent on alcohol or substances.
- Suicide prevention.
- Legal literacy – in particular the application of the Mental Capacity Act and Mental Capacity Assessments for individuals who may have fluctuating capacity.

- Professional curiosity - the capacity and communication skill to explore and understand what is happening rather than making assumptions or accepting things at face value.
- Making Safeguarding Personal - professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful.
- Agency collaboration/multiagency working - how agencies work together to support adults at risk with complex needs.
- Ensuring that organisations recognise the rights of carers to a carers assessment.
- Safe discharge from hospitals.

3. Financial Implications

3.1 The KMSAB Annual Report is funded by the KMSAB. There are no direct financial implications for the Kent Health and Wellbeing Board arising from this report**.**

4. Conclusions

4.1 During 2021-2022, KMSAB and our partner agencies have built on the good work from the previous year. The Board has continued with its scrutiny and challenge role and continues to share vital messaging on how to recognise and respond to adult safeguarding concerns.

5. Recommendation(s):

5.1 Kent Health and Wellbeing Board is asked to **CONSIDER** and **ENDORSE** the Kent and Medway Safeguarding Adults Board Annual Report, 2021 – 2022.

6. Background Documents

Appendix A. Kent and Medway Safeguarding Adults Board Annual Report 2021 – 2022, which includes the following appendices:

Appendix 1 - Annual Report 2021-2022 Data
Appendix 2 - Annual Report Partner Highlights

7. Report Author

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Kent and Medway Safeguarding Adults Board

Annual Report

April 2021 – March 2022

Table of Contents

Section 1. Role of the Kent and Medway Safeguarding Adults Board (KMSAB)

About us

The Kent and Medway Safeguarding Adults Board (KMSAB) is a statutory multi-agency partnership which assures adult safeguarding arrangements in Kent and Medway are in place and are effective. We do not provide frontline services but oversee how agencies, who have a responsibility for adult safeguarding, coordinate services and work together to help keep adults who are, or may be, at risk, safe from harm. We promote wellbeing, work to prevent abuse, neglect and exploitation, and help to protect the rights of the residents of Kent and Medway. Our work also includes the development of multi-agency adult safeguarding policies and procedures, providing consistency and setting high safeguarding standards, which all our partner agencies sign up to.

For the purposes of this report the terms 'Board' and 'KMSAB' will be used interchangeably to refer to the Kent and Medway Safeguarding Adults Board.

Our three core duties

The Care Act 2014 requires that the Board:

- Develop and publish a Strategic Plan to set out our priorities and how these will be achieved.
- Undertake Safeguarding Adults Reviews, where the criteria is met, to establish what happened and what we can learn.
- Produce an Annual Report to detail how we achieved the priorities set out in our Strategic Plan.

Our responsibilities

In addition to our core duties, our other responsibilities include:

- Assuring safeguarding practice continuously improves, to bring about better outcomes for those experiencing, or at risk of, abuse, ensuring that we make safeguarding person centred and outcome focused.
- Promoting multi-agency training.
- Holding partners to account to gain assurance that effective safeguarding arrangement are in place.
- Producing multi-agency policies and procedures and monitoring their impact.
- Working collaboratively, and with effective governance, to promote wellbeing and prevent abuse and neglect.
- Identifying the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults.
- Establishing ways to analyse and interrogate data on safeguarding notifications to increase our understanding of prevalence of abuse and neglect.
- Identifying circumstances that give grounds for concern and deciding when they should be considered as an enquiry to the local authority.

- Developing strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect.

Our vision

The Kent and Medway Safeguarding Adults Board Partnership will all work together to ensure adults at risk of abuse or neglect are supported and empowered to live safely.

Our mission

To achieve the vision, the Board is seeking assurance, through partnership working with agencies and local communities, to prioritise and deliver: prevention, awareness and quality of safeguarding.

Board membership

Independent Chair:	Andrew Rabey
Statutory Partners:	Kent County Council Medway Council Kent and Medway Integrated Care System[1] Kent Police
Other partner agencies:	Advocacy People Dartford and Gravesham NHS Trust 12 District and Borough Councils across Kent East Kent Hospitals University NHS Foundation Trust HM Prison Service Kent and Medway NHS and Social Care Partnership Trust Kent and Medway Healthwatch Kent Community Health NHS Foundation Trust Kent Fire & Rescue Service Kent Integrated Care Alliance Maidstone and Tunbridge Wells NHS Trust Medway Community Healthcare Medway NHS Foundation Trust Probation Service NHS England Rapport Housing and Care South East Coast Ambulance NHS Foundation Trust HCRG Care Group (formerly Virgin Health Care)

Engagement is not limited to the agencies listed above. We are committed to inviting contributions from other organisations and groups across Kent and Medway, such as faith groups and service user groups.

[1] During the reporting period ICS arrangements were not in place, so this document refers to the previous, Clinical Commissioning Group (CCG), arrangements.

Board structure

Kent and Medway Safeguarding Adults Board – **Executive Group**
Delivers the responsibilities as set out on page 3.

Kent and Medway Safeguarding Adults Board – **Business Group**
Responsibilities: • Hold the Working Groups to account for the delivery of the strategic plan, business plan and their annual work plans, by scrutinising update reports, monitoring progress and identifying and addressing gaps or risks. • Accountable for decision making to implement the Strategic Plan and work plans. • Receive update reports from other partners and other Boards to share learning and identify development areas. • Make recommendations to the Board where decisions require higher level scrutiny and or agreement, or if there are likely to be budget implications.

Kent and Medway Safeguarding Adults Board – **Working Groups (WG)**	
Communications and Engagement (CEWG)	Develops and updates the Board's communication strategy, for partner organisations to implement. The purpose is to raise awareness of the work of the Board, and wider adult safeguarding issues, both within organisations and with the residents of Kent and Medway, to incite change, improve practice and prevent abuse.
Learning and Development (LDWG)	Co-ordinates the commissioning, delivery and evaluation of the Board's multi-agency safeguarding adults training programme.
Practice, Policy and Procedures (PPPWG)	Develops, reviews, and updates the Board's policies and procedures, in line with changes in legislation, guidance and good practice identified through safeguarding adult reviews, research, audit, practice, performance monitoring and user experience.
Quality Assurance (QAWG)	Designs and co-ordinates quality assurance activity to evaluate the effectiveness of the work of all KMSAB's partner agencies, to safeguard and promote the welfare of adults at risk of abuse or neglect.
Joint Exploitation (JEG)	This is a joint group with Kent's and Medway's Safeguarding Children Multi-Agency Partnerships. It oversees activity around; sexual exploitation, gangs/county lines, human trafficking/modern slavery, online safeguarding and radicalisation/extremism, to understand current trends and to protect and safeguarding the welfare of children and adults at risk.
Safeguarding Adults Review (SARWG)	Delivers our statutory responsibility to conduct Safeguarding Adults Reviews and holds agencies to account for improvement in practice.

The terms of reference and membership for each group are reviewed annually, and can be found on the KMSAB Website.

We work closely with other strategic groups and partnerships, such as local Safeguarding Children Partnerships, Community Safety Partnerships and Health and Wellbeing Boards, to ensure key priorities are shared to promote efficiency, encourage joint working and reduce duplication.

Our Board is supported by the KMSAB Business Unit

Section 2. Priorities and Achievements

This section details how we delivered against our priorities for 2021 – 2022. It is recognised that activity can cut across more than one priority.

Prevention – "I want to feel safe in the community where I live". What we achieved:

Delivered our Training Offer	• The Board offers multi-agency training, predominantly for staff from the statutory sector. The modules focus on the following priority areas: **One day courses** • Adult safeguarding legal literacy • Domestic abuse workshop, including a focus on stalking and harassment, harmful practices, female genital mutilation (FGM) and honour-based crime **Half day courses** • Collaborative working in multi-agency Section 42 Enquiries • Self neglect and hoarding workshop • Exploitation - including cuckooing, modern slavery, 'mate' crime and county lines • Between April 2021 – March 2022, 59 workshops were held, with 683 delegates participating. • As a result of feedback received from attendees and the training provider, the half-day workshop on self-neglect and hoarding was extended to a full day session, from September 2021. The expansion allowed the learning objectives to be covered in more depth, reflecting the complexities of the topic and the learning from Safeguarding Adults Reviews (SARs). • Additional self-neglect and hoarding workshops were commissioned to meet demand.
Tendering for new training provider	• Learning and Development Working Group Members led a tender process for a training provider to deliver the multi-agency training offer from April 2022. • In preparation for the tender, existing modules and course content were reviewed, and additional learning points included, linked to the findings from SARs and from other intelligence. It was also agreed that all five workshops would be extended to full days. • Multi-agency learning events for SARs were added to the contract to support the dissemination of key learning. • Following a successful tender process, a new supplier was appointed. The contract mobilisation process included meetings between the new provider and multi-agency staff.
Evaluation of Training	• In line with the KMSAB Training Evaluation Framework, delegates were asked to provide immediate feedback on the day of the training, with an opportunity to provide more reflective comments six weeks later. • Analysis of feedback presented a positive picture in relation to people's experiences of the course and the reported increase in their knowledge and skills. Feedback from delegates, detailing how the training has impacted on their practice, is available on this link KMSAB Training impact on practice

KMSAB Review	• The Care and Support Statutory Guidance states that Safeguarding Adults Boards must make arrangements for self-audit and peer review. In December 2020 members commissioned Siân Walker McAllister to undertake a review of the Board to identify strengths and areas for development, to fulfil this obligation. An action plan was developed to address the recommendations made in the review. During 2021-2022, Board members delivered the action plan. This included reviewing Board membership, evaluating priorities to inform the new strategic plan and establishing ways to hear from people with lived experience of safeguarding. The actions delivered are reflected in the achievements detailed in this report.
"What Safeguarding Means to me"	• The Communication and Engagement Working Group produced a video "what safeguarding means to me" to share messages on the relevance and importance of adult safeguarding • KMSAB: Adult safeguarding awareness week.mp4 on Vimeo
Kent and Medway Safeguarding Adults Board Policy and Procedures	• All Board members, and relevant partners, are required to work to the Board's main policy document "Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway" • The policy is supported by a number of additional policies, which are updated in accordance with a policy update schedule. • During 2021/22, Members completed their review of the Multi-Agency Protocol for Dealing with Cases of Domestic Abuse to Safeguard Adults with Care and Support Needs . The review panel included commissioned providers to ensure that the views of those with lived experience of domestic abuse were reflected in the update. • As part of the policy update process, working group members are asked to consult with members of frontline staff. An item is also added to the KMSAB newsletter to ask for views and comments, so that these can be incorporated where appropriate.
Multi-agency response for adults missing from health and care settings	• Quality assurance activity identified a need to produce guidance for professionals to help them prevent adults from going missing from health and care settings, and to ensure people who go missing are found safely and are supported on their return. • To address this, members of the Practice Policies and Procedures working group developed a protocol document "multi-agency response for adults missing from health and care settings.
Prevent Duty across Kent and Medway	• The KCC and Medway Prevent team deal with Prevent/Channel referrals and deliver extensive work to prevent radicalisation across Kent and Medway as part of the UK counter terrorism strategy CONTEST. Innovative work is being delivered in relation to the threat of online extremism, providing support to adults, parents, carers and individuals who have been identified as being vulnerable to radicalisation. In February 2022, a hybrid conference on tackling Hateful Extremism across Kent and Medway was held and over 250 in person or online delegates attended. Presentations included new threats such as those associated with Incel ideology, following the tragic events in Plymouth in August 2021. A further conference will be held in February 2023. All KMSAB partners have a Prevent duty as outlined in the Counter Terrorism and Security Act 2015.

Awareness – "I know what abuse is and where to get help"

What we achieved:

Response to Homes for Ukraine Scheme	• We commissioned a translation of our 'Adult abuse and what to do about it' leaflet into Ukrainian. This was completed and made available on the KMSAB website in April 2022. In addition, hard copies of the leaflet were printed so that these could be shared at events and with agencies who requested them. Activity to promote the leaflet included: ○ An email was sent to all KMSAB Executive and working group members to advise that the leaflet was available and encourage dissemination. ○ The Kent local councils shared the leaflet either in their welcome packs or on their 'Support for Ukrainian Nationals' webpage. ○ Sevenoaks Council distributed the leaflets, through their housing officers, to Ukrainian families who presented as homeless. ○ The Kent and Medway CCG shared it with members of the NHS England (South- East region) network and added it to their CCG training hub. ○ The KMSAB Board Manager shared the leaflet with the National Network of Safeguarding Adults Board Managers, with many Boards adapting it for their own use. ○ The Office of the Police and Crime Commissioner shared it through their bulletin. ○ Kent Community Safety partnership added it to their bulletin. ○ The KMSAB Business Development and Engagement Officer attended a 'Medway help for Ukrainians' community event. ○ KCC shared it with their 'Vulnerable People and Communities Ukrainian Cell'. • The Communication and Engagement working group developed a social media content plan to share messaging, in Ukrainian, on how to recognise and report abuse.
National Safeguarding Adults Awareness Week	• Kent and Medway Safeguarding Adults Board members supported National Safeguarding Adults' Awareness Week, established by the Ann Craft Trust. The purpose of the week was to share messages with the public on how to recognise and report abuse and neglect, and to highlight the support and services available for those at risk or experiencing abuse. • The safeguarding issues highlighted through the week were: ○ Emotional abuse and safeguarding mental health ○ The power of language

	○ Digital safeguarding ○ Adult grooming ○ Creating safer cultures ○ Safeguarding and you • The national campaign reached over 79.4 million people through Twitter hashtags, with 59.5 thousand interactions and 47.4 thousand shares. By comparison, in 2020 the reach was 12.5 million and in 2019 5.5 million. • Public facing events included attendance at coffee mornings, information stands at supermarkets and shopping centres. • KMSAB agencies also hosted events within their organisations, such as safeguarding open sessions. • Natwest Bank in Dartford contacted the Board to request merchandise and links to the media pack to share in their community areas. • There were 3890 visits to the KMSAB webpages during the week, with 779 clicks to the 'report abuse page' and 510 visits to the 'useful resources for the public' page.
Promotion of Communication and Engagement Toolkit	• To support Safeguarding Adults Awareness Week, and to enable agencies to raise awareness of adult safeguarding during the pandemic, the Communications and Engagement Working Group continued to update and promote their Communications toolkit. This included posters, social media graphics, signature banners and video files (short graphics to be used on social media to catch attention).
Engagement with local communities	• A brief article, titled "*Are you concerned about an adult*?", was published in *Medway Matters*, a community magazine delivered to 120,000 homes across Medway. The article has been included in every subsequent edition. • Members of KMSAB and Business Unit hosted a stand at the Kent Police Open Day, where 14,000 members of the public were in attendance. The aim was to speak to members of the public, share safeguarding resources and raise awareness of how to recognise and respond to adult safeguarding concerns. Approximately 700 people visited the stand and engaged with the facilitators. When compared to the previous week's figures, there was a 35% (344 views to 465) increase in visits to KMSAB webpages in the week following the event, including: ○ 109% increase in visits to the 'useful resources for the public page', ○ 55% increase in the 'support for carers' page, ○ 90% increase to the 'types of abuse' page, ○ 14% increase in the report abuse page. • As part of their work, the independent Chair of the Board and Board Manager, continued to hold introductory sessions with charity, voluntary sector and other community leads. This also includes meetings with advocacy leads, faith leaders and

	organisations representing people with lived experience. • The Self-assessment Framework (SAF) includes standards relating to how agencies take into consideration the views of those at risk of abuse and neglect, and how and when is this information analysed. • Healthwatch Kent and Medway and the Advocacy People continued discussions with other Healthwatch areas to consider best practice and the potential development of a 'citizen's panel'.
KMSAB Open Sessions	• The Board Business Unit launched quarterly 'KMSAB open forum sessions', providing an opportunity for anyone with an interest in adult safeguarding to hear from people with a lived experience of safeguarding, and other subject matter experts. The following sessions were held in 2021-2022: ○ Safeguarding Adults Awareness – two sessions aimed at the charity and voluntary sector ○ Sharing learning from Safeguarding Adults Reviews ○ The Mental Capacity Act 2005
KMSAB Newsletter	• The Board Business Unit continued to produce and circulate a monthly newsletter sharing updates in relation to: Board activity; learning from safeguarding adults reviews; guidance and support; and relevant local and national safeguarding information. Over 290 people subscribe to the KMSAB newsletter, with many cascading it further within their organisations.

Quality – "I am confident that professionals will work together and with me, to achieve the best outcome for me"

What we achieved:

Self Assessment Framework	• During 2021-2022, Quality Assurance Working Group (QAWG) members continued to implement the quality assurance framework, which sets out the methods and tools used to measure effectiveness of partners' safeguarding activity. • One of the quality assurance tools is the 'self-assessment framework' (SAF). All agencies represented on the Board are asked to complete an annual SAF, a series of questions to measure progress against key quality standards. The purpose is to enable them to evaluate the effectiveness of their internal safeguarding arrangements and identify and prioritise areas needing further development. • The standards are informed by national good practice, learning from safeguarding adults reviews, any new legislation and guidance, policy and practice and feedback from service users and carers. • In 2021 the number of agencies required to complete the SAF was increased, to include the 12 district/borough councils in Kent. North-East London NHS Foundation Trust and G4S (patient transfer services) were also asked to complete a return, as they were each involved in a safeguarding adults review, commissioned by the Board.

	• The SAF included 30 standards relating to:
	  ○ Participation and Engagement – Including:
	  ▪ how agencies seek the views of people with lived experience and how this information is used to influence service improvement
	  ▪ How staff are made aware of advocacy services, and assure that appropriate referrals to these are being made
	  ▪ How agencies identify individuals who may benefit from being referred for a carer's assessment
	  ○ Leadership – including:
	  ▪ Does the organisation have an accountable lead for safeguarding and what impact does leadership make?
	  ▪ Does the organisation have an escalation policy, does it align with the KMSAB policy?
	  ▪ Is adult safeguarding featured in strategic documents?
	  ▪ How does the organisation engage with the KMSAB and ensure messages and feedback from staff and service users reported to the Board?
	  ▪ How are key messages from the Board disseminated? What checks are in place to ensure that they are understood and embedded?
	  ○ Service Delivery and Effective Practice – Including:
	  ▪ How does the organisation ensure that commissioned, subcontracted and agency or locum services are compliant with KMSAB policy and procedures?
	  ▪ How does the agency identify people who may have challenges in transitioning between services and what is in place to manage and support this?
	  ▪ How agencies take into account the potential increased vulnerability of previously looked after children?
	  ○ Recruitment, supervision and allegations against staff – Including:
	  ▪ Does the organisation have safer recruitment polices and processes in place?
	  ▪ What is the criteria for carrying out and recording management oversight of individuals who are risk of harm?
	  ▪ Does the organisation have a policy in place for dealing with allegations against people who work with adults with care and support needs?
	  ▪ Does the organisation have a whistleblowing policy?
	  ○ Training – Including:
	  ▪ Does induction for all staff include basic awareness of adult safeguarding?
	  ▪ What systems and/or processes are in place to ensure that staff training is commensurate with their

	safeguarding duties and lawful responsibilities? ▪ What processes are in place to support learning from SARs, Domestic Homicide Reviews and Child Safeguarding Practice Reviews, to integrate learning into practice and training? ○ Performance management – Including: ▪ How does the organisation use safeguarding performance data and other feedback to inform safeguarding or other strategy and service delivery? ▪ How does your organisation use safeguarding performance and quality information to hold services to account? • Agencies are required to assess how well their organisation is achieving each standard/requirement, using a red, amber, green (RAG) rating. They must also provide supporting evidence and complete an action plan for any requirements graded red or amber, detailing how compliance will be achieved. Outstanding actions are monitored by the QAWG, with regular reporting to the Business Group. • To help mitigate against different interpretation of requirements, to instil more rigor in the process and to ensure greater consistency, agency leads are required to present their completed SAF analyses and evidence to a panel of 'peer' reviewers. • Of the 900 standards (30 agencies x 30 standards) initial returns indicated an 86% achievement rating (green), with 12% rated amber and 1% red. Following the peer-review, there was a 72% achievement rating (green), with 27% rated amber and 1% rated red. All agencies were rated 'amber' for two questions, as whilst most could evidence how they had shared material from the Board, more evidence was required to measure the impact and reach of these messages. Other themes highlighted through the peer review were that not all agencies had a full understanding of the range advocacy services available, or had raised awareness of the need to consider signposting to carer's assessment, where appropriate. In addition, some agencies, new to completing the SAF, had answered 'not applicable' to several questions, which peer review panel members felt were applicable. With hindsight, this was possibly due to a lack of understanding of the SAF process. To mitigate this, future SAFs will include a briefing session, to explain the standards, why these have been chosen and to provide an opportunity for questions. • The March 2022 update recorded an 86% achievement rating against the standards.
Monitoring of Safeguarding Adult Reviews (SAR) Action Plans	• Following the completion of a Safeguarding Adults Review (SAR), agencies involved must detail the actions they will take to respond to any recommendations made for improvement. SAR Working Group members quality assure these action plans, requesting remedial actions if required, and escalating concerns to the KMSAB Business Group. • The Board and its Working Groups do not wait until a SAR is completed to begin to make improvements identified as the review progresses.

Sharing of Good Practice	• Safeguarding Adults Reviews are a critical tool to help identify areas for improvements with multi-agency partnership working. It is helpful to balance the findings against examples of good practice, as these can also be a powerful way of learning. Many of the quality assurance tools designed by the Board ask agencies to highlight good practice examples so that these can be shared.
Annual Agency Reports	All KMSAB partner agencies are required to complete an annual agency report to provide examples of how they have delivered the Board's three priorities of prevention, awareness and quality, over the previous 12 months. The report also provides the opportunity to highlight safeguarding priorities and any areas of challenge. A total of 24 responses were submitted. These reports were presented at the quality assurance working group. Members reviewed the submissions, highlighting areas for clarification, good practice, and any areas of concern to be raised to the Board. Appendix 2 provides some examples of good practice from the responses received.
Making Safeguarding Personal	• One of the themes identified in safeguarding adults reviews was the need to promote a person centred approach, making safeguarding personal. A dedicated page on the KMSAB website was developed to share the substantial amount of high-quality resources which had been produced by other leads, such as the Association of Directors of Adult Social Services, the Social Care Institute for Excellence, and the Local Government Association.
KMSAB Executive Meetings	• The Board Executive Membership met on four occasions in 2021-2022. In addition to the standard business items, under their responsibility to ensure that safeguarding adults arrangements and governance across agencies are fit for purpose, and to share good practice, the Board received presentations in relation to: o Adult safeguarding at Napier Barracks o Safeguarding at Elmley Prison, including their work to become a 'Vanguard' Prison, which aims to reduce reoffending across the criminal justice sector, and how the service safeguards individuals through securing suitable accommodation on their release. o Transitional Safeguarding – Dr Dez Holmes, Director of Research in Practice, presented this item. As it impacts children and adult safeguarding, representatives from the Kent and Medway Children's partnership were invited to join the meeting for this item. o Learning from Learning Disability Mortality Reviews (now known as Learning from Life and Death Reviews) – These reviews are part of the LeDeR service improvement programme for people with a learning disability and autistic people. o SAR 'Mark' – Mark's parents attended the Board meeting when the findings of this review were presented. o Preparation for the Integrated Care System (ICB), including governance arrangements and the role of safeguarding.

Section 3. Safeguarding Adults Reviews

3.1. Criteria for Conducting a Safeguarding Adults Review

KMSAB must arrange for there to be a Safeguarding Adults Review (SAR) for an adult in its area, with needs for care and support (whether or not the local authority has been meeting any of those needs), if:

- An adult at risk dies (including death by suicide), **and** abuse or neglect is known or suspected to be a factor in their death;
- An adult at risk has sustained any of the following:
    - A life-threatening injury through abuse or neglect
    - Serious sexual abuse
    - Serious or permanent impairment of development through abuse or neglect;

Or

    - Where there are multiple victims
    - Where the abuse occurred in an institutional setting
    - A culture of abuse was identified as a factor in the enquiry;

And
The case gives rise to concern about the way in which professionals and services worked together to protect and safeguard the adult(s) at risk.

KMSAB must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice. More information on the SAR process is available here.

3.2. Purpose of a Safeguarding Adults Review

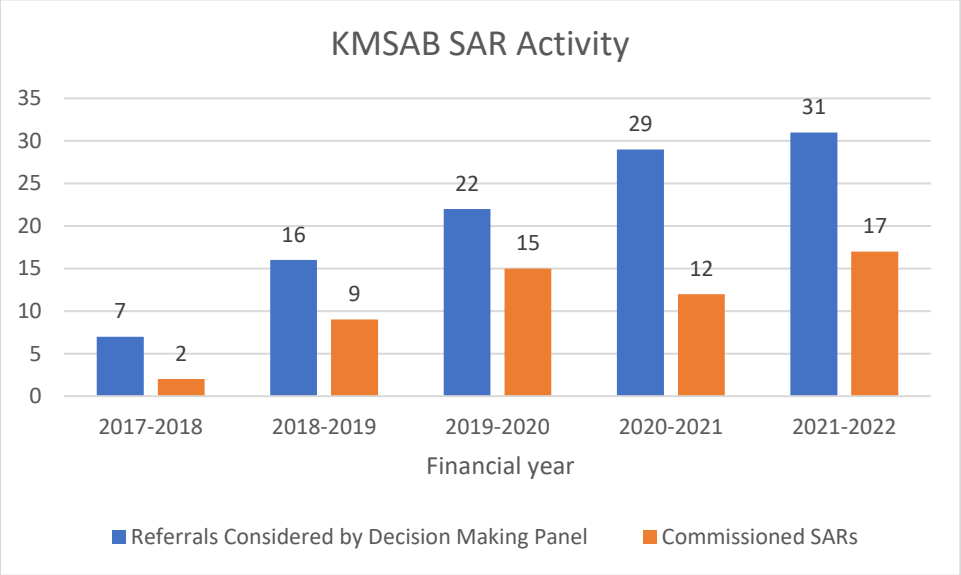
A Safeguarding Adults Review (SAR) is not an enquiry or investigation into how someone died or suffered injury and it does not allocate blame. It stands separately to any internal organisational investigation, or that from Police or a Coroner. The SAR scrutinises case and system findings and analyses whether lessons can be learned about how organisations worked together, or not, as the case may be, to support and protect the person.

3.3. Safeguarding Adults Review Activity

To ensure a robust and consistent process for determining whether a referral for a Safeguarding Adults Review meets the criteria, a multi-agency decision-making panel, chaired by a member of the SAR Working Group, is convened. Prior to the meeting, agencies who worked with the adult, are asked to complete a summary of agency involvement form, detailing relevant and proportionate information to inform the discussion and decision on whether the criteria for a SAR is met. The SAR decision making group consider the agency

involvement returns and the initial referral and assess whether the referral meets the criteria for a SAR, or whether any other review or action is required. The recommendation of the panel is sent to the Independent Chair of the KMSAB for a final decision.

The number of SAR referrals received by the KMSAB continues to increase year on year.

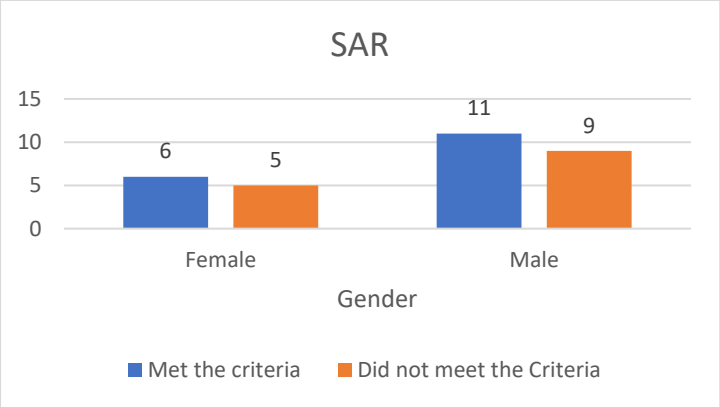


The KMSAB received 31 new SAR applications between April 2020 and March 2021, of these:

- 17 SARs were commissioned
- 14 did not meet the criteria and no further action for the Board was required

The summary of agency involvement returns allow members to consider information that may not have been available to the person who made the SAR referral, and, in many cases, the additional information evidenced that agencies did work together, so the criteria was not met.

Gender - SAR applications received between April 2020 and March 2021

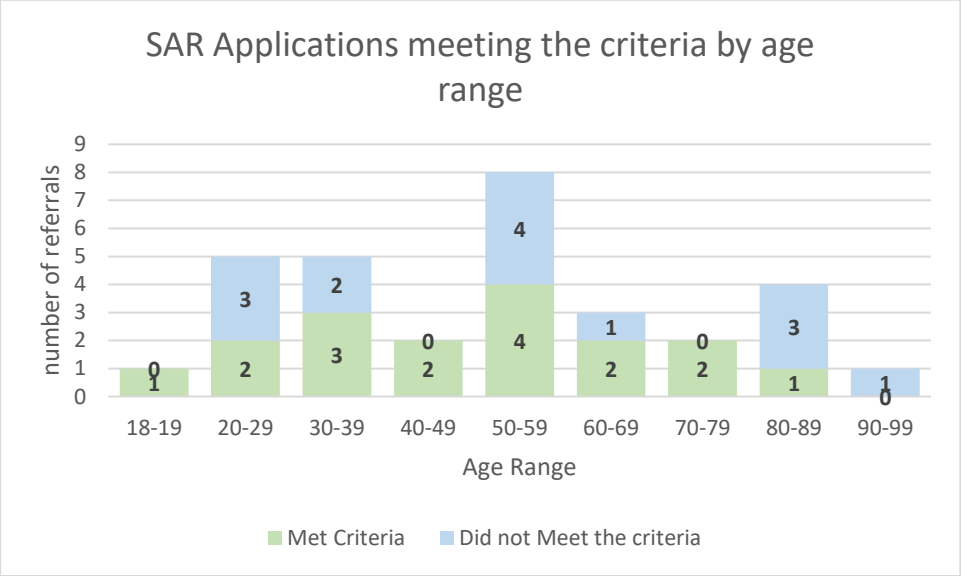


The conversion rate of application to commissioned SARs was 55% for both males and females.

Ethnicity - applications received between April 2020 and March 2021

Ethnicity	Total number of applications	Number of referrals meeting the criteria	Percentage of referrals meeting the criteria
Any other White Background	1	0	0
Other ethnicity (cannot be specified as it may make the individual identifiable)	1	1	100%
Black or Black British – Caribbean	1	0	0
Mixed – White and British – Caribbean	1	0	0
Unknown	6	2	33%
White English/British	21	14	67%

Age – SAR applications received between April 2020 and March 2021



3.4. Completed Safeguarding Adults Reviews

Completed reviews are available on the KMSAB website. Since the last annual report, the following SARs have been published:

All names are pseudonyms to protect the identity of those concerned

Individual	Background	Findings/Recommendations
Douglas	'Douglas', a white British male, was aged 62 when he died. Agency contacts confirm that he was experiencing physical ill-health and that he was lonely and isolated. It is likely that he was being "cuckooed" at the time of his death, and he had been similarly taken advantage over the months prior to his death. Douglas was dependent upon alcohol, to the extent that this would have affected his ability to make decisions. He had also suffered a stroke which gave rise to mobility problems. Communicating with Douglas was difficult due to some speech difficulties that he had and his inability to read. On the day of his death, an ambulance was called by a carer. Douglas was found to be very unwell. He had not let carers in on previous days and had seemingly not eaten or drunk anything for three days. He was unconscious and severely dehydrated. The ambulance service recorded that the care agency had visited each day but not been able to gain entry. They had not raised an alarm. Douglas died later that same day in hospital.	Learning related to: • How agencies communicate and work with individuals with identified additional literacy and communication needs. This links to person centred practice. • Raising awareness of the Board's "Protocols for Kent and Medway to Safeguarding Adults who are at Risk of Exploitation, Human Trafficking and Modern Slavery' • Determining whether there are clear pathways for alcohol support for people in need of such support. • Clarifying the duties and responsibilities stemming from the Housing Duty and Ordinary Residence and how these impact on cross boundary working. • Raising awareness of 'Temporary Residence' facility, for registering with a GP. • Promoting the use of the KMSAB "Policy and Procedure to support people that self-neglect or demonstrate hoarding behaviour. • Ensuring that the Care Act eligibility is being applied correctly.
James	'James', a white British male, was aged 66 when he died, it was suspected that his death was by suicide. James had lived and worked for over 30 years in Town A, in Buckinghamshire. His	Learning related to: • Evaluating the extent to which there is effective partnership working to protect adults at risk of suicide

	mother described him as quiet, intelligent, and committed to his work. Some 5 years prior to his death he had an accident, where he was hit by a car. His mother explained that he sat alone for several days before she found him. This led to James experiencing panic attacks and depressive episodes. He had a period of sickness from work and then retired. Following his retirement he moved to Kent to be closer to friends, but regretted this decision, reportedly being lonely and isolated. He attempted to end his life on a number of occasions. Five days prior to his death, James had been detained under section 136 of the Mental Health Act, as he had been found on the wrong side of the barriers of a cliff top. Following his detention, he was taken to a mental health setting where, having had a full mental health assessment, he was not admitted. The crisis team visited James on the day of his death and offered him a hospital admission, which he declined.	• Recommendation that the Integrated Care System (ICS) undertake a commissioning review of the systems in place to reduce social isolation and health inequalities. • How Public Health can use the learning from this review to inform the suicide prevention strategy and ICS development.
Mark	'Mark' a white British male was aged 49 when he died. He lived at home with his parents, the eldest of three siblings. Mark had a learning disability and cerebral palsy, he attended a day care service five days a week. He was well known to this service and was a member of the service users' committee. In April 2019, Mark attended accident and emergency with his father, having returned home from a week's respite care, with reduced mobility and oral intake. Mark was discharged from hospital 2 weeks later. Following discharge from hospital, Mark was reliant on agencies to meet all his care and support needs. Despite involvement of agencies, on 18 June 2019, Mark was re-admitted to hospital with sepsis secondary to pressure ulcers. The hospital submitted a safeguarding alert to Kent County Council on 20 June 2019. A safeguarding enquiry was completed, the police enquiry	Learning related to: • The requirement for pre-discharge co-ordination for adults requiring long term care, including measures to provide assurance that the Acute and Community Trusts work together to ensure there are no gaps in the provision of equipment on discharge. • CCG (now ICB) and Adults Social Care to review the effectiveness of assessments and post assessment planning for care. These should be personalised and a named care co-ordinator in place. • Reducing delays in assessment and provision across community services, in relation to occupational therapy adaptations, including wheelchairs. • Reviewing how Annual Health Checks for people with a

	concluded no criminal wilful neglect by the agencies involved, however, when reviewing all information there was clear concern that information was not shared between agencies, which led to harm to Mark. He was discharged from hospital on 8 July 2019. On 25 July 2019 Mark was re-admitted to hospital, due to multiple pressure ulcers. He was discharged on 12 August 2019, following the decision that he required end of life hospice care. Mark sadly passed away on 15 August 2019.	learning disability are quality assured. • Raising awareness of a carer's right to a formal carer's assessment. • Advising the Care Quality Commission of any registered providers' involvement in a safeguarding enquiry.
Harpreet	'Harpreet' an Asian British woman, living with dementia and limited mobility, was aged 86 when she experienced a life-threating injury. Harpreet did not speak English, her language of heritage was Punjabi. She was cared for predominately by her husband ('Sardar'), assisted by her son ('Jas') and daughter in law. Prior to January 2020 the family had no contact with any statutory agency other than health providers, for matters consistent with normal day to day living. However, Harpreet and Sardar had visited their GP in September 2019 asking for help. The GP discussed the process of referral to Adult Social Care to obtain a needs assessment to obtain external care support. Both Harpreet and Sardar decided not to pursue this. In January 2020 Harpreet fell at home and was taken to hospital where she underwent an operation to her hip, she spent time in Intensive Care, due to low blood pressure. Following her discharge from hospital, Harpreet's son contacted her GP, expressing concerns that Harpreet's wellbeing had deteriorated and the impact of this on her and the wider family. The GP met with Harpreet, Sardar and Jas and referred them to the community health multidisciplinary team for support. Agencies	Learning related to: • Raising awareness of each agencies' Interpreters and Translation policy. • South-East Coast Ambulance Service to share their cultural awareness reference guide • KCC to arrange a quality assurance audit to ensure the additional training and changes in policy and procedure introduced in their Area Referral Management Service are driving current operational practices. A similar check should be made with the short-term pathway team.

	did liaise with the family in response to the concerns. Many offers of support were not pursued by the family as they did not meet their needs. It was acknowledged that best practice was not always followed. In June 2020, Harpreet's husband 'Sardar' cut her wrists, severing the artery and tendons. He then inflicted a similar injury on himself. The prompt attendance of police and paramedics prevented these injuries proving fatal.	
Carl	'Carl' a white British Male, was aged 57 when he died. He had a diagnosis of schizophrenia, which had been managed through community mental health services, since his late 20s. Carl had a good relationship with his GP and mental health services. He was independent and known to sometimes neglect himself. In June 2020, Carl was admitted to hospital with Hypokalaemia (Low potassium which can lead to cardiac arrythmias or renal problems), a failed discharge saw him return to hospital with the same condition, within 24 hours. In July 2020, Carl was diagnosed with pancreatic and lung cancer. He commenced chemotherapy, to slow the progress of the disease. In November 2020, he was reported, by his neighbour, to have had several falls, which led to an emergency admission to hospital. In hospital he missed several doses of his antipsychotic medication. Although it was noted that there was significant good practice from agencies in the final years of his life, the review focused on the period following his discharge from hospital to his death in February 2021. There had been a decline in his ability to care for himself and concerns raised about self-neglect. There is no evidence of agencies working well together during the crisis point. Carl had a care plan in place which should have been delivered, and any non-contact escalated and checked by other services. Carl was found	Learning related to: • Ensuring that GPs are included in making decisions with Adult Social Care and other agencies regarding individuals with complex health conditions. • There were specific actions for the commissioned service provider, in relation to training on self-neglect and how to escalate concerns. • Reviewing the discharge arrangements in the Proactive Assessment Unit. • Sharing the learning from this review with services involved in the end-of-life pathway across Kent and Medway so that there can be a reflection on the extent to which the End of Life strategy meets the needs of individuals who are wary of letting workers into their homes when they need care. • How to work with individuals, at risk of harm, who decline services. • Continuity of care.

	deceased on 4 Feb 2021, having been left without contact for several weeks.	
Caroline	'Caroline' a White British woman, was aged 38 when she died. She was diagnosed with medical conditions including epilepsy, asthma and anaemia. She had three children. In 2014 Caroline made an allegation about her husband's ('Neil') controlling and coercive behaviour, which had escalated since Neil had, allegedly, become paranoid due to recreational drug use. The couple separated and Caroline obtained a non-molestation order which was valid for 3 years. However, the couple reunited soon after the separation, with statutory agencies remaining involved with the family for 6 months. There was no further contact with police or social services for a period of three years. During 2019 Caroline was admitted to hospital on a number of occasions. Family members spoke to hospital staff, alleging that Caroline was being controlled by her husband, with safeguarding referrals made by the hospital team. Caroline would recover whilst in hospital but would quickly relapse on discharge home. Offers of a home visit to see if there was an environmental driver for the relapses was not taken up. In late 2019, Caroline was taken to hospital by ambulance, on admittance she was noted to have reduced consciousness. Caroline was transferred to intensive care the following day. A blood test identified phencyclidine (PCP or angel dust) and benzodiazepines (sedatives) were present. Caroline continued to deteriorate and did not respond to treatment, she died a few days later.	Learning related to: • Specific action for the Hospital Trust to conduct a post implementation review of the HIDVA (hospital independent domestic violence advisor) placement to ensure the aims and objectives of this post are being achieved. • Specific action for the Hospital Trust to review referral arrangements in collaboration with the Service Provider to ensure that the hospital integrated discharge team is notified of any adult at risk who may need their assistance to be safely discharged. • Specific action for the Hospital Trust to complete a quality assurance check, covering a three-month period, to ensure any identified safeguarding concerns have been raised with the internal safeguarding champion. • Specific action for the Community Health Trust to complete an audit to ensure that their 'Did not attend/Was not brought in' policy is being followed, including contacting the referring professional. • Specific action for the Integrated children's service about using the tools in their practice/quality assurance framework, such as the use of a chronology tool, to stimulate proactive intervention. • Specific action for KCC adult social care, to ensure supervising staff are aware of their statutory responsibilities when managing joint investigations

		with Integrated children's services. • Increasing awareness of the impact illicit drug use may have when undertaking an assessment under the Care Act and/or Mental Capacity Act with training provided in this respect as necessary. • Review of multi-agency meetings to ensure that there is a pan Kent and Medway capability. • Information sharing with GP practice.
Jack	Jack, a white British male, was aged 62 at the time of the review. He had been in a relationship with 'Elaine' for 12 years, and they had been married for 6 years, when she died in 2016. Jack had very little contact with anyone following her death. Both Jack and Elaine had physical and mental health conditions which affected their day-to day life. While Elaine was alive, Jack's focus had been to care and support her, and they were interdependent. Following Elaine's death, Jack's conditions, and his ability to cope with everyday matters, diminished and he began to neglect himself and his home. A variety of referrals were made to agencies and assessments planned. The review found that these assessments were either not carried out or followed up. Further concerns were that joint working protocols, designed to support and protect adults at risk, were also neglected. Jack's health had been severely affected by his own neglect. Towards the end of the review period there was an improvement in the way agencies worked together and the application of procedures. In February 2020, Jack moved into supported	Learning related to: • Reviewing the 'lead agency' procedure within the Self-Neglect Policy. • Reviewing the reporting mechanisms into Kent and Medway Adult Social Services surrounding issues of concern that fit the criteria set out for reporting under section 42 of the Care Act. • Use of the clutter score matrix by all agencies to be used when Self-Neglect is apparent. • For the community mental health team to ensure that systems are in place for determining care planning. • For Kent and Medway NHS and Social Care Partnership (KMPT) to discuss severe self-neglect cases at their red Board meetings • Hospital Discharge Teams to consider the use of KMSAB self-neglect and hoarding policy to call a multi-agency meeting.

	accommodation. This was the outcome of a meeting held in line with KMSAB Self Neglect Multi Agency working procedure. This decision was discussed and agreed with Jack. He settled well in his new home and appeared happy. However, in November 2020 Jack died unexpectedly.	
Jodie	Jodie, a White British female, was aged 39 when she died in hospital. Jodie had been known to services as an adult at risk, with the first reported physical assault, by her partner, having taken place in 2014. Little was known about Jodie before 2014, when she first came to agencies' attention, having started a relationship with a registered sex offender named 'Wayne'. In March 2014, a third-party reported that Wayne had assaulted Jodie, there followed around ten further reports of violence, including slaps and kicks, strangulation and being 'force-fed' pills. Following each disclosure of harm, Jodie would either deny the abuse, or would report the abuse and later retract her statement. Criminal charges were never brought against Wayne for causing harm to Jodie. She was subject of a Multi-Agency Risk Assessment Conference (MARAC) on three occasions, and agencies identified Jodie as a victim of domestic abuse and violence. Professionals involved with Jodie recognised the importance of establishing a relationship with Jodie, and despite many attempts to see Jodie on her own, Wayne was always present. Jodie died in hospital, at the time of her death she had Meningitis and Sepsis. She was noted to have severe bruising and neglect, or self-neglect, were considered to be factors in her death.	Learning related to: • Legal literacy and in particular, the use of inherent jurisdiction • Understanding the importance of mental capacity and, and situational capacity, particularly in the context of an individual living within a relationship where substance dependency, mental health needs and domestic abuse are apparent. • The relationship between MARAC and safeguarding processes. • Understanding coercive control and the need to seize any window of opportunity to gain and insight into the individual's life • Using a trauma informed approach to conversations. In addition to the overview report, a coercive control learning tool was commissioned. It is available here.
John and Geraldine	The SAR in respect of John and Geraldine was not published for reasons of anonymity.	Learning related to:

		• Demonstrating 'professional curiosity', the capacity and communication skill to explore and understand what is happening within a family/situation rather than making assumptions or accepting things at face value. • Legal Literacy – the appropriate application of statutory responsibilities around the Care Act 2014, Human Rights Act 1998 and the Mental Capacity Act 2005 • Self Neglect – promoting the use of the 'clutter Image rating tool' • Promoting use of the 'Kent and Medway Multi-Agency Policy and Procedures to Support People that Self-Neglect or Demonstrate Hoarding Behaviour' with private care providers. • KMSAB partners to review the various safeguarding referral forms used across Kent and Medway. The review to consider the content, format and language of the forms with a view to moving forward towards a consistent approach
Anna	The SAR in respect of Anna was not published for reasons of anonymity	Learning related to: • Discharge to Assess Process - That the 'Discharge to Assess' pathway is reviewed to ensure that it contains failsafe planning and a means of reviewing whether the plan is being delivered or whether review is required. • Safe Commissioning – gaining assurance that commissioned services have the requisite safeguarding knowledge and training • Need for consistent approach to reporting safeguarding concerns to the local authority (as John

		and Geraldine) • Self-Neglect (as John and Geraldine - above)
Lee	Lee, a White British male, was aged 48 when he was found deceased at his home. Lee was diagnosed with physical and mental health conditions including: emotional unstable personality disorder; alcoholic cardiomyopathy, high blood pressure and epilepsy. He had a dependency on hypnotic and anxiolytic (sedatives) medication. Lee was seen by community nurses for several years for blood tests. He was known to be anxious about attending appointments and so home visits were undertaken. In March 2020, he was seen by his GP who noted that Lee was stressed due to problems about council tax, he had suicidal ideation but no plan. A referral was made to the Care Navigator, requesting financial advice. The GP noted that Lee declined a Community Mental Health Team (CMHT) referral, but the GP noted knowledge of Lee's mental health baseline. In the 3 months prior to Lee's death (October – December 2020) extensive concerns were raised about his health, well-being, self-neglect and suicidal ideation. The review found that there was good practice noted during the challenging time (Covid Pandemic) but there was limited joined up working in the final months of Lee's life, with misunderstandings of each other's roles at points of crisis.	Learning related to: • Application of the 'Kent and Medway Multi-Agency Policy and Procedures to Support People that Self-Neglect or Demonstrate Hoarding Behaviour' • Making safeguarding personal
David	David, a White British male, was aged 46 at the time of his death. He lived with his brother in their family home. David was described by his best friend as being a very kind person who was very friendly towards people, as long as they accepted and respected him for who he was. She also described him as being	Learning related to: • Multi-agency working, in particular the need to consider protocols in relation to multi-agency risk management • Sharing the findings of this review with public health,

	very lonely and that apart from her and his brother, 'Michael', he had very few friends. David's father died by suicide when David was in his late 20s. David and his brother lived with their mother until she passed away in 2017. Prior to her death, the impact of the caring responsibility on David was recognised and he received a carers assessment and plan. David started drinking alcohol as a teenager and alcohol dependency was a feature during many years of his life. He had mental and physical ill-health, being diagnosed with social phobia, mixed personality disorder, depression and anxiety. He also had 'somatoform disorder' whereby he experienced physical bodily symptoms (chronic pain), in response to mental distress. It is documented that David struggled with controlling his anger which resulted in him being removed from three primary care lists (although he did have access to a GP, through the special allocations scheme) and access to non-emergency care at 2 hospitals was blocked. It was noted that David's anxiety, frustration and distress increased when he was due to be assessed, by the Department of Work and Pensions, for enhanced payments. Throughout the review period there were 18 recorded incidents of David either self-harming, threatening suicide, or having taken medication overdoses. Although these were responded proportionately and within each agencies' guidance, there was little evidence of a holistic multiagency response. David died by suicide in May 2020.	who are responsible for multi-agency suicide prevention activity within Kent and Medway • Suicide prevention • Working with alcohol dependent individuals, in particular review the training available. • Working with individuals who are 'red carded' from hospital. • The impact of chronic long term pain and the relationship between this and suicide • The implications of long-term use of opioids to treat pain

The Board is reliant on partner agencies to share the learning from reviews and incorporate these into practice. To measure the effectiveness of this, the Board's 2022 Self-Assessment Framework included a requirement for agencies to evidence how learning from reviews is shared with staff and the mechanisms in place to measure the impact of this in practice/increase in knowledge.

The table below provides a summary of some of the actions taken by the Board to address the recommendations made in SAR reviews, or measure the impact of learning. These are in addition to activity that individual agencies undertake.

Recommendation/Theme	Actions taken by the Board
Making Safeguarding Personal Including awareness of individual's communication preferences and the use of interpreters and translation.	• Practice, Policies and Procedures Working Group members developed a dedicated page on the KMSAB website to share the substantial amount of high-quality resources that have been produced by other leads, such as the Association of Directors of Adult Social Services, the Social Care Institute for Excellence and the Local Government Association. This was promoted with Board member agencies and more widely. • The quality assurance working group asked member agencies, through their self-assessment framework return, to evidence the following: o The communication needs of individuals are taken into account when engaging with them o Making safeguarding personal is understood and applied within safeguarding practice and that the individual and/or their advocate is involved throughout o The 'think family' approach is applied when working with individuals.
Identifying and responding to Self-Neglect and Hoarding	• The KMSAB Training Programme includes a module on self-neglect and hoarding, the module was extended from half a day to a full day's training. • In response to feedback from practitioners, Practice Policies and Procedures Working group members developed a the "Kent and Medway Safeguarding Adults Board A Quick Guide to Identifying and Responding to Self-Neglect and Hoarding" to complement the main document. • Work to update the main policy document commenced in 2021. • Although out of the reporting period for this Annual Report, the Board hosted 2

	SAR learning events in September 2022, focusing on self-neglect and hoarding.
	• The 2022 SAF included the following standards:
	  ○ The agency / organisation raises awareness of the Kent and Medway Multi Agency Policy and Procedures to Support People that Self Neglect or Demonstrate Hoarding Behaviour, to relevant staff
	  ○ Employees/Staff /Volunteers within the agency/ organisation are implementing the Kent and Medway Multi Agency Policy and Procedures to Support People that Self Neglect or Demonstrate Hoarding Behaviour appropriately, effectively and in a timely manner
	  ○ The organisation provides clear information to those at risk of self-neglect and/or hoarding regarding the support that can be provided.

Awareness of KMSAB policy and procedure	• Details of all updates to KMSAB Policies and Procedures emailed to all KMSAB members for onward dissemination.
	• The KMSAB policies are promoted through the Board's newsletter and at meetings and events.
	• The Board's training provider is advised of any policy updates so that these can be incorporated into the training modules.
	• To measure the impact of this, the 2021 SAF included the following standards:
	  ○ Does your organisation have an Escalation Policy or process for raising safeguarding concerns? Does this align with KMSAB's escalation policy and procedures for adult safeguarding?
	  ○ How does your agency disseminate and promote policy updates from KMSAB?
	  ▪ What form of media is used?
	  ▪ How does the agency ensure that any changes made are understood and embedded?
	  ▪ Who is responsible for identifying any problems with implementation?
	• How do you ensure that commissioned, subcontracted, agency or locum services are compliant with KMSAB Safeguarding Adult Policy and Procedures?

	• How does the agency introduce staff to the work of KMSAB and alert them to the website and information provided by the Board that is pertinent to their area of work?
Working with individuals who are dependent on alcohol or substances	• SAR findings were shared with Kent and Medway Public Health teams, to inform their work in this area. • Presentations on SAR findings have been delivered to relevant meetings, such as those concerning co-occurring conditions (mental ill health and substance dependency) • "Learning from Tragedies – an analysis of alcohol related safeguarding adults reviews" was circulated to all KMSAB and working group members, and included in the newsletter, to reach a wider audience. • Although not in this reporting year, the Board has commissioned a thematic review of SARs where alcohol dependency is a factor.
Suicide prevention	• Findings were shared with Kent and Medway Public Health teams, to inform their work • Board members and Business group members have circulated messages on suicide prevention and support, both online (such as the newsletter) and at face-to-face events, such as Kent Police open day. • Details of how to respond to people in mental health crisis were shared across the partnership. It was also added to the KMSAB newsletter.
Safe-discharge from hospital	• In February 2021, representatives from 4 acute hospital trusts, 3 community trusts and the Director of Adult Social Services, for both Kent County Council and Medway Council attended an Extraordinary Meeting of the KMSAB to provide assurance and to detail any improvement activity in relation to safe-discharge from hospital. • Following this meeting, relevant agencies have been required to provide updates on progress. • The CCG commissioned improvement activity through their System Quality Group. The Chief Nurse met with the Chair of the Board, to provide assurance. • Improvement activity was measured through the 2022 self-assessment

	framework, which included the following standard: ○ Discharge pathways (including discharge to assess) ensure the safe transition between inpatient hospital settings and community or care home settings for adults with social care needs. Due consideration is given to adult safeguarding within this. There are means of assessing whether the plan is being delivered or whether a review is required.
Annual health checks for people with a learning disability.	• This recommendation was escalated prior to report publication. • Improvement activity was led by the CCG, as this was also found to be a feature within LeDeR reviews. • The CCG provided an assurance update to the KMSAB executive. Members were advised that 'deep dive' analysis found an increase in annual health check compliance across Kent and Medway. Other improvement activity included: ○ The CCG worked in partnership with Kent Community Health NHS Foundation Trust on their annual health check project, which identified local areas requiring more support to increase the uptake of annual health checks ○ Commissioning arrangements were altered to encourage completion.
Raising awareness of a carers right to a formal carer's assessment	• Communication relating to carer's assessment has been sent to agencies and promoted using different media. • The KMSAB Business Unit developed and promoted a specific webpage for carers, which can be found here. The page includes useful links and resources. • As a quality assurance measure, the 2021 SAF included the following question: ○ How does your agency assure that it meets its legal obligations under the Care Act so that carers are referred for a Carer's Assessment, or the need for a Carer's Assessments is highlighted to the Local Authority? • As the theme of carers has also been a feature within Domestic Homicide Reviews, the Kent and Medway Safeguarding Adults Board and the Kent Community Safety Partnership hosted a joint learning event.
Barriers to engagement – how to work with	• The SARWG, jointly with the Community Safety Partnership and Children's

individuals at risk of harm who decline services	partnerships, developed a learning document and circulated it widely. • The learning and development training specification has been updated, to ensure that each course includes the following learning objective: - consider culture, literacy and communication needs that may impact on an individual's access to adult safeguarding. • This theme has been raised at relevant meetings with key partners, to inform their work, for example commissioning activity. • Relevant KMSAB members were asked to review their agency's 'was not brought/did not attend' policy.
Multiagency working	• KMSAB policy and protocols provide clear guidance on multi-agency working and how to escalate concerns. • Relevant agencies commenced work to map multi-agency risk management forums/panels including governance, referral criteria and pathways, and how actions are progressed, so that gaps and areas for improvement can be identified and addressed. • The PPPWG produced a practitioner guide document, to outline the legal basis for sharing information. • A feature of effective multi-agency working is understanding each other's roles and responsibilities, to assist with this the LGA document on Safeguarding Adults - Roles and Responsibilities has been shared widely. • The Board's training offer includes a specific module on collaborative working in multi-agency Section 42 Enquiries. The importance of effective multi-agency working is featured in all other courses.
Referral Mechanisms - the different ways in which concerns are reported to the local authority and the consequences of this.	• In February 2022, the Independent Chair of the Board convened a meeting with relevant partners to discuss this theme. He requested that the statutory agencies and South-East Coast Ambulance Service work together to develop a consistent approach or an agreeable compromise which mitigated against the risks. • This theme has been raised nationally.
Legal Literacy	• The KMSAB training offer includes a module on legal literacy • Practice Policies and Procedures working group members updated the Multi

	Agency policy document to include situational incapacity and inherent jurisdiction • Practice Policies and Procedures working group produced a practitioner guide to outline the legal basis for sharing information • The Board Business Unit hosted an open session on the application of the Mental Capacity Act 2005 • The Board Business Unit hosted a SAR Learning event on "Improving Partnership Working – Managing Complexity and Capacity" • To measure how learning has been shared and embedded, the 2022 Self-assessment framework included the following standards: o The agency/organisation ensures that staff are aware of their legal responsibilities and powers to safeguard adults o Relevant staff working with adults at risk are aware of the legal powers of intervention (as referenced in the KMSAB self-neglect policy) and how and when to apply them. This includes Inherent Jurisdiction. o Consent is sought from the individual (where it is safe to do so) before a referral is made to adult safeguarding. Decisions on consent are well documented. o Relevant staff working with adults at risk are aware of the Mental Capacity Act and how and when to apply it. Decision making is recorded appropriately. o Decision making in relation to adult safeguarding is clearly recorded, justified and proportionate. o Staff are aware of the legal basis for sharing information and are confident in applying this to safeguarding adults.

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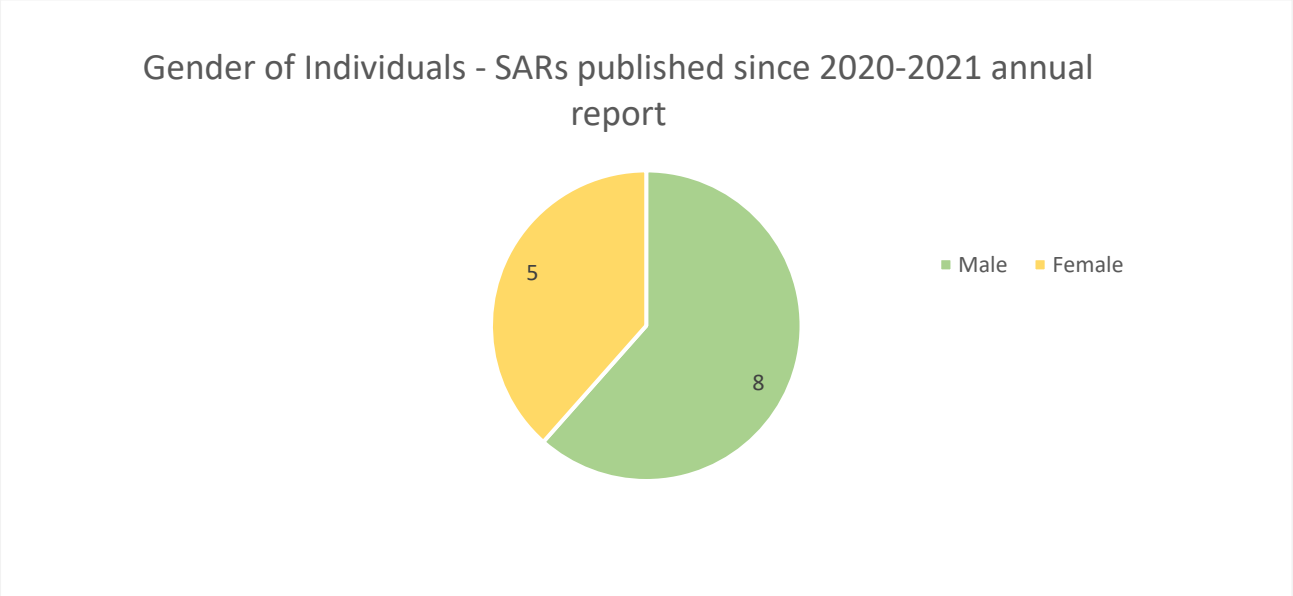
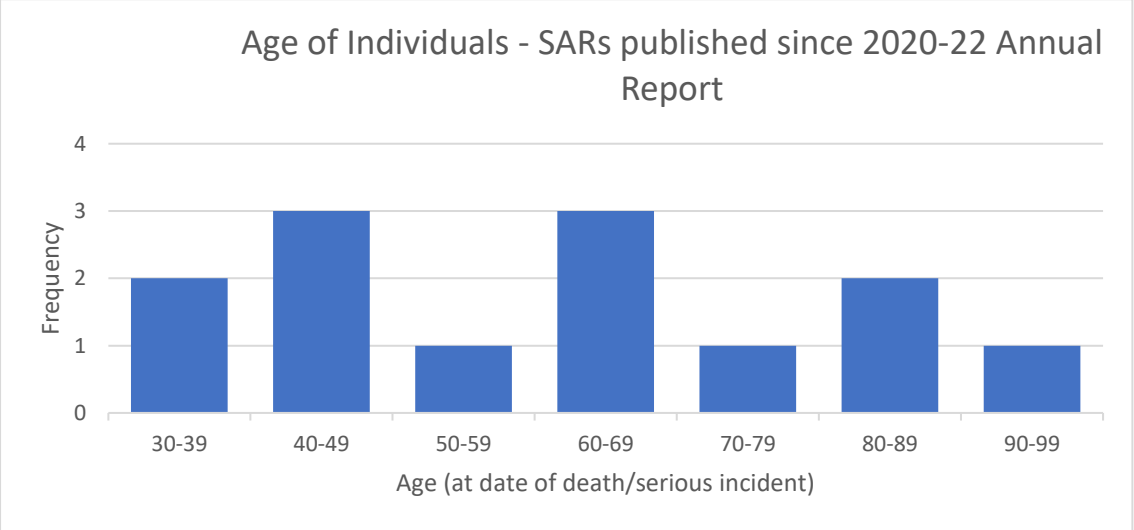
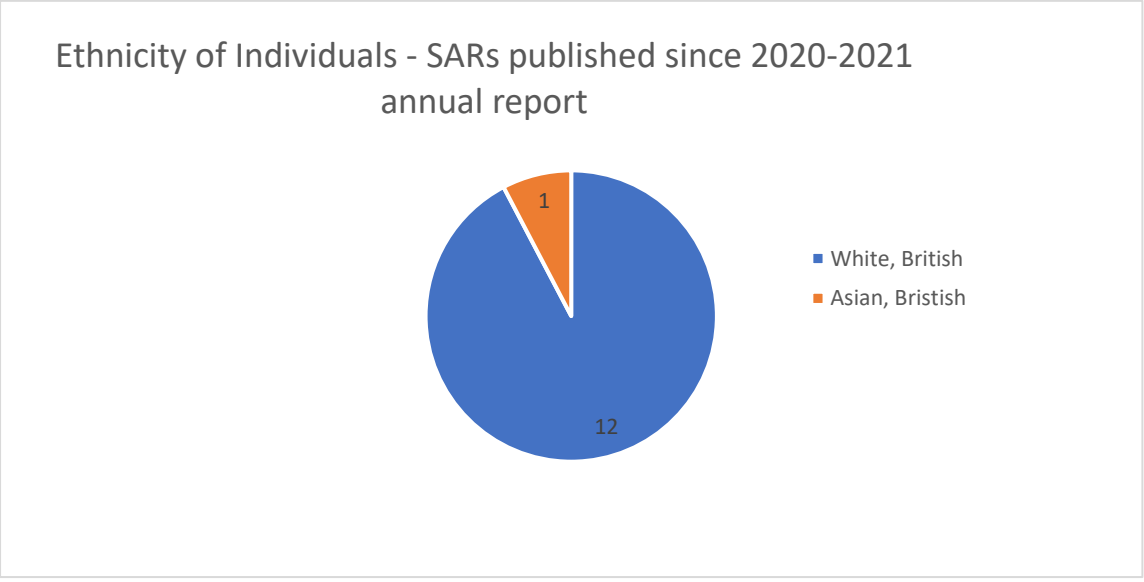

Gender of Individuals - SARs published since 2020-2021 annual report
5
8
Male
Female


Age of Individuals - SARs published since 2020-22 Annual Report
Frequency
0
1
2
3
4
30-39
40-49
50-59
60-69
70-79
80-89
90-99
Age (at date of death/serious incident)


Ethnicity of Individuals - SARs published since 2020-2021 annual report
1
12
White, British
Asian, Bristish

Glossary of terms

Care Quality Commission (CQC)	The CQC is the independent regulator of health and social care in England. They monitor, inspect and regulate health care providers to make sure they meet fundamental standards of quality and safety ensuring the best possible care for patients, service users and their family and friends. More information is available here
Clinical Commissioning Group (CCG)	During the timeframe covered in this annual report, Clinical Commissioning Groups were responsible for commissioning most of the hospital and community NHS services in the local areas for which they were responsible. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided. CCGs were dissolved in July 2022 and their duties taken on by the new integrated care systems (ICSs).
Clutter Score/Clutter Image Rating	The Clutter Image Rating has been developed to assist in identifying and sharing hording concerns. The images can be found here. More information on how to respond to self-neglect and hoarding concerns can be found here.
County lines	County lines is the name given to drug dealing where organised criminal groups (OCGs) use phone lines to move and supply drugs, usually from cities into smaller towns and rural areas. They exploit vulnerable people, including children and those with mental health or addiction issues, by recruiting them to distribute the drugs, often referred to as 'drug running'.
Cuckooing	Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds.
Discharge to Assess - D2A	Can be applied when people may still require care but are deemed to be 'medically fit' for discharge from hospital, in that their care and assessment can safely be continued in a non-acute setting. Short term, funded support is provided to enable the individual to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.
Integrated Care Board (ICB)	A statutory NHS organisation 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 in the Integrated Care System area.
Inherent Jurisdiction of the High Court	The ability of the High Court to make declarations and orders to protect adults who have mental capacity to make relevant decisions but are vulnerable and at risk from the actions/inactions of other people. More information is available here.

Integrated Care System	Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. More information in available here.
Kent and Medway NHS and Social Care Partnership (KMPT)	KMPT provide secondary mental health services across Kent and Medway, both in the community and within inpatient settings. More information is available here
LeDeR	Research has shown that on average, people with a learning disability and autistic people die earlier than the general public, and do not receive the same quality of care as people without a learning disability or who are not autistic. LeDeR reviews deaths to find areas of learning, opportunities to improve, and examples of excellent practice. This information is then used to improve services for people living with a learning disability and autistic people. More information is available here.
Making Safeguarding Personal	Making Safeguarding Personal (MSP) is about professionals working with adults at risk to ensure that they are making a difference to their lives. Considering, with them, what matters to them so that the interventions are personal and meaningful. It should empower, engage and inform individuals so that they can prevent and resolve abuse and neglect in their own lives and build their personal resilience. It must enhance their involvement, choice and control as well as improving quality of life, wellbeing and safety.
Mate Crime	Mate crime happens when someone 'makes friends' with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship, from the point of view of the perpetrator, is likely to be criminal. The relationship is likely to be of some duration and, if unchecked, may lead to a pattern of repeat and worsening abuse.
Mental Capacity Act 2005 (MCA)	The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity. Capacity should also be assumed unless there is a reason to suggest otherwise, in which the MCA applies.
Multi-Agency Risk Assessment Conferences (MARAC)	MARAC is a multi-agency response to tackling Domestic Violence and Abuse. The role of the conference is to facilitate, monitor and evaluate effective information sharing to enable appropriate action to be taken in respect of Domestic Violence and Abuse. This means that risks are assessed and quantified and subsequently managed with an overall view to protect victims, their children and the general public.
Proactive Assessment Unit	The Proactive Assessment Unit (PAU) enables people to be assessed for their community care needs without staying in acute hospital beds.
Red (Risk Evaluation &	The RED process has been formalised (by KMPT) to ensure high

Decision) Board	quality safe care for people who are experiencing an acute mental health episode in the community and to promote consistency in the management and review of risks, and in the formulation of treatment plans. RED Board Meetings are daily multi-disciplinary clinical meetings reviewing patients identified as high risk and establishing immediate appropriate care planning and actions.
'Red Card'	A "Red Card" informs a patient they have been excluded from receiving any treatment by the Trust due to their often threatening and violent behaviour. People are still able to receive treatment where it is deemed by a medical practitioner as an emergency.
Section 42 Enquiry	An enquiry is any action taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs.
Section 136	Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern.
South-East Coast Ambulance Service (SECAmb)	Respond to 999 calls from the public, urgent calls from healthcare professionals and provide NHS 111 services across the region. More information is available here.

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Kent and Medway Safeguarding Adults Annual Report 2021-2022.

Appendix One – Safeguarding Data

Contents

Medway Data

1. Background to the data

The data in this report is extracted from Medway's electronic monitoring system – MOSAIC.

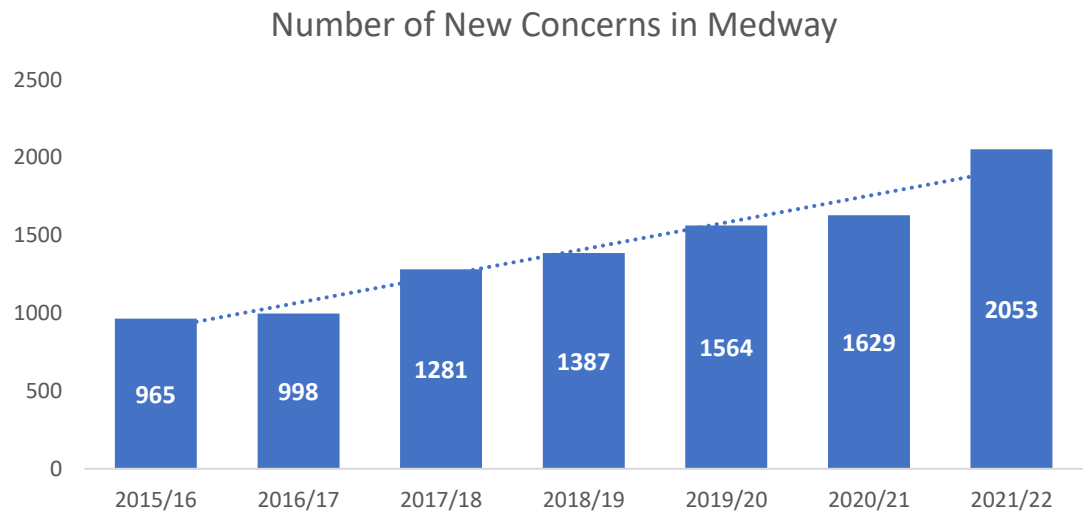
At the time of submission, the data had been submitted to NHS Digital as part of the annual statutory return for safeguarding adults the SAC (Safeguarding Adults Collection). The data submitted in the returns was awaiting validation so may be subject to minor amendment ahead of national publication

National and CIPFA comparator group data had not yet been published nationally so comparisons made below were made using 2020-21 data available.

2. New Safeguarding Concerns and Enquiries

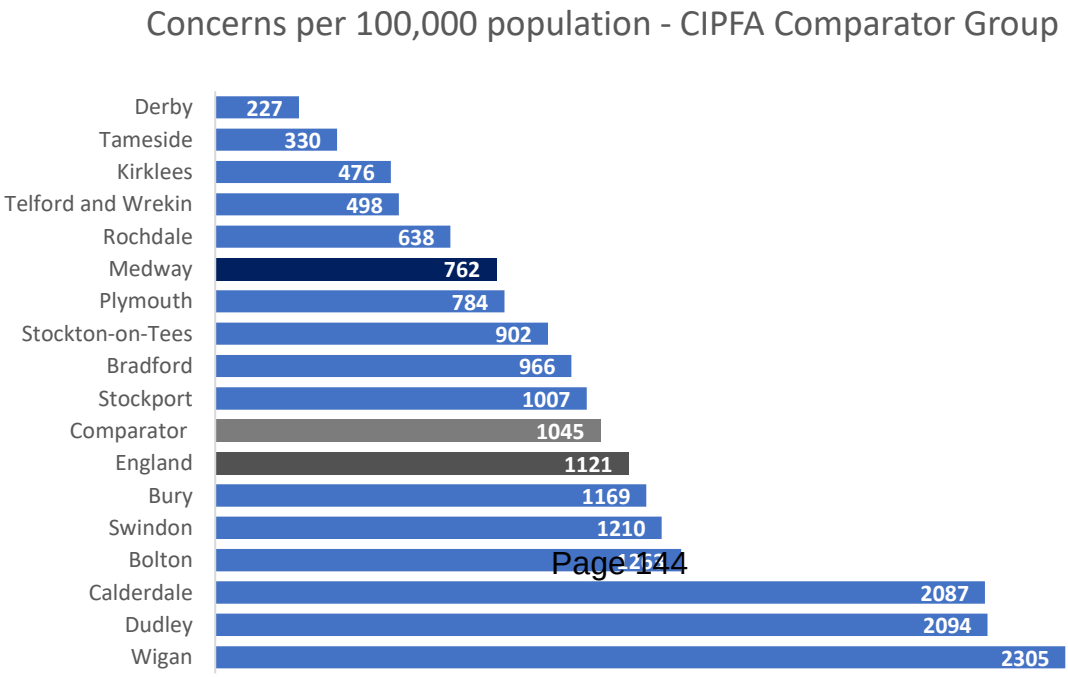
2.1. New Concerns

The following section looks at the number of new concerns and enquiries raised in 2021-22 and the demographics of individuals subject to a new safeguarding enquiry. The analysis covers annual trends and comparisons with other local authorities in Medway's CIPFA comparator group.



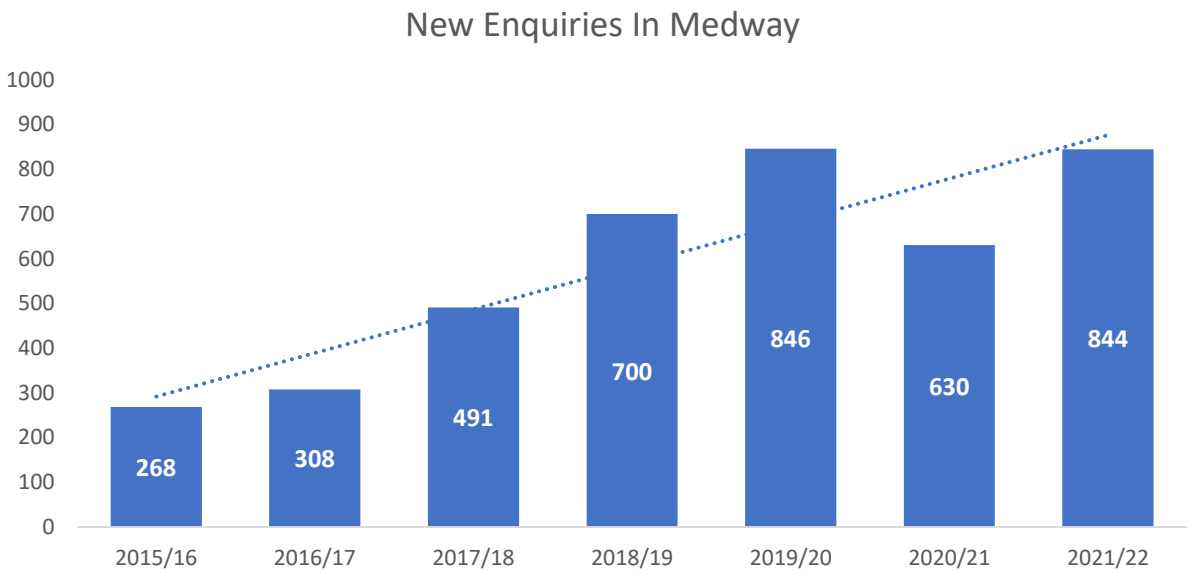
The number of new safeguarding concerns raised in Medway has seen a consistent increase since 2015-16 to 2020-21. However there has been a more significant increase, of 26%, from 2020-21 to the current reporting year (2021-22). The increase may be reflective of the easing of Covid 19 restrictions resulting in more face-to-face contact and identification of potential risk.

National data for 2021-22 is yet to be published however, analysis of previous reporting years shows there was a significant increase of 20% in concerns from 2018-19 to 2019-20 and then a 5% increase from 2019-20 to 2020-21. The figures from next reporting year will need to be carefully monitored to fully understand the impact of Covid 19 on incidence, reporting and recording of safeguarding concerns.



Medway ranked 6th out of the sixteen local authorities in the CIPFA comparator group for new concerns per 100,000 population in 2020-21. This was 32% below the figure seen nationally. Crime reports from the police or vulnerable adult alerts from SECAMB would be assessed before they are raised as a Concern. The outturn for 2021-22 in Medway is 956 per 100,000 which would see Medway ranked 8th, according to the available 2020-21 data from other authorities. The publication of the validated 2021-22 data will help understand Medway's new concerns in a national context.

2.2. New Enquiries

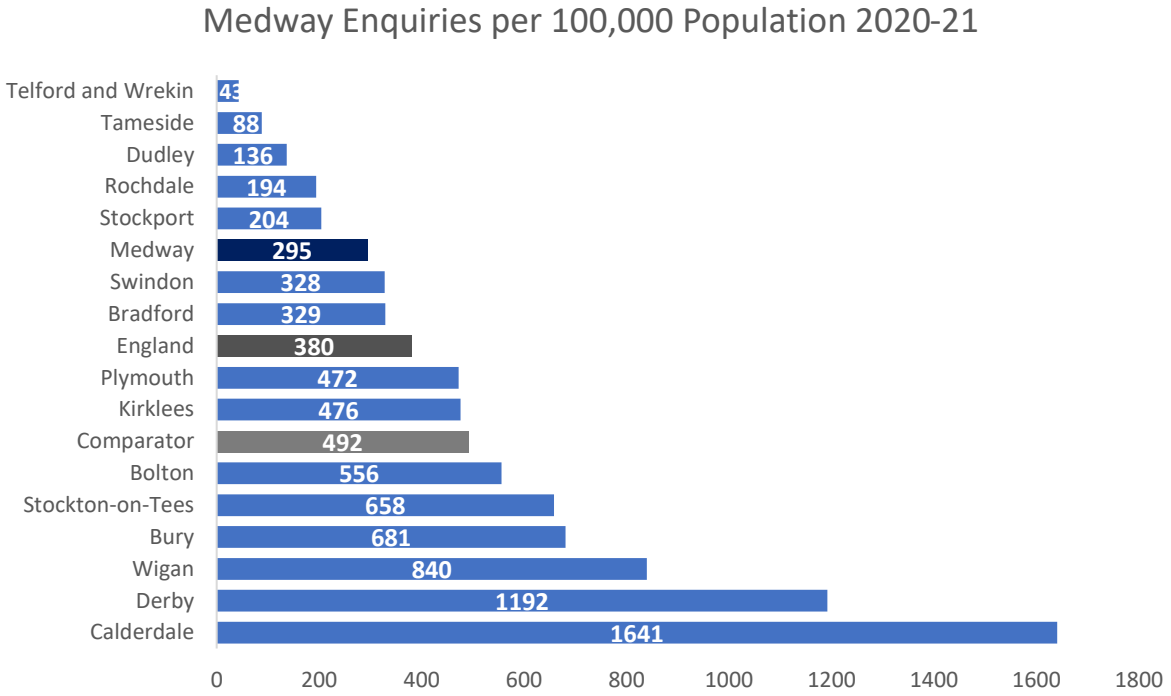


There has been a 34% increase in the number of new safeguarding enquiries raised from 2020-21. 2020-21 saw an 25% decrease from 2019-20 to 2020-21 so the increase seen in the current reporting year sees Medway return to the same figure seen before the Covid 19 pandemic. Again, careful analysis will need to be conducted to ascertain the true impact the pandemic has had on raising and recording of enquiries.

New Enquiries	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Section 42	262	281	408	627	727	501	724
Other	6	27	83	73	119	129	120
Total	268	308	491	700	846	630	844
% Section 42	97.8%	91.2%	83.1%	89.6%	85.8%	79.5%	85.8%

The proportions of enquiries that meet the criteria for Section 42 enquiry and those that are non-statutory have remained consistent in Medway from 2018-19, apart from in 2020-21, where the proportion dropped. The number of non-statutory enquiries remaining consistent, but the number of Section 42 enquiries decreased.

The high proportion of non-statutory enquiries is currently being investigated to ensure that these are all appropriate to be investigated as a safeguarding enquiry.



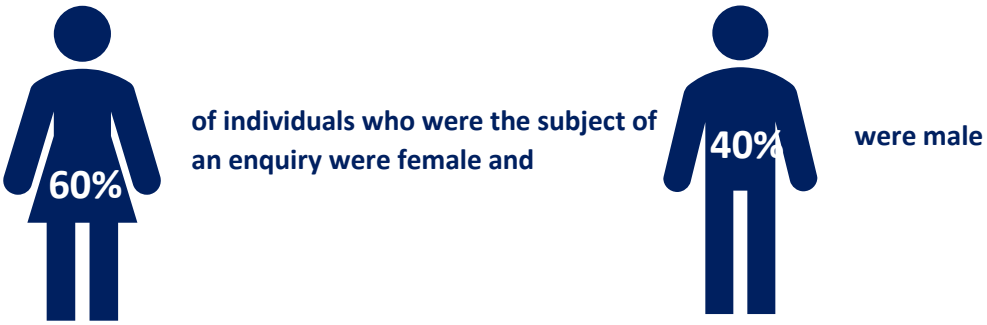
The 2020-21 of new enquiries per 100,000 sees Medway ranked sixth within the comparator group; 22% below the national figure. Medway's current enquires per 100,000 population would be 393 which would place Medway 8th according to the latest CIPFA data available (2020-21). The publication of the validated 2021-22 data will help understand Medway's new concerns in a national context.

2.3. Demographics of Adults at Risk

This section looks at the demographics of individuals subject to a new safeguarding enquiry in 2021-22.

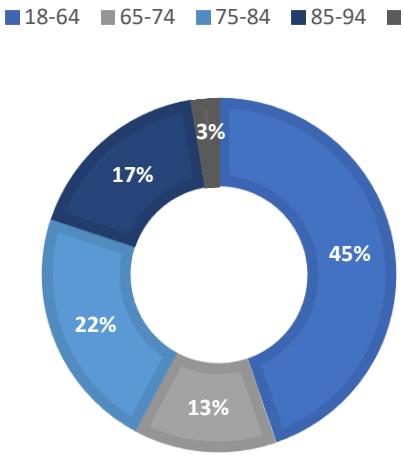
Gender

In 2021-22



There has been a consistent proportional split across genders in past reporting years

Age Group



45% of individuals subject of a new safeguarding enquiry were aged between 18-64 years. The remaining 55% were 65+ with the larger proportions of individuals within the 75-84 and 85-94 age groups jointly accounting for 35% of the total number of individuals.

Ethnicity

Ethnicity	2019-20	2020-21	2021-22
White	89.5%	86.4%	84.3%
Mixed / Multiple	0.5%	0.9%	1.0%
Asian / Asian British	2.5%	1.9%	1.7%
Black / African / Caribbean / Black British	1.1%	1.7%	1.5%
Other Ethnic Group	0.5%	0.9%	0.6%
Refused	0.1%	0.0%	0.3%
Undeclared / Not Known	5.7%	8.2%	10.5%

The proportional split across ethnic groups for individuals subject to a new enquiry has remained consistent over the three reporting years with between 89.5% and 84.3% being white.

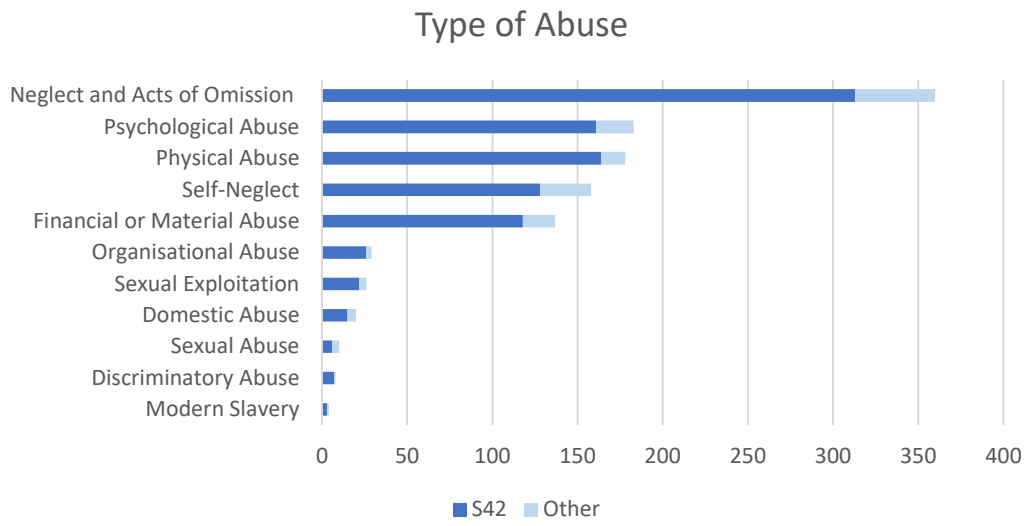
Primary Support Reason

Primary Support Reason	2019-20	2020-21	2021-22
Physical Support	42.6%	44.3%	45.3%
Sensory Support	0.3%	0.3%	1.0%
Support with Memory & Cognition	2.5%	2.9%	2.0%
Learning Disability Support	4.4%	8.2%	8.4%
Mental Health Support	1.4%	8.2%	7.2%
Social Support	1.4%	1.7%	2.6%
No Support Reason	43.5%	35.0%	33.5%
Not Known	0.0%	0.0%	0.0%

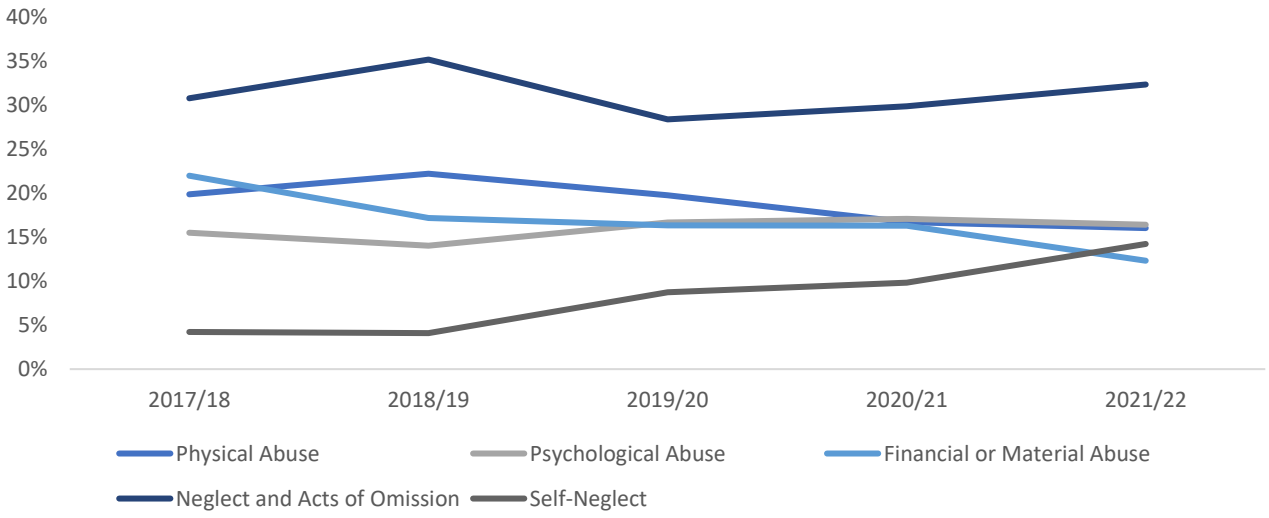
The most prevalent Primary Support Reason (PSR) over the past reporting years has been Physical Support. This includes both individuals who are supported by social services with their personal care or help with their access and mobility. The second most prevalent support reason is those who are not currently receiving direct support from Medway adults social care services. The proportion of individuals subject to a safeguarding enquiry who have a support reason of Learning Disability and Mental Health has increased in the past two reporting years.

3. Closed Enquires

3.1. Types and Location of Abuse

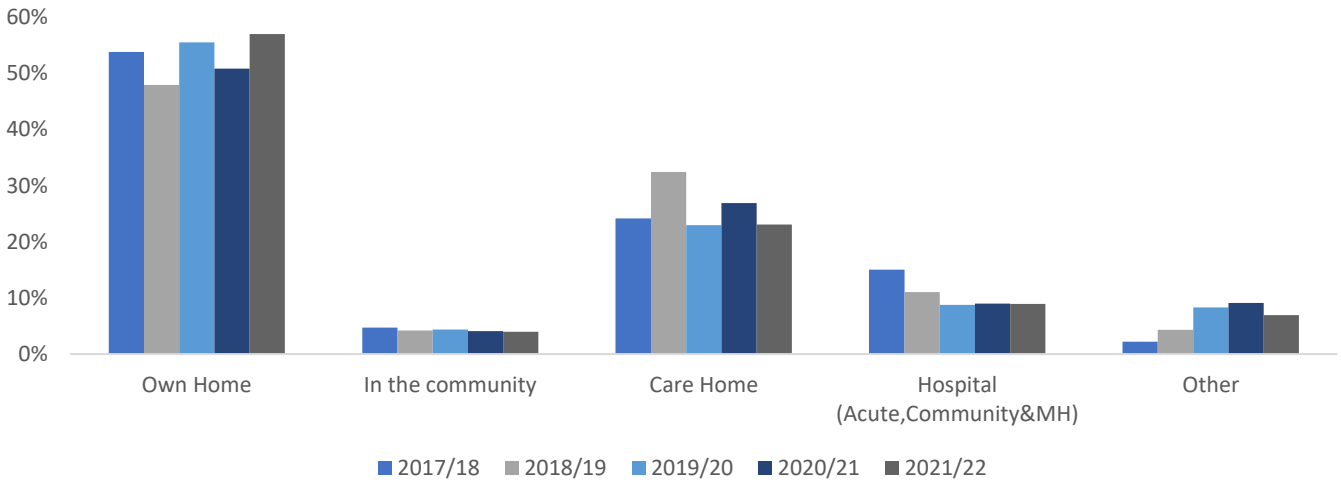


The types of abuse for closed enquiries in 2021-22 reveals that neglect and acts of omission was the most prominent reason presenting in safeguarding enquires. Psychological, physical abuse and self-neglect are the next most prevalent types of abuse reported.



Assessing the proportions of enquires related to the four main types of abuse over the past five years shows that neglect and acts of ommision have always made up the the highest proportion for types of abuse. It has averaged 31% of enquiries over the time period. Both physical and financial abuse have seen a decline in proportions since 2017-18. Phsyical abuse makes up 17% of enquiries in 2021-22 compared to 20% in 2020-21. Financial abuse saw a significant decline from 2017-18 and has remained at 16-17% since then.

There has also been a rise in the proportion of enquiries relating to self neglect with 14% of enquiries related to this compared to 4% in 2017/18. This is reflective of a seven fold increase in actual number of enquiries where the primary reason of abuse is self negelct.

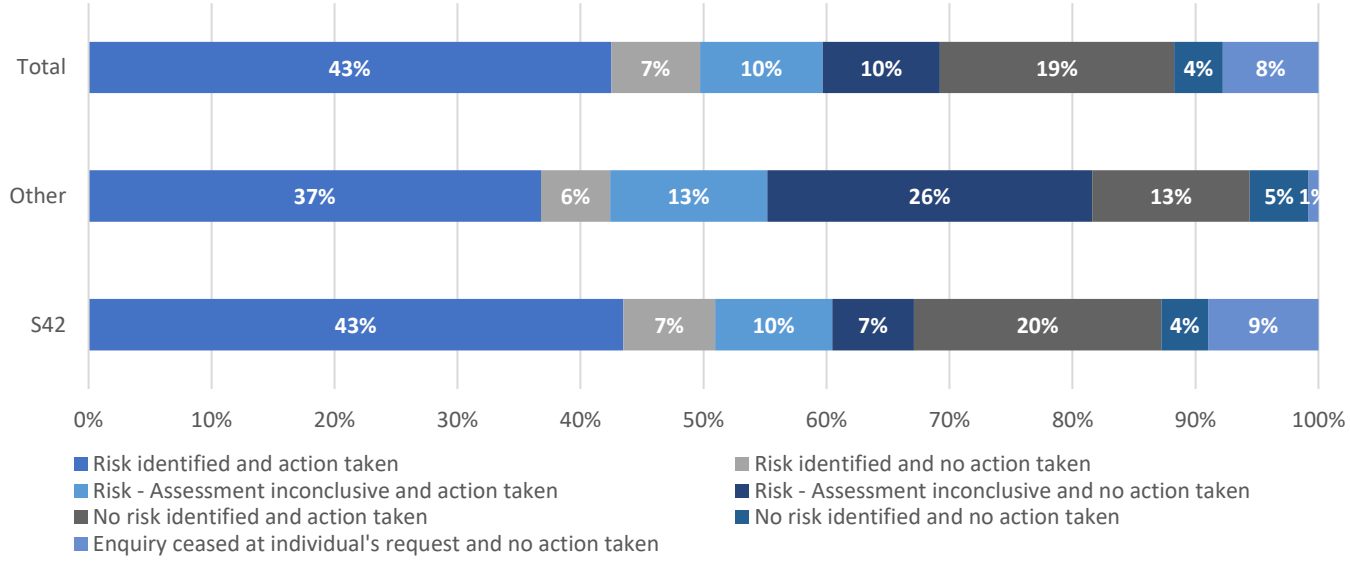


The most prevalent location of abuse has been in the victims own home. The proportion of incidents within hosptial settings has seen a declince since 2017/18 reducing from 15% down to 7% in 2021-22. There has been some fluctation in the proportions of safeguarding incidences in care homes. 2018-19 saw a peak of 32% but the average over the 5 years has been 26% with 23% of closed safeguarding enquiries having been recorded as happening within a care home.

4. Outcomes of Closed Enquiries

The following section looks at the outcomes for closed enquiries covering the identification of risk and actions taken. For those where risk was identified whether the risk remained or was reduced or removed. There are cases where risk will legitimately remain after a safeguarding enquiry has been completed e.g. an individual may want to maintain contact with a family member who was identified as a source of risk.

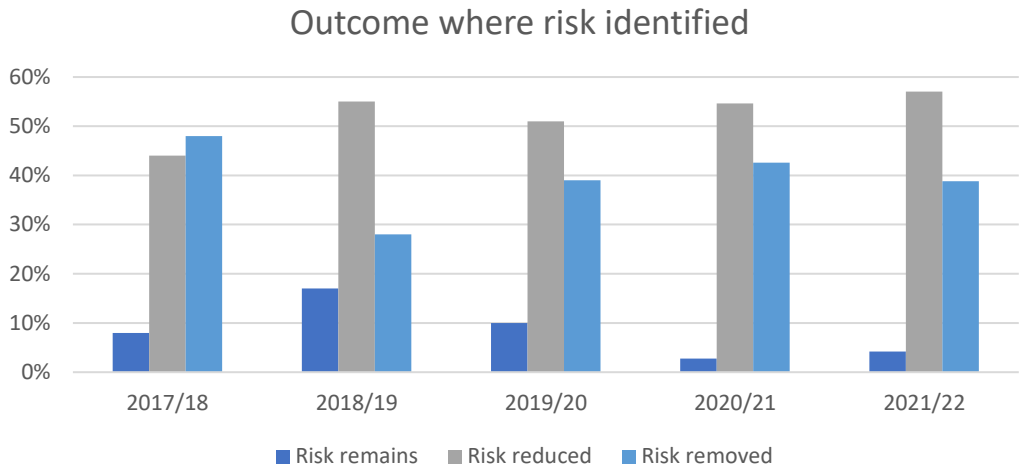
4.1. Identification of Risk



In 2021/22 50% of all closed Enquiries had a risk identified (substantiated) and 23% had no risk identified, this is in line with last year's figures of 51% and 24%. 39% of non-statutory Enquiries were inconclusive compared to 17% of S42.

72% of closed Enquiries had action taken in 2021/22 whether a risk was identified or not, up from 64% in 2020/21.

4.2. Outcome



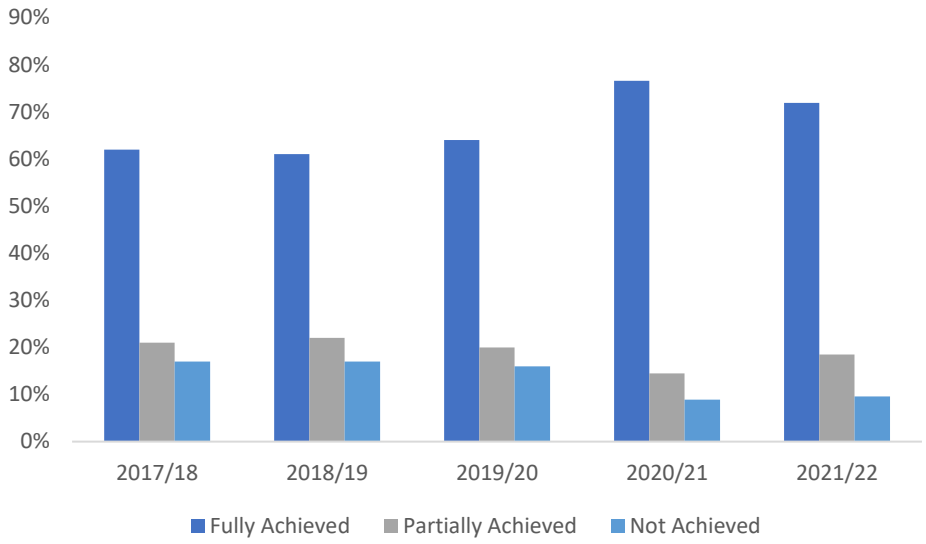
Where a risk was identified in a closed enquiry, 39% saw the risk removed and in 57% of cases the risk was reduced. In the remaining 4% of cases the risk remained, compared to in 3% of cases in 2020/21. This still represents a significant reduction in the proportion of cases where risk remained from 2017-18 to 2019-20 where the risk remained in 8%-17% of cases.

4.3. Making Safeguarding Personal

Making Safeguarding Personal aims to put the person and their desired outcomes at the centre of safeguarding enquiries so safeguarding becomes a process completed with the alleged victim as opposed to something done to them.

For any safeguarding enquiry, an individual or their representative is asked what their desired outcome of the investigation would be. Over the past 3 years an average of 74% of individuals (or their representative) were asked and expressed outcomes. An average of 22% were not asked and the remaining 4% were not recorded.

In 2021-22 for those who did express outcomes:



Over the past five years there has been a consistent decline in the proportion of those asked for their outcomes where those outcomes were not achieved and higher proportions of cases where the outcomes were fully achieved. In 2021-22 71.9% of individuals had their outcomes fully achieved, 3.8 percentage points above the currently available 2020-21 national figure of 68.1%.

Kent County Council Data

5. Background to the data

The data in this report is extracted from Kent's electronic monitoring system – MOSAIC.

The data has been submitted to NHS Digital as part of the annual statutory return for safeguarding adults, the SAC (Safeguarding Adults Collection).

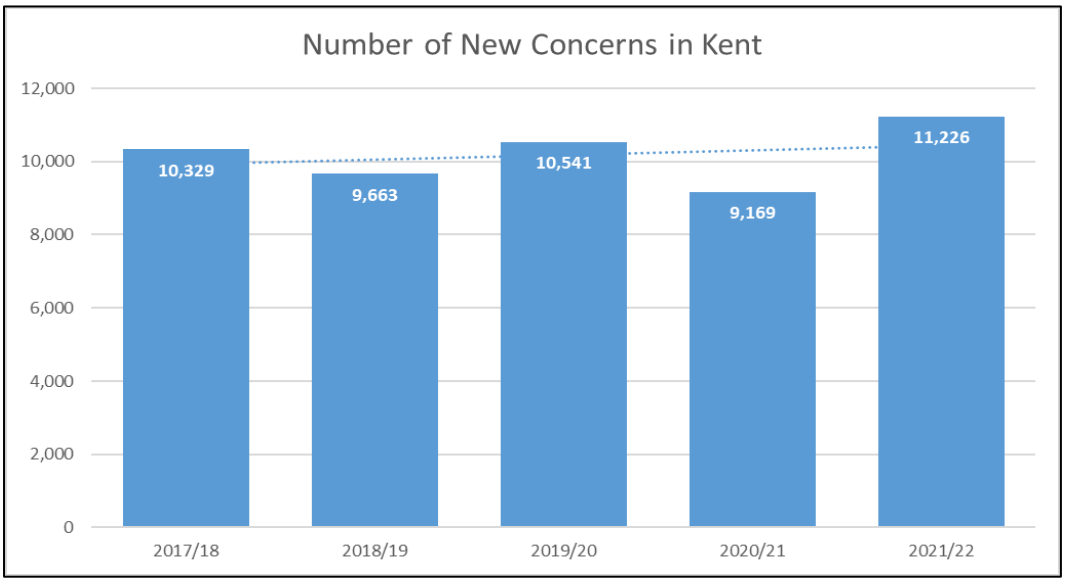
6. New Safeguarding Concerns and Enquiries

The following section looks at the number of new concerns and enquiries raised in Kent for 2021-22 and the demographics of individuals subject to a new safeguarding enquiry.

6.1. New Concerns

The number of safeguarding concerns received has increased on the previous year, however, the increase is more in line with the pre-pandemic trend. In March 2022, a new online form for reporting Safeguarding Concerns was launched, leading to an increase in activity for that month compared to the previous year.

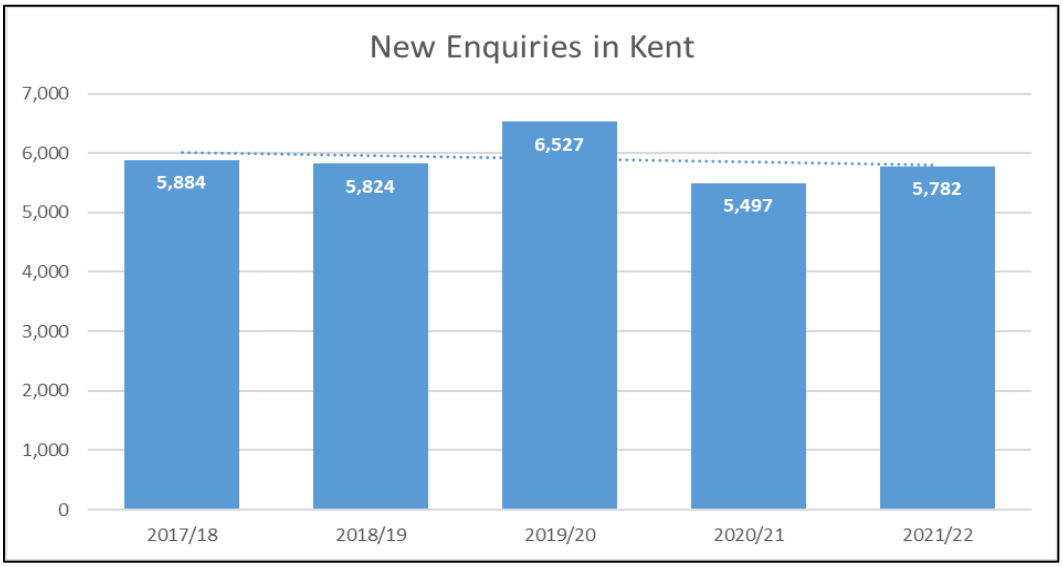
Chart 1: The number of new safeguarding concerns received, by Kent, each year from 2017/18.



6.2. New Enquiries

There was an increase in the number of Safeguarding Enquiries started in 2021/22, compared to the previous year, however they remain lower than the pre-pandemic figures. KCC Adult Social Care and Health (ASCH) implemented a series of improvements in 2021/22, in relation to the safeguarding process and practice, ensuring that the Safeguarding Enquiries that progressed were in line with Care Act (2014) legislation, or signposted appropriately, to provide alternative support to the person concerned.

Chart 2: The number of new safeguarding enquiries commenced, by Kent, each year from 2017/18.



6.3. Demographics of Adults at Risk

This section looks at the main demographics of people subject to a new safeguarding enquiry in 2021/22.

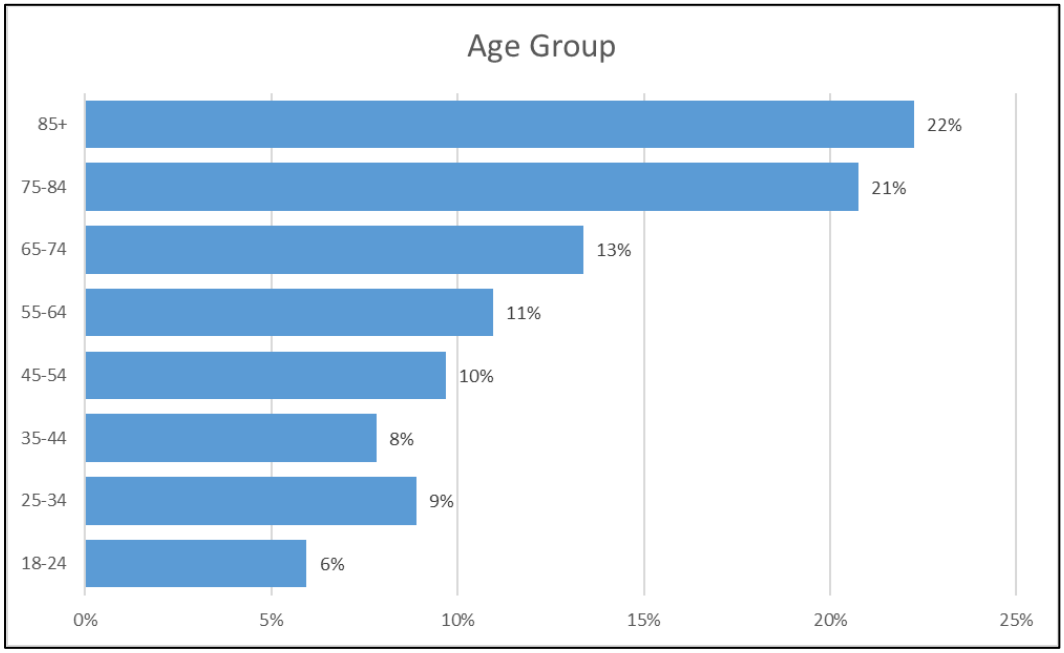
6.3.1. Gender

Proportionately there was a small increase in the number of males compared to the previous year, however 58% were female and 41% were male (there were some whose Gender was unknown).

6.3.2. Age Group

The proportion split of age has not significantly changed on the previous year. The highest proportion of people were aged 75-84 years old (21%) and aged 85+ (22%)

Chart 3: The proportion split of peoples ages, in 2021/22.



6.3.3 Ethnicity

There has been little change to the Ethnicity profile; and the proportion of unknown Ethnicity remains high at 14%.

Table 1: Ethnicity

Ethnicity	2020/21	2021/22
Asian or Asian British	1.8%	1.6%
Black, Black British, Caribbean or African	1.6%	1.5%
Mixed or multiple ethnic groups	1.0%	1.1%
White	80%	81%
Other Ethnic Group	0.8%	0.6%
Unknown	15%	14%

6.3.4. Primary Support Reason

There has been an increase in the proportion of people with no support reason following increases in the volume of risk assessments being completed when a concern has been received. This is to ensure decision-making is recorded appropriately when a concern is not progressed to section 42 enquiry and has led to a higher amount of people involved in an 'enquiry ' (a progressed concern) who have had no support reason identified. Concerns that are not progressed to a full enquiry are unlikely to have a Primary Support Reason recorded on Mosaic.

Table 2: Primary Support Reason

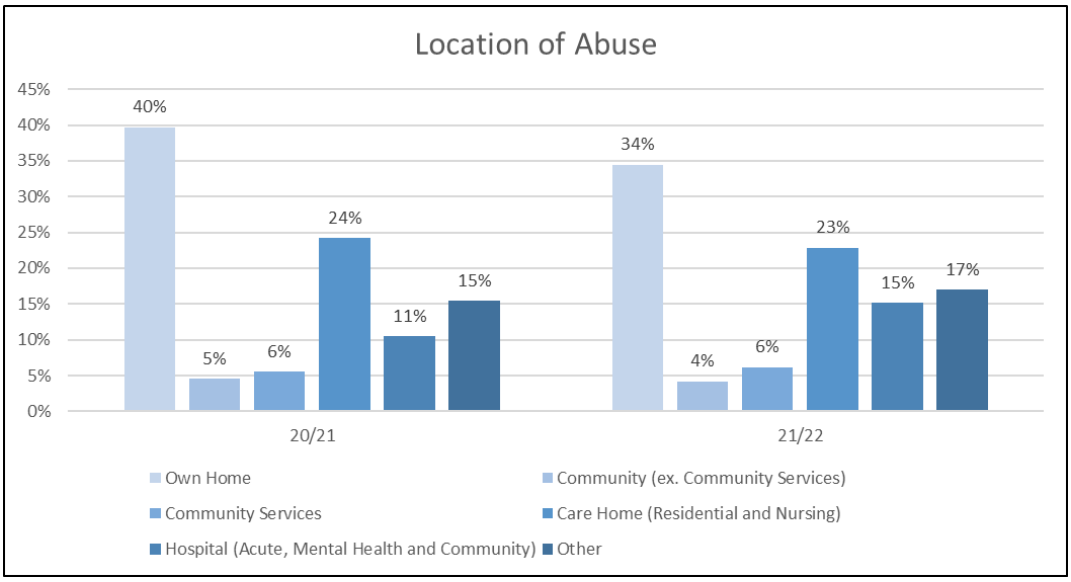
Primary Support Reasons	2020/21	2021/22
Physical	47%	44%
Learning Disability	8%	7%
Mental Health	18%	16%
Memory & Cognition	6%	6%
Social Support	2%	1%
Sensory	2%	1%
No support reason	17%	25%

7. Closed Enquires

7.1. Location of Abuse and Types

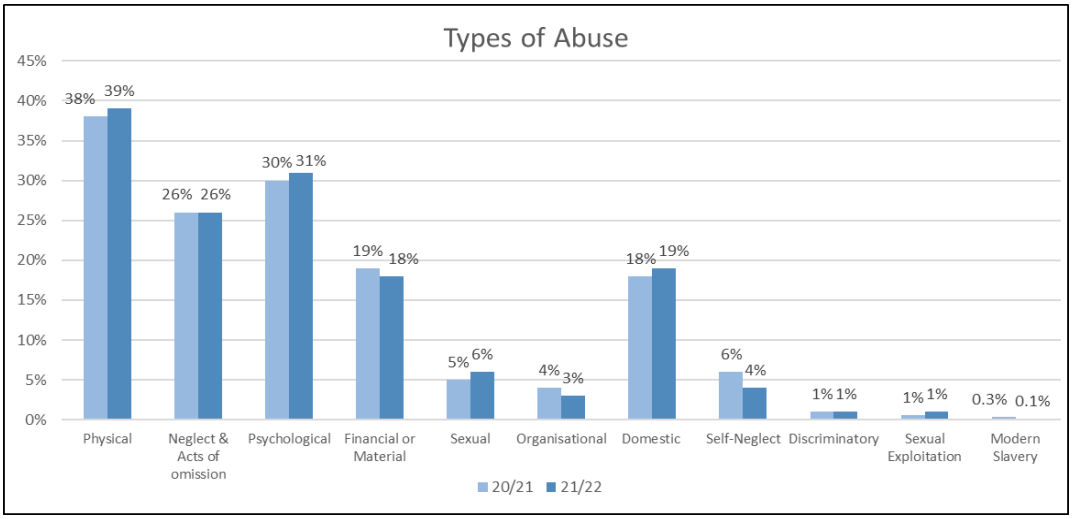
There were decreases in the amount of people who have a location of alleged abuse in their own home or a care home, these are concluded enquiries that may have been initiated during the COVID-19 pandemic. The increase in hospital location of abuse was due to an increase in enquiries being closed in a Mental Health setting as a result of additional resource within the safeguarding function.

Chart 4: The Location of abuse, 2020/21 compared to 2021/22



Physical abuse remains the highest category of alleged abuse, which is consistent with previous years. It is also of note that Physical Abuse and Neglect and Acts of Omission are the two highest categories of abuse identified in neighbouring authorities according to the SAC report. There was a slight change with Self-Neglect, largely due to changes in the way people who were identified as self-neglecting were assisted by Adult Social Care.

Chart 5: Types of Abuse, 2020/21 compared to 2021/22



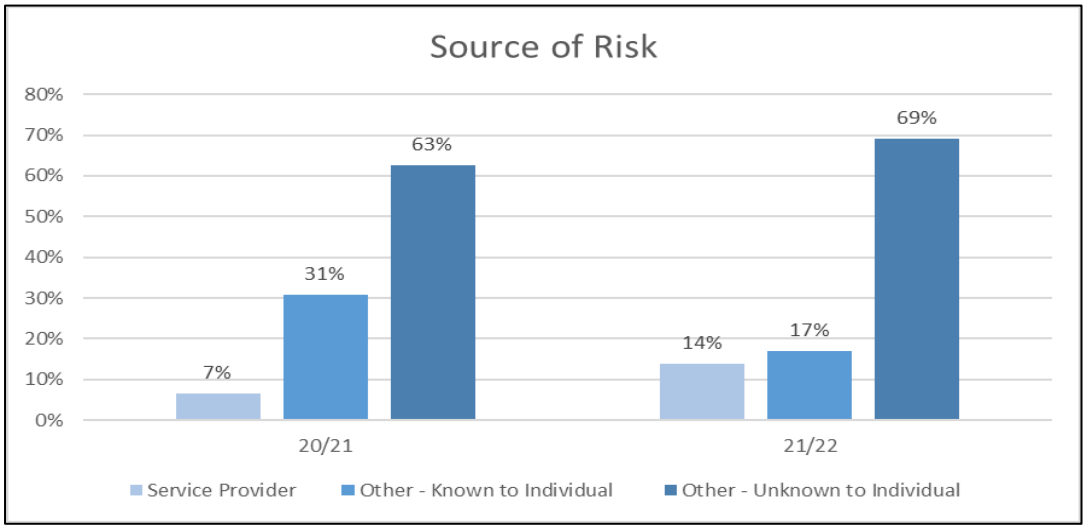
8. Outcomes of Closed Enquiries

The following section looks at the outcomes for closed enquiries covering the source of the risk. For those where risk was identified, whether the risk remained, was reduced or removed. There are cases where risk will legitimately remain after a safeguarding enquiry has been completed e.g. an individual may want to maintain contact with a family member who was identified as a source of risk.

8.1. Source of Risk

Changes made in the recording of safeguarding enquiries have led to improved recording of the source of risk and through having a more robust recording mechanism the volumes of no risk recording has decreased leading to shifts in the source of risk proportions.

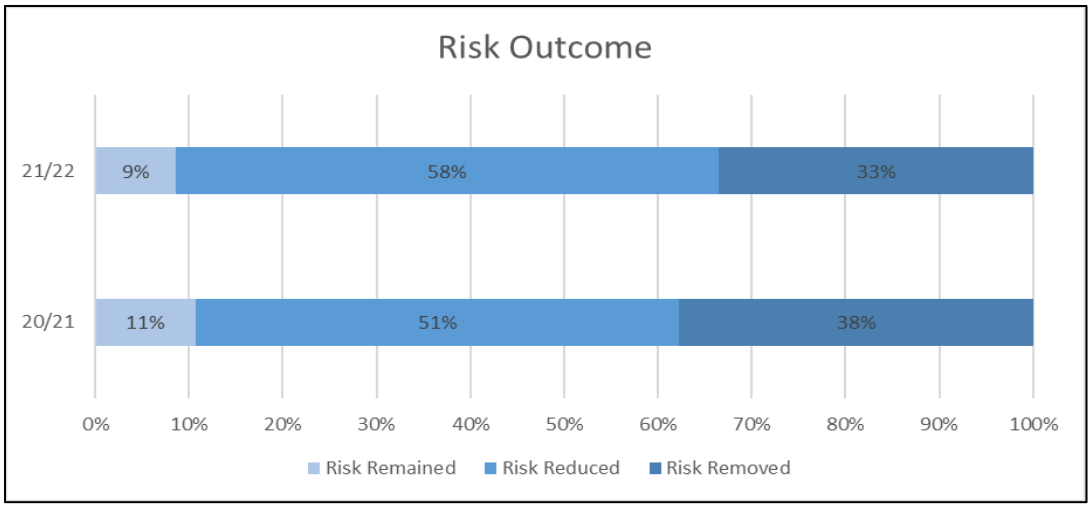
Chart 5: Source of risk, 2020/21 and 2021/22



8.2. Risk Outcome

Although the proportion of those with a 'risk removed' has decreased to 33%, more have had their ‘risk reduced’ leading to a decrease in those with a ‘risk remained’ at only 9%

Chart 6: Risk Outcomes 2020/21 and 2021/22.



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Kent and Medway Safeguarding Adults Annual Report 2021-2022.

Appendix Two – Partner Highlights

Contents

As part of the quality assurance framework, agencies are required to report on how they are meeting the Board's three strategic priorities. This report provides some examples of good practice from the responses received.

Note: Some of the good practice examples may not be unique to the agency but will only have been listed once, to avoid repetition of good practice examples and allow for the inclusion of other highlights.

1. Prevention

Agency	Example
Ashford Borough Council (ABC)	ABC's Safeguarding Lead Officers group received training on the Mental Capacity Act (MCA) 2005. The session was delivered by the KCC Manager for MCA and DoLs (Deprivation of Liberty Safeguards).
Ashford Borough Council	All Ashford Borough Council licensed taxi and private hire drivers are required to complete safeguarding training and provide proof of this prior to being issued a licence. It is recommended that they complete Blue Light Safeguarding training.
Ashford Borough Council	Collaborative Partnership Working: Ashford Borough Council are a key agency in collaborative partnership working. A number of ABC officers work in partnership with other agencies, such as the Police, as part of their day-to-day role. This can include joint visits, multi-agency initiatives, partnership meetings and panels. Partnership meetings include: • Ashford District Contextual Safeguarding Meetings • Multi-agency risk assessment conference (MARAC) • Channel panel, where individuals who are identified as being vulnerable to radicalisation are referred to. • Ashford Adults Vulnerability Panel – multi-agency meeting organised by the Police • Ashford Community Safety Unit
Canterbury City Council	Opportunities to increase learning from experts in adult safeguarding have been taken up with a particular focus on mental health, including: • KMSAB Open Forum attended by safeguarding leads who cascaded useful information about the Mental Capacity Act 2005 • Specialist training: Adult Safeguarding & Homelessness: Foundations for Positive Practice delivered by Prof. Michael Preston-Shoot • Bespoke session "Understanding mental health conditions" delivered by a clinical psychologist. In addition, elected members have received an Adult Safeguarding Basic Awareness briefing session.

Canterbury City Council	The Council participate in a number of multi-agency forums that contribute to adult safeguarding including: • Canterbury Vulnerability Panel co-ordinated by the Police. This multi-agency group addresses individual complex safeguarding issues which will have an impact on the wider community, such as cuckooing and exploitation. As a result of meetings, safeguarding referrals and action plans are co-ordinated and comprehensive. During 2021/2022, 28 people were supported by this panel.
Canterbury City Council	Working with Kent Fire and Rescue Service and the Royal British Legion, Canterbury City Council Armed Forces Community Covenant Champions set up a Veterans Hub last year at one of our Neighbourhood Centres. The Hub provides a space where those who served can access information, support and take part in activities that support mental health and wellbeing.
Canterbury City Council	The Rough Sleepers Initiative team take an assertive outreach approach which has embedded safeguarding adults practice throughout. The team focus on harm reduction, drug & alcohol use and discussions on how to keep safe. All staff are naloxone epi-pen trained and have worked in partnership with Forward Trust to train clients so they are able to safely use Epi pens on themselves, and others, should there be an overdose.
Dartford & Gravesham NHS Trust (DGT)	The DGT has continued to deliver face-to-face 'Family Focused' training for the past year in conjunction with the safeguarding children's team, albeit that the classroom sizes have been reduced as a result of COVID-19. The aim of the training is to ensure that staff are aware of the whole safeguarding agenda, their roles and responsibilities and the interface between them. The training consists of the use of Virtual Reality (VR) technology in order to give a richer experience, adding some additional context to the day and a 'lived experience'. The training also includes a session from the Mental Health Lead Nurse and the Independent Domestic Violence Advisors, which adds richness to the training and follows the themes from the VR experience. The training has good feedback and is well received by all trust staff. The quality of safeguarding referrals and enquiries has improved following this training. The role of the Safeguarding Adults Boards is discussed and how to access the website is shared during the training day.
Dartford & Gravesham NHS Trust	DGT has recently purchased three bespoke webinars that are accessible on the Trust intranet with the aim of improving staff understanding of the Mental Capacity Act and its application. These including Mental Capacity, Fluctuating Capacity and communication.
Dartford Borough Council	Recent SARs have highlighted the need for carers to be signposted to carers' assessments and support where appropriate. As a result, DBC's Safeguarding Policy has recently been updated to include this information and a briefing has been drafted to raise awareness to staff.
Folkestone and Hythe	Safeguarding policy and procedures - this policy was updated in November 2021 and went through a rigorous council scrutiny process. All key members were able to input to the production of the policy and changes were made accordingly. In addition, the findings of the Board's self-assessment framework (SAF) peer review were incorporated into the revised policy. The revised policy places additional emphasis on topics such as: Safeguarding Adults, Prevent, Modern Day Slavery, Mental Capacity Act, Deprivation of Liberty Safeguards, Domestic Abuse, Mental Health, Hoarding.
Folkestone and Hythe	KMSAB newsletters and other updates are shared with the council's Designated Officers and the members of the Safeguarding Steering Group, who can then disseminate the information amongst their teams as required. The Corporate Leadership Team signposted to the extensive work of KMSAB, resulting in adult safeguarding becoming a mandatory eLearning course across the organisation from 2021/22 onwards.

Folkestone and Hythe	One aspect of our work has been to support our community hubs in delivering ongoing assistance to vulnerable people experiencing difficulties in reconnecting back into society by continuing with loneliness/isolation befriending calls, and also helping in hardship. The community hubs helped in making sure people stayed warm through the winter, and were receiving adequate food and heating, and therefore not self-neglecting.
Gravesham Borough Council (GBC)	In addition to the Adult Safeguarding Level 1, Child Safeguarding Level 1, and Modern Slavery and Human Trafficking online training, the Lead Safeguarding Officer has developed a GBC-specific briefing delivered face-to-face to review the council's Safeguarding policy and procedures.
Gravesham Borough Council	A Gravesham specific multi-agency collaboration is the Gravesham Vulnerability Panel (GVP) and Organised Crime Groups meeting. This monthly meeting co-ordinated and hosted by GBC, chaired by the Police. The purpose of the GVP is to provide a partnership response to areas of vulnerability and associated crime and its impact on local communities. The GVP takes referrals from officers within the council, police, and partner agencies for vulnerable adults, with the following aims: • Provide an effective local response to issues related to areas of vulnerability in Gravesham; • Develop and implement multi-agency plans, specifically tailored to support and meet the needs of individuals, victims and communities affected by areas of vulnerability; • Raise awareness, amongst partner agencies and within local neighbourhoods, of the areas of vulnerability and the impact on individuals and communities; and • Carry out joint activity to develop techniques and identify interventions to deter people (particularly those under 21 years) from being drawn into serious and organised criminality.
Gravesham Borough Council	Modern Slavery Working Group. A multi-agency group focussed on an action plan to address Modern Slavery in Gravesham. It is well attended and partners have requested this is expanded to include more of the county and more partners.
Heathwatch	Healthwatch is continuing to work with The Advocacy People in setting up a "Citizen's Panel" to ensure that safeguarding information is reaching the public in a way that is understandable. The panel will also be able to share real life experiences.
HM Prison Service	Kent Surrey and Sussex prisons group provide all staff with Suicide and Self Harm (SASH) training which incorporates the identification of those who are vulnerable to the exploitation of others. Vulnerable individuals are also referred to our weekly Safety Intervention Meetings (SIM) where a behavioural plan can be formulated with the advice and assistance of our mental health team, psychology department and specific senior staff member who is allocated as a case manager.
Kent County Council (KCC)	During 2021, KCC Learning and Development provided training for over 3,500 colleagues, which included various subject matters such as; Safeguarding adults' basic awareness, Section 42 Safeguarding Enquiries, Mental Capacity Act, Domestic Abuse, Transitional Safeguarding, and self-neglect awareness. KCC also has a suite of e-learning material accessible to all staff. In addition, the Practice Postcards produced by the KCC Practice Development Officers (PDOs) in Adult Social Care and Health, are all available on the Kent Academy (learning resource). The postcards' themes are in-line with issues highlighted within Safeguarding Enquiries, and various safeguarding adult reviews (SARs) and Domestic Homicide Reviews (DHRs), for example, topics such as substance misuse, suicide, homelessness, self-neglect, and transitional safeguarding. This learning resource is promoted within Team meetings, in the Adult Social Care bulletins and on our intranet page. A series of team talks were delivered between November 2021 and January 2022

	which are now being converted to video for colleagues to access. The team talks covered areas such as Human Rights from a Deprivation of Liberty Safeguards (DOLS) perspective, Introduction to Liberty Protection Safeguards Progress and Undertaking Mental Capacity Assessments.
Kent County Council (KCC)	The vision for Adult Social Care is changing and in 2021 the work to make this a reality started to take shape. The 'Making a Difference Everyday' approach focusses on three pillars which outline the overarching areas of development within Adult Social Care and the basis for how we work. In line with 'Making a Difference Every Day', in March 2021 the work began on person's voice priorities – our building blocks to help us embed and share people's experiences and stories as part of our standard way of working. This work included creating a core co-production group of people that will influence our priority projects, scheduling 'springboard' surveys to open up key discussion themes to a wider audience and promoting our People's Network to raise awareness of how to get involved in social care. In addition, we launched a 'living library' of people's voices and their feedback. In July 2021, during National Co-production Week, the "Your Voice" network was launched. The network is co-production in practice, putting the person's voice at the heart of how we develop services, to ensure we deliver consistent, high quality person-centred and innovative support to those that need it. There is a specific work stream focussing on the review and redesign of the delivery of safeguarding; this will include ensuring that the person is seen, to enable their voice to be heard.
Kent County Council (KCC)	The Kent Adult Carers Strategy 2022 to 2027 was drafted and sent out for consultation. An estimated 148,341 adults aged 16 and over provide unpaid care each week across our county. Therefore, KCC reached out for views from the people of Kent to ask "have you ever looked after an adult relative or friend? Or do you support people in your work that have unpaid caring responsibilities?" It was vital to hear people's thoughts on the new strategy which describes how we plan to work with all our partners to make welcome changes towards improving the experiences of unpaid adult carers.
Kent Community Health NHS Foundation Trust (KCHFT)	In 2021/22, KCHFT launched its 'Nobody Left Behind - People, Equity, Diversity and Inclusion Strategy' and 'Nobody Left Behind Charter' with a pledge to zero tolerance to abuse, discrimination and microaggression; supporting people to recognise the signs of abuse and how to seek help without fear of negative consequences.
Kent Community Health NHS Foundation Trust	KCHFT delivered on its promise to successfully deliver a mass vaccination programme to the population of Kent and Medway as one of the interventions to disrupt the Coronavirus pandemic. This included safeguarding arrangements to ensure staff responsible for delivering the vaccination programme were trained to recognise, respond and escalate any safeguarding concerns.
Kent Community Health NHS Foundation Trust	The Trust has a dedicated specialist safeguarding service to support the organisation with meeting its safeguarding duties, in line with national and local legislation and guidance, and to promote the key safeguarding principles. Staff can access a dedicated safeguarding consultation duty line for specialist support, advice and guidance, safeguarding supervision and training. The safeguarding team further supports staff with complex safeguarding cases, professional escalation and referrals into social care.
Kent Community Health NHS Foundation Trust	The Trust continues to support staff to raise awareness of self-neglect and the importance of supporting people who demonstrate self-neglect or hoarding behaviour via a multi-agency approach. The Trust has seen a 50% rise in calls into the KCHFT duty line related to self-neglect compared to the last 2 years, which demonstrates good awareness and provides opportunity for relevant actions to be taken to support the patient and staff to complete relevant referrals for support,

	working collaboratively with partner agencies, completion of risk assessments and patient support.
Kent Police	In 2021, Kent Police introduced a Strategic Detective chief inspector (DCI) role that has a dedicated portfolio of Child Protection and Adult Protection. The role also includes oversight of the Central Referral Unit whose role is to manage multi-agency safeguarding referrals and notifications. The number of referrals to Adult Social Care and NHS Mental Health Services processed through the Central Referral Unit decreased in 2021. This reduction may be due to the impact of COVID-19 during 2021, however it also reflects a better understanding of thresholds for referrals to partner agencies due to ongoing training.
Kent Police	Kent Police Mental Health Team has improved the collection and use of data, to deliver enhanced training, ensuring the appropriate intervention is made when dealing with people in crisis, and works closely with KMPT (Kent and Medway NHS and Social Care Partnership Trust, NELFT (North-East London Foundation Trust) and the NHS CCG. This work has resulted in better outcomes for vulnerable people by the reduced use of police powers of detention under Section 136 of the Mental Health Act 1983. Kent Police continue to use the dedicated 836-advice line, which provides clinical advice for front line officers prior to making decisions to detain individuals. The Kent Police Mental Health Team is supporting partners to review policies, processes, and practices to improve the quality of service to patients. The Strategic Partnerships Superintendent continues to co-chair the "Urgent Care Oversight Board" with KMPT which monitors the delivery of a number of improvement projects which will see continued change and improvements in the service provision. This includes the creation of a 24/7 crisis function for adults during 2022 via NHS 111.
Kent Police	Kent Police also continued to implement the AWARE principles (Appearance, Words, Activity, Relationships and dynamics, Environment). These are designed to support the development of professional curiosity in identifying vulnerability in both children and adults. This principle can be used in any context and provides guidance around signs to look out for and be aware of to identify early safeguarding opportunities and support voice of the child and voice of the vulnerable adult information gathering within Kent Police. Force wide training on the AWARE principals will be delivered to all front line staff by the end of 2022.
Kent Police	In January 2022, Kent Police launched the Tackling Violence Against Women and Girl Strategy to underpin the principles of the government's Violence Against Women and Girls Strategy (published in September 2021). It lists five key areas in which Kent Police will drive change: • Holding Offenders to Account • Supporting Victims • Keeping you Safe • Our Culture • Strengthening the system The document is available publicly here.
Kent Police	Kent Police Learning and Development has developed a new Adults at Risk Course. This week-long course builds on the basic Safeguarding Training all officers receive and reinforces the need for specialist investigators to work with other agencies. The aims of the course are: • To promote collaborative working to achieve best practice in relation to the vulnerable adults who fall within the remit of the multi-agency adult safeguarding and/or criminal investigation system. • To enable students to apply the principles and values of vulnerable adults to operational situations In 2021/2022, a total of 74 Detectives completed this enhanced training.

Kent Police	Kent Police continued with carrying out 'Hidden Harm Visits' which are proactive visits to families most at risk of domestic abuse. These were initially conducted as a response to Covid and concerns regarding hidden harm during lockdown, however due to positive feedback from victims these visits continued. The plan is that they continue into the future but will be managed by the newly formed Proactive Domestic Abuse Teams on each division.
Kent Fire and Rescue Service (KFRS)	Safeguarding training has recently been reviewed. We have re-written the eLearning packages for children and adult safeguarding for all employees and volunteers. This is classed as mandatory learning for all employees and volunteers with an expected completion date of May 2022. Completion rates are monitored robustly. This is also a safeguarding package included within the induction for any new starters in the Service.
Kent Fire and Rescue Service (KFRS)	In October 2021, the Safeguarding Manager and Customer Safety Lead attended The National Fire Chief's Level 3 and Level 4 Safeguarding Train the Trainer. Our 2020/2021 training plan, delayed by COVID, has been written with reference to the intercollegiate document. Different levels and roles within the fire service have been identified as requiring different levels of safeguarding training and level 3 sessions have seen the attendance of the Chief Fire Officer, Area Managers, Directors, Assistant Directors, Corporate Management Board, Duty Group Managers, Designated Safeguarding Officers, and strategic personnel with safeguarding responsibilities.
Kent Fire and Rescue Service (KFRS)	In September 2021, a full time Safeguarding Officer was appointed as it has been recognised that the demand has increased. We have seen an increase in safeguarding cases for hoarding, self-neglect and mental ill health with threats or attempts to end life. We have also retained the Designated Safeguarding Officer position (currently 17) which is a specialism in addition to their role within the service. KFRS has increased the amount of Station Manager roles with safeguarding as a specialism to 11 to provide out of hours support. Support for colleagues who identify a safeguarding concern is available 24/7.
Kent and Medway Clinical Commissioning Group (KMCCG)	In addition to the training provided to KMCCG staff, the safeguarding team has provided safeguarding training across primary care through online and bespoke webinar training events. These will be further repeated in June and July 2022, capturing the 192 GP practices across Kent and Medway. The use of virtual events with Primary Care is very well attended and this mode of delivery appears to have produced increased engagement.
Kent and Medway Clinical Commissioning Group (KMCCG)	In West Kent, primary care safeguarding lead forums were established and ran throughout 2021-22, offering practice leads the opportunity to share learning, discuss case learning and share new and evolving safeguarding practice. The team is now looking to establish these forums across Kent and Medway, following positive engagement and feedback by the primary care workforce. KMCCG also offer as required support and informal supervision to some provider safeguarding teams.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	KMPT safeguarding training is reflective of both the Adults and Children's Intercollegiate Documents. These statutory frameworks are followed with the inclusion of local learning from Safeguarding Adult Reviews (SAR), Child Serious Case and Rapid Reviews, and Domestic Homicide Reviews (DHR) to enable continued reflective learning and development. Supplementary Domestic Abuse, Stalking and Harassment (DASH RIC) training, and bite-size topical safeguarding sessions have been delivered to compliment the statutory training. Hidden harm and increased risk to people stemming from a reduction in face-to-face contacts and increases in video technology contacts has been reflected in policy and training to support staff to understand hidden harm and how to respond and adapt practice to keep people safe. KMPT policies and training reflect the need to be risk and person centred in the decision of contact types. Safe mode of routine enquiry is discussed within

	induction safeguarding training and subsequent levels, in addition to resources to support safe routine enquiry accessible on the safeguarding KMPT intranet page, to mitigate risk associated with different modes of contact in response to the pandemic. The safeguarding training compliance was a significant achievement in 2021 and 2022. There is evidence that the move to virtual training in response to the pandemic has not impacted on safeguarding functions, and that safeguarding adults is embedded into KMPT culture, with alerts/referral rates evidencing commitment from KMPT staff to recognise and respond to safeguarding, thus enabling a multi-agency approach.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Self-neglect, a common theme within Safeguarding Adult Reviews (SARs), is discussed in all levels of adult safeguarding training. The KMSAB Multi-Agency Policy and Protocol for Managing Self-Neglect and Hoarding is accessible to staff on the KMPT Safeguarding Intranet page, in addition to bite-size training, video/webinars and other self-neglect resources. The referral rate identifying self-neglect evidences front line staff's responsiveness, and thoughtfulness with people that are self-neglecting to enable a multi-agency approach in-line with policy and good practice.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	KMPT is committed to supporting carers. KMPT teams, with the permission from patients, will always seek to involve carers and other friends and family in our programmes of support. This includes consultation on the decisions made about care and treatment. KMPT activity seeks the views and engagement of carers and promotes how people can gain access to a carer assessment on our public facing webpage.
Maidstone and Tunbridge Wells NHS Trust (MTW)	Staff have the opportunity to discuss and debate issues and cases with the Named Nurse for Safeguarding Adults via a Teams meeting to further their understanding and exploration of the subject matter in both Safeguarding Adults and Mental Capacity. These 'talk with the expert' sessions are offered monthly from March through to November each year and are proving popular for practitioners to discuss particular cases, learning from the Webinars or learning from practice.
Maidstone and Tunbridge Wells NHS Trust (MTW)	MCA and DOLS learning requirements have been mandated for staff to complete every 3 years, as opposed to having been a one off requirement within the Trust. In the drive to improve competence and confidence amongst staff to apply MCA/DOLS into their practice, the Trust has taken the decision to reset the training compliance for this subject back to zero and all relevant staff have been notified that they need to complete their MCA/DOLS training in the near future to become compliant. We expect compliance rates to be on an upward trajectory over the next year with the Trust reaching the compliance target of 85% by July 2023. Staff will then be required to refresh this training every 3 years, seen as especially important due to the changes in relation to Liberty Protection Safeguards going forwards.
Maidstone Borough Council (MBC)	Safeguarding training is mandatory and an audit was undertaken to ensure all staff complete e-learning. Training has been developed and delivered with an external agency after collating staff responses around safeguarding and gaps in knowledge and confidence levels. This was measured by a questionnaire measuring confidence and knowledge both before and after training.
Maidstone Borough Council	MBC also developed a counselling service by working in partnership with Mid Kent Mind for adults who present with self-neglecting behaviours such as hoarding.
Medway Community Healthcare (MCH)	Information relating to the work of KMSAB and adult safeguarding, including themes from SARs, policy updates and learning events, are communicated to staff and the general public through a variety of means including: • MCH social media accounts • Internal quality assurance meetings • Intranet and internet content

Medway Council	Medway commissioned bespoke 'The Role of the Inquiry Officer' and 'The Role of the Designated Safeguarding Officer' training, this has been quality assured using the KMSAB Training Delivery Observation Sheet. This includes mental capacity, unwise decisions and how an assessment under section 11 of the Care Act can be utilised. To support practice, in light of findings from Safeguarding Adult Reviews, training has been delivered on Strengths Based Practice and Developing / Use of Professional Curiosity. All training is initially quality assured via attendee feedback, with further quality assurance activity as required.
Medway Council	The internal High Risk Panel continues to support practitioners working with individuals where there are barriers to engagement, who make what appear to be unwise decisions and live with a high level of risk. This supports practitioners and ensures senior management are aware of these individuals. Work has started on operational guidance for staff where individuals do not engage and how MOSAIC (IT system) can be used to ensure that there is management oversight where interventions are closed due to non-engagement.
Medway Foundation Trust	The Trust Executive team commissioned bespoke Board level training delivered in October 2021 by Bond Solon, this training included the Non-Executive Directors for the first time.
Medway Foundation Trust	There have been a number of webinars and online conferences promoted and accessed during this time, of particular benefit to safeguarding and to the wider workforce was a series of webinars from Alcohol Change UK which included Lessons from Safeguarding Adult Reviews, by Professor Michael Preston-Shoot
Probation Services	Our pan-Kent Safeguarding Team continue to offer support, guidance and signposting for any frontline practitioners who have adult safeguarding concerns or who want to discuss whether or not to make a referral. Our pan-Kent Safeguarding Bulletin has regularly provided frontline staff with details of the current offer from the Safeguarding Team. All staff are regularly trained in all aspects of safeguarding. This includes group training, one to one support in supervision and via our Quality Development Officers.
Probation Services	We have People on Probation Forums on a regional basis as well as local arrangements to ensure the "voice" of the service user is heard so we can make the necessary improvements into our operational delivery.
Sevenoaks Council	Understanding and responding to self-neglect remains an ongoing priority and there is recognition of the risk of self-neglect increasing, therefore, we have appointed a Hoarding Co-ordinator in partnership with Peabody, funded through the Better Care Fund.
Sevenoaks Council	A Homeless Risk Management group responds to concerns relating to a group of individuals who are homeless and have additional vulnerabilities relating to mental health and/or substance misuse. Through multi-agency information sharing and support with West Kent Housing and Kent County Council, risks to rough sleepers/homeless were considered and have resulted in a 'Housing First' supported housing model being delivered.
Swale Borough Council	Swale Borough Council has its Safeguarding Policy in place that is regularly reviewed – the last review being December 2021. An internal audit has also been completed recently with a 'sound' assurance level.
Swale Borough Council	Collaborative working is carried out using the Swale Vulnerability Panel which was set up several years ago, and despite Covid, this has remained a very well attended meeting with effective results in helping vulnerable people of Swale. We have had a case where the client would not engage with agencies and we utilised KCC wardens to build a relationship and assist in mental health, housing and social care to offer help and assistance.

Thanet District Council	Thanet District Council has a dedicated Safeguarding team that is embedded within the Community Team who carry out all safeguarding duties. This Safeguarding team, although embedded within the Community Team, also works alongside Kent Police Community Safety Unit and Multi-agency Task Force (MTF).
Thanet District Council	The Safeguarding Forum is chaired by the Community Services Manager and representatives from each department within the council. Discussions are had around safeguarding cases, serious case review, Domestic Homicide Reviews, emerging trends, training, policies, PREVENT, projects and any concerns/issues with regards to safeguarding. All those who sit on the safeguarding forum are trained to a higher level.
Tonbridge and Malling Borough Council (TMBC)	TMBC has a Safeguarding Policy and Reporting Procedure. This has been sent to all staff via NetConsent (which only allows access to computer files once the policy has been read and agreed).
Tonbridge and Malling Borough Council	Our policy for taxi drivers requires all drivers to undertake safeguarding training within 12 months. All new drivers must take a safeguarding course before receiving their licence.
Tonbridge and Malling Borough Council	Weekly Community Safety meetings take place, with Police and partner agencies, to share concerns. Safeguarding, hoarding, exploitation, and vulnerable adults are standing items on the agenda. A monthly Vulnerable Persons Board (which is linked to the Community Safety Partnership with Borough Council reps attending), ensures that we're sharing information in relation to vulnerable people. A Rough Sleepers Task and Finish Group meets to identify individual's rough sleeping in the borough and look at what actions/support can be offered to help them into accommodation and off the streets. An on-call Duty Officer is available 24/7 to support and assist vulnerable people with emergencies.
Tonbridge and Malling Borough Council	SARs/DHRs are standing items at the quarterly internal safeguarding meeting, to raise awareness and understanding of the issues with staff.
Tunbridge Wells Borough Council	Case management supervision within the Housing Needs Team takes place monthly, with the Senior Housing Options Advisor reviewing the caseload of the Housing Options Advisors, which includes many vulnerable single adult applicants, enabling the discussion of any complex cases, identification of any safeguarding concerns and the appropriate actions required. Weekly team meetings and bi-weekly complex case discussions are also utilised as an opportunity to discuss cases and prevent escalation, by identifying support services to refer vulnerable at risk clients into.

2. Awareness

Agency	Example
Ashford Borough Council	The Council's Website has a page specific to safeguarding which outlines what to do if people are concerned someone is suffering abuse. It also contains links to the Council's Safeguarding Policy, the KMSAB website, modern slavery and preventing extremism. It has a link to the leaflet how to protect yourself from abuse in a number of alternative languages. During the period covered by this report, there were 330 unique page views for the ABC Safeguarding page.
Ashford Borough Council	Engagement with residents in Independent Living Schemes: These include various events that residents and others from the local community can attend and enjoy, such as coffee mornings, all with the aim to tackle social isolation and loneliness. This can also give residents the opportunity to raise any items of concern.

Ashford Borough Council	Voluntary Sector: The Council has a Funding & Partnership Officer who supports the voluntary sector in all areas of their work such as assisting them in safeguarding best practice, training and policies. Additional to this, the Council works closely with Ashford Voluntary Centre who take a lead in connecting with the vast voluntary community organisations in Ashford and who again will promote best practice, highlight opportunities and will refer any issues
Canterbury City Council	Raising Awareness of Modern Slavery: The council took part in a multi-agency Operation in July 2021. Partners from Kent Fire and Rescue Service, Kent Police, and representatives from Stop the Traffic as well as the Gangmasters and Labour Abuse Authority had 2 days of operations checking nail bars and car washes in the Canterbury District. As a result, the team engaged with over 80 individuals. The council's Environmental Health and Private Sector Housing teams and Kent Fire and Rescue Service also supported action due to a fire safety issue.
Canterbury City Council	Raising Awareness of Safeguarding with Refugees and Afghan Nationals for those families that we have resettled into homes in Canterbury: we provide casework support and will include running through the role of the Police, how to report crime and support with any issues. For the Afghan nationals residing locally, we have run sessions on Rights, Responsibilities and the Law and this covers reporting crime, including Hate Crime, Modern Slavery, Forced marriage. We also invite the Community Liaison Officer and a uniformed PCSO to meet families and talk to individuals to help break down any issues of mistrust, so people will feel safe approaching the police.
Canterbury City Council	Raising Awareness of Safety for Student: Canterbury has a large student population. The Council's Community Safety Unit joined partners to deliver the Safer Autumn Campaign over Freshers Week and reached over 3000 students.
Dartford Borough Council (DBC)	DBC hosts an Elders Forum, which is a means of two-way communication with the elder community and provides information specifically relevant to this higher risk group.
Folkestone and Hythe	Grounds Maintenance staff received bespoke face-to-face safeguarding training.
Folkestone and Hythe District Council	We participate in many events e.g., adult safeguarding week where stalls are set up in the town centre with partners and information is distributed to the public on all aspects of safeguarding.
Gravesham Borough Council	The KMSAB newsletters and KSCMP (children's partnership) newsletters are shared with Safeguarding champions and on to their teams. In addition to the adopted policy, the Lead Safeguarding Officer provides regular updates on the safeguarding agenda to the council's nominated service 'champions', promoting awareness across the authority.
Gravesham Borough Council	Local work on Violence Against Women and Girls (VAWG) highlighted the importance of hearing from women and girls in the Black, Asian and ethnic minority communities regarding safeguarding issues that impact them, so the annual "Listen to Our Voices" conference was organised; feedback from the questionnaire completed by attendees has driven the agenda for the following year each time. Attendees are speaking up more as the years go on. Translators are available at the conference to ensure that all can share their voice.
HCRG (formerly Virgin Care)	In the last year, HCRG Care Group joined together with other agencies in the Kent and Medway area to promote Safeguarding Week. The Ann Craft Trust Nationwide Safeguarding Adult's Week campaign facilitated conversations around the theme 'creating safer cultures'. The national HCRG Care Group safeguarding team produced a short video for the safeguarding week with the overarching theme 'be curious, do your bit', whilst locally had a specific cultural safety message for each day to encourage colleagues to have a safe and open culture.

Healthwatch	There are regular engagement meetings held with all providers across Kent & Medway to share any concerns or compliments that the public are sharing with us. Any learning that takes place from Serious Incidents is disseminated with staff. Both Healthwatch Kent & Healthwatch Medway along with Mental Health Forums will contribute to any quality assurance processes to offer an independent patient / public view. If we have information shared with us from patient experiences, this can be utilised as part of the lessons learnt process.
Kent County Council (KCC)	In July 2021, KCC Adult Strategic Safeguarding teamed up with multi-agency Kent Community Safeguarding Partnership to raise awareness of the issues of Domestic Abuse in our older population and continued to raise awareness as part of Safeguarding Adults Awareness Week. The Strategic Safeguarding Unit (SSU) delivered a virtual internal conference for all staff within the Local Authority. The event was titled "Domestic Abuse - a Kent Perspective" was held on 10th November 2021 and featured presentations on Domestic Abuse in our Older population, Domestic Abuse Act, Commissioning and Kent Analytics and Male Domestic Abuse. This event was attended by over 200 colleagues, and included themes highlighted within Safeguarding Adult Reviews and Domestic Homicide Reviews and promoted guidance such as the multi-agency Domestic Abuse Policy. The feedback was really positive and helped to continue to increase the awareness around these vital issues.
Kent County Council (KCC)	The wider multi-agency campaign for Safeguarding Adults Awareness Week 2021 – "Creating Safer Cultures", was also promoted within Adult Social Care bulletins and on the staff intranet site. KCC Communications Team shared the campaign on various social media sites such as Facebook and Twitter which reached over 18,000 people, with people sharing the posts and commenting on the content. In addition to the above, KCC also promoted various other campaigns all to help raise awareness with colleagues and the residents of Kent. Some of the campaigns, included 'Mental Health Awareness Week' – promoting Live Well Kent, Explore Kent and One You Kent services which reached over 70,000 people in May 2021; 'Release the Pressure' Suicide Prevention campaign in September 2021 reaching nearly 20,000 people; and 'Know Your Score' Alcohol Awareness campaign - Nov '21 which reached over 30,000 people. The subject matters promoted are again sympathetic to the themes within the Safeguarding Adult Reviews and therefore our online campaigns were a great opportunity to continue to raise awareness. KCC awareness raising was so successful that, in 2021, the KCC Stakeholder Engagement Team's work was shortlisted and won a silver award in the IESE Public Transformation Awards for communications in the adult social care directorate.
Kent County Council (KCC)	KCC Strategic Safeguarding are now producing "7-minute briefings" for all staff, to highlight the themes within the reviews and to provide related guidance and tools. In addition, Team Talks are being delivered internally to various Team within KCC, which promote the work of Safeguarding, the Kent and Medway Safeguarding Adults Board, and useful resources. The feedback received so far has really been very positive and helped to increase the awareness of the Board.
Kent Community Health NHS Foundation Trust	The Trust has dedicated safeguarding and mental capacity link workers and uses the regular meetings to share and disseminate safeguarding updates, campaigns and learning. The sessions are enhanced by guest speakers to support collaborative working and understanding of differing services roles/responsibilities/referral processes and include case discussion with a supervision format.

Kent Community Health NHS Foundation Trust	The awareness of safeguarding themes is raised through various mediums including virtual sessions, blogs, bespoke updates, link workers and within training. Key thematic topics in 2021/22 included self-neglect, domestic violence and abuse and exploitation. The Trust supported awareness raising of the national safeguarding awareness week including social media campaigns, information on the intranet site, blogs each day to suit the themes of the week, a link worker meeting that focused on specific themes, and virtual drop in sessions on the theme of mental health and well-being and adult grooming. The impact of the awareness raising can be seen through the data comparison capturing internal safeguarding consultation contacts.
Kent Community Health NHS Foundation Trust	Mental Capacity Act training has been adapted to provide a more practical approach to learning, using case specific discussions and includes upcoming changes on the Liberty Protection Safeguards Programme. To meet the needs of specific staff groups, mental capacity assessment workshops are offered for new staff induction, staff working with children and young people and also for staff working with adults. This practical approach helps staff feel more confident when conducting an assessment and providing support to patients and families; making sure that the patient is at the centre of the decision making and staff are following the key principles of mental capacity assessment legislation.
Kent Community Health NHS Foundation Trust	In 2021/2022, KCHFT safeguarding team provided 927 consultations to KCHFT staff through a dedicated duty line and processed 442 adult safeguarding referrals raised into the local safeguarding process, with 347 adults safeguarding referrals raised by KCHFT staff alone. The main category of abuse was neglect, followed by self-neglect, domestic abuse, financial abuse and physical abuse.
Kent Police	The Dedicated Child Protection/Adult Protection Strategic DCI holds a number of meetings across the force with Operational Safeguarding Leaders, Safeguarding Co-ordinators and the Vulnerable Adult Intervention Officers to ensure that they are all kept up to date with developments in the work of the KMSAB and partner agencies and to ensure that any operational issues can be addressed at a strategic level. The newly launched Crime Academy acts as a repository for this learning and information and shares it via SharePoint Intranet pages and develops suitable continuing professional development inputs.
Kent Police	With the increase in Terrorism Threat level in November 2021 to SEVERE, there was a renewed focus on Vulnerability to Radicalisation (V2R). This has now been incorporated as the “14th Stand of Vulnerability”. It is recognised that those with other vulnerabilities may have increase vulnerability to radicalisation. In response, Kent Police held a series of internal session for staff which reached over 300 members of staff. This aligned with the launch of the Crime Academy V2R page.
Kent Fire and Rescue Service (KFRS)	Externally using our social media Communication and Engagement team have been able to post information about various support and signposting available. One of the service’s ‘together’ videos was published on Kent Fire and Rescue Service website and through social media channels. This showcased the work that KFRS do in the safeguarding team and how we work with partners to ensure that when a concern is identified we work closely with other agencies to ensure that person is supported.
Kent and Medway Clinical Commissioning Group (KMCCG)	Internal feedback from the work undertaken during adult safeguarding awareness week included: “Thank you to the Safeguarding team for bringing this to all of our attentions, such an important area and so often overlooked” “Congratulations on a successful week”. “I am really pleased to see us raising awareness about the National Safeguarding Adults Awareness Week. Safeguarding is everyone's responsibility both in our workplace roles and our home lives.”
Kent and Medway Clinical	KMCCG designates also participate in local health safeguarding panels. Participation in these meetings enables KMCCG to work collaboratively with the NHS Trusts and

Commissioning Group (KMCCG)	the relevant Local Authority in exploring the progress of open section 42 enquiries and ensuring Making Safeguarding Personal (MSP) principles are followed.
Kent and Medway Clinical Commissioning Group (KMCCG)	Kent and Medway CCG have, through the communications and engagement working group, participated in supporting the KMSAB social media content plans and the promotion of Safeguarding Adults Awareness Week. Contributing to the development of material for the week and supporting the roll-out of social media content across Facebook and Twitter during the week itself, reaching 3737 people with 316 views of the multi-agency video that was produced.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	KMPT has Safeguarding Champions represented in each care group to ensure that resources, themes and learning is shared in a timely way. Themes are shared through public mechanisms such as Twitter and Facebook, or internal processes such as during the trust-wide Safeguarding meeting, and within relevant care group meetings. The KMPT communication team support with the dissemination of information for a collective response in recognising and responding to safeguarding theme.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Mental Capacity Act training is mandatory for KMPT front line practitioners. Within training, unwise decisions and best interest are discussed with scenario-based discussions. KMPT staff are committed to ensuring that decisions are person centred, with opportunities to discuss choices including unwise decisions. Mental Capacity is a key area of continuous development in the preparation of the introduction of Liberty Protection Safeguards.
Maidstone Borough Council	All relevant updates are shared with staff to support in how to raise a safeguarding concern internally and externally. Posters are shared on social media platforms, and most recently, shared on the Ukrainian support page on the MBC website after receiving the translated information.
Medway Community Healthcare	Inpatient Units have been encouraged to create safeguarding -themed pinboards for easy access to safeguarding information for all staff, patients and their carers. In addition, specific information to safeguarding is included in local induction for agency staff on inpatient units.
Medway Community Healthcare	A new electronic record system has been implemented during 2021/22, this has allowed us to implement recommendations from SARs including means of monitoring referrals for carers assessments and referrals to advocacy services other than IMCA (Independent Mental Capacity Advocate).
Medway Foundation Trust	Safeguarding adults awareness day was spent with 'trolley dashes' to wards and departments promoting the internal safeguarding team, the KMSAB and resources available and distributing leaflets to staff and public. Other promotional methods used throughout the year have been the use of the Trust safeguarding intranet webpages, the Trust global bulletin sent out to all staff via email, the safeguarding operational group for members to cascade to their teams and social media. Not only using the Trust social media platforms but creating the Trust twitter account @mftsafeguarding #seriousaboutsafeguarding #SAS.
Sevenoaks Council	All staff receive online training. We have a new training hub for the Council and there are 3 safeguarding courses on there that are compulsory for everyone. Frontline staff and managers receive in-house training from Designated Officers with training accreditation. Since the last report we have run 7 training sessions.
Sevenoaks Council	Safeguarding Cards were re-produced in 2022 to raise awareness of key safeguarding issues for all staff.
Thanet District Council	The Safeguarding Forum disseminates emerging themes and concerns on a district, county and national level to their teams. This runs alongside information given via our internal web pages, discussion pages and standing agenda items.

Thanet District Council	Safeguarding Champions disseminate safeguarding information to their teams and have safeguarding as a set agenda item on their team meetings. Here they can discuss up to date news and information and for the team to raise concerns they have with safeguarding issues.
Thanet District Council	The Community Team also has a community development role embedded into it, which allows for a well-rounded team with a holistic approach. The community development role within the team allows us to directly work with all different parts of the community, these communities can include BAME, LGBTQI+ and those of different faiths, which are historically hard to reach. The community team builds these relationships and safeguarding training is offered as well as information on what to do or where to go if they are worried about an individual. PREVENT is also discussed. We give information of contact details should they wish to contact us directly to discuss concerns, we in turn give advice and/or refer to relevant agencies. The Community Team carry out an annual residents perception survey on information they have locally and what information they need.
Tonbridge and Malling Borough Council	Homes for Ukraine Scheme – A small team has been set up to respond to this, offering support and advice where necessary to host families and Ukrainian refugees. In addition to home checks, we have organised a Ukrainian Welcome Evening in partnership with Tonbridge School, where partner agencies (Police, Department of Work and Pensions, Community Wardens, Health, Housing, Citizens' Advice Bureau etc) were able to offer advice and support. Safeguarding leaflets in Russian and Ukrainian have been distributed to all host households and to people attending the welcome evening.
Tunbridge Wells Borough Council	Safeguarding training covering both adult and children's safeguarding is provided to all new starters who join the Council. These training sessions take place bi-monthly and are held virtually. They are mandatory for all new starters as part of their induction and probation. During 2021-22, there were 38 new starters to the Council attended the safeguarding training.

3. Quality

Agency	Example
Ashford Borough Council	Details of lessons learnt from SARs and DHRs are shared with Safeguarding Lead Officers as well as partner agencies, which can then be disseminated to relevant team members. This also includes sharing details of lessons learned seminars. The Designated Safeguarding Officer is not only a WRAP trainer (raise awareness of PREVENT), but attends Channel Panels from which relevant feedback is disseminated. The cases are reviewed to ensure that ABC imbeds learning from them into its policy and processes. An example was improving staff knowledge around the Care Act 2014 which has been addressed by specific training to key staff.
Ashford Borough Council	A quarterly safeguarding update report is provided to senior managers (Management Team) which details the number of referrals each quarter and the type of referral e.g., adult, child, domestic abuse etc. The report also includes a chart detailing figures for previous quarters so any large increase in referrals or concerning trends are identified. Details on the number of staff that have received both Level 1 and Level 2 safeguarding training is also included.
Ashford Borough Council	Following the KMSAB Self-Assessment peer review meeting, various improvements have been made.

Canterbury City Council	Recording and reviewing safeguarding activity: The Council has a centralised recording system for all safeguarding concerns. All records are reviewed by the team of Designated Safeguarding Officers at least every two months to ensure that actions taken were appropriate and timely and to follow up outcomes of referrals.
Canterbury City Council	Implementation of new safeguarding concerns reporting system: Together with Sevenoaks District Council, a new reporting system has been commissioned. The system is now being piloted and will then be adopted by the majority of Districts in Kent. The system will enable the Council more efficiently manage safeguarding concerns but also: • Provide automatic links and prompts to documents such as the Kent & Medway Self Neglect & Hoarding Procedures; • Prompt recording of outcomes and impact of actions taken; • Analyse the types of concerns, responses etc which will enable us better target training and development; and • Share data with other Districts to see if there are any emerging trends in Kent.
Dartford Borough Council	DBC's Safeguarding Guidelines for External Providers builds due regard around safeguarding into contracts using a tiered approach based on the level of contact the external provider will have with children and adults at risk and the type of service being procured. Contract monitoring arrangements are in place where DBC reserves the right to check external providers' safeguarding arrangements at any time, on reasonable notice. External providers are also expected to regularly review and update their safeguarding policies to ensure they capture the most recent legislative and compliance requirements and up-to date guidance.
Gravesham Borough Council	Each department within the council has its own Safeguarding Champion. There is a shared email address for this group so questions can be asked and issues raised. These champions feedback on safeguarding issues within their areas. This information is used to highlight training needs, develop training, and escalate issues if necessary.
Kent County Council (KCC)	As part of our quality assurance measures, KCC reviewed their Safeguarding Adults' Competency Framework. The Framework is for all staff (registered and unregistered), who have contact with adults within Adult Social Care and Health to help provide a consistent good standard of practice. Staff are required to evidence their developing competence, using the Observed Practice approach.
Kent County Council (KCC)	In 2021/22, work began on the Adult Social Care Practice Framework. This Framework focuses on the person, their family, and the community they are part of. The aim is to support people to live the life they want to live in a place they call home and to build communities where everyone belongs. The Framework also focuses on supervision, encouraging a culture of learning, incorporating a strengths-based approach towards supervision, reflective discussion in a multi-skilled group, and promoting personal development.
Kent Community Health NHS Foundation Trust (KCHFT)	During 2021/2022, KCHFT became the first community health trust (non-mental health NHS trust) to sign up to the Triangle of Care (TOC). Being members of the TOC demonstrates a real commitment to working with carers to make sure they are recognised as an integral part of the care planning process and are involved in decision-making about service development. The Triangle of Care is a national scheme which promotes a three-way partnership between the patient, carer and clinicians where carers are involved and supported. By signing up, the Trust and its services make a pledge to find out who cares for the patient and record this in the notes, attend training in carer awareness and engagement, have clear processes for sharing information with carers, have a carer champion in the team, provide carers with a warm introduction to the service and help carers access support for their own needs.

Kent Police	The Serious Case Review Team worked with the Protecting Vulnerable People Department to develop training for SAR panel members to ensure that attendance is effective during the review process and setting of recommendations.
Kent Police	The Protecting Vulnerable People Command has a Governance and Scrutiny Team. Whose role includes assessing the quality of safeguarding across the force. Examples of Scrutiny that have been carried in 2021/2022 relevant to adults at risk are: • Adult Protection Referrals – Identified good practice in decision making, considering capacity and gaining consent. It also showed an improvement in the capturing and sharing of Voice of the Vulnerable Adults but identified that the capturing of family members and other agency involvement needed improvement. This has led to a revisit of the AWARE Principles and the planned relaunch in 2022. • Domestic Abuse Reports – Showed that where incidents involved an adult with care and support needs this was always identified and an appropriate referral for support was highlighted to Central Referral Unit. However, the reports sometimes lacked the wider holistic picture around the individual and focus on that individual incident. Again, this had led to the relaunch of AWARE. • Achieving Best Evidence Interviews (video recorded statements that can be entered in evidence at court) – overall the quality of interviews was found to meet the legal evidential standards however some areas for development were identified with regard to victim engagement or the planning process. This has led to the Crime Academy working with the reviewer to develop ongoing CPD for those trained in conducting ABE interviews.
Kent Fire and Rescue Service (KFRS)	Every 3 months a comprehensive safeguarding report is completed for Corporate Management Board. Data is reviewed for the previous 3 months on how many safeguarding cases were opened, which ones are still open providing justification, and how many cases were closed. We look at details of what the outcome of the safeguarding case was i.e., referral to mental health, adult social care, child social care or safe and well visit. There is detail of quality assurance procedure and if cases were re-opened what was the reason and how many were closed with satisfied actions first time. Each week a report is compiled of all the cases that week and Designated Safeguarding Officer (DSO) Team Meetings take place each month to discuss high risk cases. Speak Out Policy is in place for highlighting concerns. Safeguarding Manager reviews case load of DSOs and ensures that identified actions are carried out in a timely manner and cases are reviewed on a regular basis providing support for the DSO and customer whom the concern is about.
Kent and Medway Clinical Commissioning Group (KMCCG)	The Safeguarding team has also produced a safeguarding toolkit for primary care to support embedding of safeguarding practice. This has been rolled out and promoted to all practices across Kent and Medway.
Kent and Medway Clinical Commissioning Group (KMCCG)	NHS contracts obligate providers to report on safeguarding activity and policy as standard. The specific safeguarding requirements are detailed within Schedule 4 of the provider contract as a metric. The Designate function is to review the safeguarding metric, best practice and learning and summarise findings ensuring any identified risks are escalated to the Provider Executives via the Quality Review Groups (QRG) and the Governing Body of the CCG via the Quality, Safety and Safeguarding Committee. Where risks or poor performance are identified the Designate team request and monitor a remedial action plan via the QRGs.

Kent and Medway NHS and Social Care Partnership Trust (KMPT)	KMPT are committed to ensure that care plans are person-centred and need-driven to support safe person-centred recovery from mental ill health. Working with patients to develop care plans is core business in health and recovery frameworks. The KMPT Transformation Team, as part of the quality account priority on improving care plans, produced and disseminated a staff survey and Service User feedback to understand some of the thoughts, ideas and barriers around creating person-centred care plans to improve quality of care. These ongoing initiatives to strive to improve care delivery evidence KMPT's commitment in providing the right care and support that enables safeguarding and recovery reflecting the holistic needs of patients. This initiative is a great example of collaborative working with clinical and operational staff working together with patients to drive positive change within KMPT.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Audits during 2021 have been utilised to establish whether the voice and wishes of patients are evident in safeguarding referrals and patient records. The audit objectives were to seek assurance that KMPT staff are complying with Making Safeguarding Personal (MSP) as promoted in the Care Act 2014, and Kent and Medway Safeguarding Adult Board's Protocols and Guidance; To establish whether the quality of referrals made by KMPT staff enables the local authority to identify the category of abuse, the adult at risk's wishes and views, circumstances/vulnerabilities thus enabling them to make effective safeguarding enquiries based on referrals made by KMPT staff. The quality of safeguarding referrals audited provides overall substantial assurance that staff are effectively raising safeguarding concerns appropriately. Most referrals made were robust and identified the safeguarding concerns that were subject of the referral. Obtaining consent has shown a marked improvement from the last safeguarding referral audit in 2019 and has moved from reasonable assurance to substantial. Matters of immediate risk were addressed and the think family approach to safeguarding applied.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	All safeguarding activity is captured on the DATIX system which reports activity to care group managers, service managers, the safeguarding team and Directors to ensure a measurable, transparent and responsive approach to safeguarding.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	An independent audit on KMPT safeguarding functions was completed in August 2021. The objective of this review was to establish the effectiveness of the processes in place within the Trust. The outcome of this external scrutiny was positive and demonstrates the diligence and commitment of the safeguarding team and KMPT in maintaining safe and effective safeguarding functions during a pandemic when staff were tested in adaptability and resource.
Maidstone Borough Council	We are currently in the process of developing a virtual platform for feedback to be given within all departments so we can learn from the positive and negative experiences that individuals have had. We are also spearheading the domestic abuse journey mapping exercise which has been shared at several domestic abuse and housing forums across Kent. During the creation of the journey map, we will be looking to speak with survivors and gain feedback on how they were responded to and how they felt safeguarding enquiries were managed by MBC.
Medway Community Healthcare (MCH)	MCH use the Adult Safeguarding: Roles and Competencies for Health Care Staff, the intercollegiate document, as a competency framework for safeguarding adults' practice. Compliance is monitored via monthly performance reporting and through the appraisal process. Further work is being undertaken in relation to a specific MCA competency framework that will be implemented as a mandatory requirement for all staff alongside current clinical competency frameworks.

Medway Community Healthcare	The safeguarding team monitors contacts to the safeguarding team, safeguarding referrals, DoLs applications/authorisations, compliance with training, attendance at group supervision, IMCA referrals and MARAC contribution/ attendance. This information is submitted to the Clinical Commissioning Group on a quarterly basis. In addition, a quarterly report is presented to our internal Quality Assurance Committee which highlights both activity and risk.
Medway Council	We have adapted and use the KMSAB safeguarding competency framework to ensure our staff have the required knowledge, skills, values, and experience to undertake their roles, in collaboration with strategic partners. We have developed a competency framework for our social care officers (non-registered staff) to ensure they have the right knowledge and skills. This includes the KMSAB safeguarding framework which is a core competency.
Probation service	The Probation Service is audited externally by HMIP (Her Majesty's Inspectorate of Prisons) as well as the national Operational Assurance Group. We undertake regular internal audits for all matters safeguarding.
Swale Borough Council	Swale Borough Council completes a quarterly performance report to its senior management team on its safeguarding work. This includes the number of safeguarding concerns raised to the safeguarding team, the category of issue, referrals made and the outcome of these, and level of training compliance. This report also monitors any actions from internal/external audits and any appropriate actions linked to learning reviews. A recent internal safeguarding audit took place with a 'sound' assurance rating – second highest rating. All actions identified from this are now complete. We also actively participate in audits run by the Children's Partnership and Adults Board to improve our local response.
Tonbridge and Malling Borough Council	Work on safeguarding is regularly audited, with recommendations/actions for improvement highlighted and monitored. An internal Safeguarding Audit has just been completed.