HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 7th November, 2023

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 7 November 2023 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**

Membership (17)

Conservative (12):	Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Ms L Wright and Mr T L Shonk
Labour (2):	Ms K Constantine and Ms K Grehan
Liberal Democrat (1):	Mr R G Streatfeild, MBE
Green and Independent (2):	Peter Harman and Jenni Hawkins

UNRESTRICTED ITEMS

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

1 Introduction/Webcast announcement

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

3 Declarations of Interest by Members in items on the agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared

4 Minutes of the meeting held on 5 September 2023 (Pages 1 - 12)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 Initial Draft Budget 24/25 and 24/27 Medium Term Financial Plan - To Follow

7 23/00091 - Kent and Medway Integrated Care Strategy (Pages 13 - 78)

8 Public Health Annual Quality Report for 2022/2023 (Pages 79 - 84)

9 Sexual Health Services - Current Commissioning Arrangements (Pages 85 - 92)

10 Work Programme (Pages 93 - 96)

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, 30 October 2023

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 5 September 2023.

PRESENT: Mrs P T Cole, Mr P Cole (Vice-Chairman), Ms K Grehan, Peter Harman, Jenni Hawkins, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Ms L Wright, Mr R G Streatfeild, MBE and Mrs L Game (Chair)

ALSO PRESENT: Mr D Watkins

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Mrs V Tovey (Public Health Senior Commissioning Manager) and Mr D Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

271. Apologies and Substitutes
(Item 2)

Apologies were received from Mr Kennedy, Ms Hamilton and Mr Beaney.

272. Election of Chair
(Item 3)

1. Mr Ross proposed, and Mr Shonk seconded that Mrs Game be elected Chair of the Health Reform and Public Health Cabinet Committee. No other nominations were received.
2. RESOLVED that Mrs Game be duly elected Chair of the Health Reform and Public Health Cabinet Committee.

273. Election of Vice Chair
(Item 4)

1. Mrs Cole proposed, and Mr Shonk seconded that Mr Cole be elected Vice Chair of the Health Reform and Public Health Cabinet Committee. No other nominations were received.
2. RESOLVED that Mr Col be duly elected Vice Chair of the Health Reform and Public Health Cabinet Committee.

274. Declarations of Interest by Members in items on the agenda
(Item 5)

There were no declarations of interest.

275. Minutes of the meeting held on 11 July 2023
(Item 6)

RESOLVED that the minutes of the meeting held on 11 July 2023 were correctly recorded and that a paper copy be signed by the Chair.

276. Verbal updates by Cabinet Member and Director
(Item 7)

1. The Cabinet Member for Adult Social Care and Health, Mr Dan Watkins, provided a verbal update on the following:

Suicide Prevention – The Hope Community Art Exhibition, where art representing hope was used to raise awareness for suicide prevention, went on a regional tour following its launch at Margate's Turner Contemporary. The exhibition had been organised by the Kent and Medway Suicide Prevention team, local artists and community groups it had also been co-produced by those who had experienced poor mental health. After the launch in July, it had visited Maidstone, Chatham and Tunbridge Wells. The exhibition aimed to highlight the help available to anyone living with suicidal thoughts urges to self-harm or the loss of a loved one who had taken their own life. Mr Kennedy, one of the Councils mental health champions, spoke at the launch event. Mrs Bell, the former Cabinet Member for Adult Social Care and Public Health, had visited the Maidstone event. Mr Watkins then gave a list of support options provided by the Council including:

- Release the Pressure – Release the pressure - Kent County Council
- Live Well Kent and Medway – Welcome | Live Well Kent
- Every Mind Matters – Every Mind Matters - Kent County Council

Weather Warnings - Mr Watkins noted that a yellow heat health alert had been put in place for early September. Mr Watkins added that the alert was required as vulnerable people were at increased risk and local NHS services expected to be under increased pressure. It was said that Members were encouraged to share awareness information provided through the Councils social media channels.
Bird Flu Restrictions – Mr Watkins said that the last of the control measures in Elham, Folkstone and Hythe had been lifted, which had previously been in place since July 2023. The 10-kilometre surveillance zone, which restricted the movement of birds and bird products without special permission, had also been lifted. Mr Watkins noted that the risk of avian influenza to public health was low, but encouraged residents to help reduce its spread by not touching dead or sick birds with their bare hands and if they find one or more dead birds of prey, swans, geese, ducks or 5 or more dead gulls or wild birds of any species to report it to the Department for Environment, Food and Rural Affairs (DEFRA).

2. Dr Ghosh provided an update on the following:

Covid-19 Update

- Dr Ghosh noted that Public Health continued to monitor national data on the number of cases, hospital admissions and, when applicable, the number of deaths. An escalation through each data point would be a cause for concern, but that was not occurring at this time. It was said however that there had been an increase in the number of cases but was starting from a low base. In Kent, the number of cases had gone increased by 201 over the last 7-day period compared with the previous 7 days, an increase of 6.9%.

- It was noted that the United Kingdom Health Security Agency (UKHSA) had confirmed a new Covid variant called BA2.86, which had been detected in London. A risk assessment had been completed by the UKHSA and still much was unknown about the variant, but the number and size of mutations were of concern. It was said that due to the new variant, waning immunity and increased indoor mixing as winter begins the Secretary of State for Health and Social Care had asked NHS England to bring the vaccination programme forward and accelerate delivery of the programme, this would now begin, for both Covid-19 and flu, on the 11 September 2023.

- Dr Ghosh said that case rates in Kent would continue to be monitored closely as far as the data allows.

Suicide Prevention

- Dr Ghosh noted that 10 September 2023 marked World Suicide Day, and the suicide prevention team were working on awareness campaigns. A 24-hour text line was available and awareness was being raised by Release the Pressure.

- It was noted that on 6 September 2023, a major workshop would take place working with the national government to bring stakeholders together to encourage them to work closely to get better access to treatment and recovery services for substance misuse. It was said that several plans were in place to increase the numbers in the services including re-design of the website to enhance accessibility. A new employment and recovery programme would support those in recovery to get back into work. A targeted outreach campaign on drug and alcohol deaths had begun in Thanet and Canterbury.

Drug Deaths – Dr Ghosh said the number of drug-related deaths had increased nationally and in Kent. The committee were informed that the South-East was at risk from the threat of adulterated heroin, formed by a group of chemicals called Nitazenes and manufactured in laboratories across Europe. Not much is known about synthetic drugs other than they are far more addictive than the original substance. It was said that there had been two confirmed deaths from Nitazenes in Kent. To counter this a local drug information unit had been set up which worked closely with local and national enforcement, police and providers.

Core20PLUSE5 – Dr Ghosh said the Core20PLUS5 agenda was the NHS framework for tackling health inequalities. It was noted that the 20 refers to the 20% most deprived in a geography and the 5 group was defined locally. Public Health was supporting the Integrated Care Strategy (ICS) and Integrated Care Board (ICB) in the definition of the plus groups with partner organisations. It had been adopted that Gypsy, Roma and Traveller communities were to be one of the priorities as part of the 5 group.

Family Hubs

- Dr Ghosh noted that Public Health had supported the development of the Family Hub tester sites in Margate and Sheerness, through programmes of training, presentation of resources, tools to use with families and a supervised toothbrush programme for oral health.

- Following the development of the business case and evaluation of bids providers had been procured for co-creating an Infant Feeding Strategy, which would help develop insights into barriers to breastfeeding, engaging with dads and partners and co-creating Perinatal Mental Health and Parent Infant Relationships Strategy.

Sexual Health – It was noted that Public Health was supporting the ICB in the development of a Women's Hub, with funding from NHS England of £595,000 over two years. It was hoped to develop a network that prioritises women's health targeting certain areas including sexual health for older people and menopause. A new premise had been identified as a single location for integrated specialist sexual health services in Margate, due to open in October 2023.
Lifestyle Interventions

- Public Health was working closely with the ICB and the NHS to develop an adult weight management pathway. It was noted that there was a block on the capacity of the pathway, which would need to be looked at differently going forward.
- Public Health was in the process of developing an ageing well strategy, informed by the WHO Healthy Age approach.

Tobacco Control – It was said that there was a new Kent, Young People and Vaping website launched, which would provide information to the public on the facts of vaping and would signpost to school resources. The webpage can be viewed here: Vaping: The facts - Kent County Council

3. In response to comments and questions from Members, it was said.

(a) Asked by a Member if the Public Health team were just monitoring the COVID-19 data or beginning to actively prepare response measures. Dr Ghosh said they were reviewing the guidance and escalation triggers so that they were prepared to ramp up measures if required. But were currently at a new stage of living with COVID-19 and are actively monitoring the data available from proxy indicators. It was noted that if an escalation was noticed the response would be national rather than county-based and plans were in place ready. Mr Watkins added that preventative methods were being actively considered including the distribution of vaccinations from 11 September 2023 to ensure the safety of residents if a new variant was of more concern.

(b) Asked if greater COVID-19 testing could be done in hospitals to get more data on the unfolding situation with the new variant Dr Ghosh said that Public Health were working closely with UKHSA and that PCR testing was being done in hospitals with genetic testing done on a sample of the results to monitor new variants. It was said that if the new variant of concern were to become more prominent it would be picked up by this testing regime.

(c) A Member asked about a statement made by the Director for Public Health in Cornwall and if Kent was to expect an announcement for residents to exercise caution. Dr Ghosh said that COVID-19 messaging would be proportional to the regional context and would work closely with the Council's communications team to support this.

(d) Asked about the situation regarding Nitrous Oxide Dr Ghosh said work was ongoing with colleagues across the Council and would provide more detail at the next meeting.

277. 23/00075 - Family Hubs - Star for Life, Perinatal Mental Health and Parent Infant Relationship Interventions

(Item 8)

Wendy Jeffreys, Consultant in Public Health, was in attendance for this item.

1. Mr Watkins gave a brief overview of both Family Hubs – Start for Life decisions that were being presented at the meeting. It was noted that the funding was from the central government to expand the county's offer in perinatal mental health and infant feeding.

2. Wendy Jeffreys then provided further details. The importance of early parent and infant bonding was highlighted, and the funding would be used to train and support the workforce in attachment theory, trauma-informed practice and response and parent infant relationships. There would also be measures to support cases where an intense need was required. It was said that there was a lack of local data on the level of need and work was ongoing to assess this. Nationally 15% of babies in the general population required specialised parent infant relationship interventions. It was said there would be a co-creation of a parent and infant relationship and perinatal mental health strategy which the Council did not currently have but was a Department for Education requirement. Ms Jeffreys said that this work would be implemented as part of wider children's and young people's strategies which were currently being developed.

3. In response to comments and questions from Members, it was said:

(a) A Member said that there was limited detail for the £3 million figure and how this had been calculated as it worked out at around £60 per child affected by disorganised attachment. It was asked that further detail be provided on the extent of the problem and the effectiveness of the funding. Dr Ghosh said the funding was nationally prescribed but would be used to build on work already ongoing. For context, it was noted that The Public Health grant is about £49 per person. It was said as part of the funding Public Health would continue to monitor and gain further understanding of the extent of the problem and effectiveness of the interventions. Ms Jeffries said that the extent of the need was unknown at this time, but more would be understood as the programme progressed. It was noted that this was the case nationally and not just in Kent. It was noted that the current focus would be on early interventions up to the age of 2, but in the future interventions for older children would also be considered. The Member asked that a report could come back to update on the progress and effectiveness of the programme.

(b) A Member welcomed the report and the funding, as further research was needed in this area. It was noted that a review of how effective the interventions were would be helpful to inform future decisions.

(c) It was recommended that a report would come back in 12 months on the progress of the programme.

(d) During the meeting it was noted that the figures in the report did not match. After the meeting, it was confirmed that the correct figure was £3,051,809.

4. RESOLVED, subject to the above, the Health Reform and Public Health Cabinet Committee agreed to:

i. APPROVE the service workforce development in regard to low to moderate perinatal mental health and parent-infant relationships, as detailed in the report.
ii. APPROVE the required expenditure to deliver this activity via Family Hub Grant Funding up to £3,051,809 for the period ending April 2025.
iii. DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Integrated Children's Service and the Cabinet Member for Adult Social Care and Public Health, to take necessary actions, including but not limited to allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

278. 23/00076 - Family Hubs- Start for Life, Infant Feeding
(Item 9)

Wendy Jeffreys, Consultant in Public Health, was in attendance for this item.

1. Dr Ghosh introduced the report.

2. Ms Jeffreys gave an overview of the decision. It was said that the enhanced infant feeding provision would continue to be provided by commission provider Kent Community Healthcare Foundation Trust. It was noted that the contract would be varied and the wording would be amended when the decision would be taken by the Cabinet Member.

3. Ms Jeffreys said that the funding would enable the Council to focus on areas that had been neglected and allow greater opportunities for contact to be made with families during times when more support was required. There would also be ongoing work to help better understand the barriers faced by families in more deprived communities. It was noted that the co-creation of the 5-year infant feeding strategy had begun which would be adopted by the local maternity and neonatal system for Kent and Medway. Work was also ongoing to simplify messaging in this area.

4. In response to comments from a Member, it was agreed to bring a report back in 12 months to update on progress.

5. RESOLVED, subject to the above, the Health Reform and Public Health Cabinet Committee agreed to:

i. APPROVE the service development for the Infant Feeding Service and wider workforce development, as detailed in the report.
ii. APPROVE the required expenditure to deliver this activity via Family Hub Grant Funding up to £1,256,332 for the period ending April 2025.
iii. DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Integrated Children's Service and the Cabinet Member for Adult Social Care and Public Health, to take necessary actions, including but not

limited to allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

279. Public Health Performance Dashboard - Quarter 1 2023/24
(Item 10)

Victoria Tovey, Head of Strategic Commissioning – Public Health, and Dr Connie Wou were in attendance for this item.

1. Mrs Tovey noted that the overall performance was positive out of the 15 Key Performance Indicators nine were RAG rated Green and one Amber. Five Key Performance Indicators were not available at the time of writing this report.

2. In response to comments and questions from Members, it was said.

(a) The Chair asked what could be expected from the 5 KPIs for which data was not yet available. Mrs Tovey said that they were not aware of any concerns.

(b) Asked about One You Kent and reported inconsistent buy-in from GP's surgeries with some referring several individuals and others none at all. It was also noted that some patients were unaware that they were being referred. It was questioned how this scheme was funded and if it was per individual referred. Mrs Tovey gave an overview of One You Kent and noted that 6 district councils provided the service alongside Kent Community Health Foundation Trust. It was said that there had been national incentives for referrals but they would always expect that they were informed of referrals with consent, it would be of concern if people were not being told about referrals. Mrs Tovey said they would investigate any specific concerns outside the meeting. Mrs Tovey said there could be a review of promotional materials.

(c) Dr Connie Wou gave further information on the weight management pathway and the work being done to improve the service. There was work ongoing to streamline the referral pathway and to ensure that people were aware of referrals. Dr Wou said they welcomed further specific details if there was a concern.

(d) The Chair asked for this to be looked into and Mrs Tovey said it would be and reported back.

(e) A Member raised a concern that the triage process was too long which was discouraging patients from taking referrals and that there were issues with the communication pathways between different agencies.

(f) A Member asked if there was a way to self-refer as this would free up capacity at GP surgeries. Mrs Tovey said there were a lot of individuals that chose to self-refer, especially after public information campaigns. It was also noted that the One You Kent website signposts to self-help resources such as apps and services were provided by third parties such as GP surgeries themselves.

(g) Asked about the KPI target figures and if these were relevant and proportionate to the whole population. It was also asked if absolute figures rather than percentages could be provided. Mrs Tovey said that the services were impacted by COVID-19 with services such as NHS Health Checks shutdown during the period, therefore many of the KPIs

were set in response to this but it was noted that the services had caught up very quickly which was why so many were green. It was said that each year KPIs would be reviewed to drive continuous improvement and many of the KPIs would be changed to reflect this and stretch the providers as much as possible. Mrs Tovey noted that further information on relative performance that was requested could be provided in the next update.

(h) A Member noted that KPI PH15 had dropped under 95%, but that the target had been increased from 30 days to 10-14 days and that the full story behind this effort was not reflected in the data. The Member praised the efforts of the team to achieve this. Mrs Tovey said that they would report the feedback and noted that a decision was taken to push the measure.

(i) Asked by a Member about utilising Kent's social media platforms to promote Public Health messages to reach a wider audience. Mrs Tovey welcomed the idea and would feed it back to the communications team.

(j) Dr Ghosh said that improvement was being made as identified by the green KPIs, as over the previous couple of quarters there had been reds and orange. However, the targets would be increased going forward to ensure continuous improvement.

3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the performance of Public Health commissioned services in Q1 2023/2024.

280. Public Health Service Transformation Update

(Item 11)

1. Dr Ghosh introduced the update.

(a) It was said that the report gave an overview of an intensive piece of work that would take about a year to complete which was a root and branch review of all Public Health commissioned services.

(b) Dr Ghosh then provided four drivers behind why the work was required, 1) the impact of COVID-19, 2) the changed commissioning environment, 3) the Council's financial position and the real terms reduction in the funding from the Public Health Grant next year and likely going forward and 4) two key contracts with major community health service providers were up for renewal in March 2025.

(c) Dr Ghosh noted the focus of the review would be on value for money, sustainability, alignment, innovation and technology.

(d) It was said that they were currently at stage 1, the data-gathering phase.

2. Mrs Tovey provided a further update on the ongoing progress. A methodology had been employed to ensure that all services were reviewed robustly to fully understand strengths, weaknesses, opportunities and threats. It was said that workshops were being planned with key stakeholders, providers and users to review ongoing work and get ideas for innovations and improvements. Following this options appraisal process would take place. It was said that the transformation aimed to ensure that services were as preventative as possible and would help to reduce health inequalities in Kent.

3. In response to comments and questions from Members, it was said:

(a) A Member expressed concern that the focus on financial savings would lead to the net effect of fewer services for Kent residents. More detail on the impact of the transformation on the population was requested. Mrs Tovey said they would always have to look at value for money and gave some examples of where efficiencies could be found. It was noted that impact on the population information could be provided going forward. Dr Ghosh added that they would always work within the Public Health Grant conditions and the context of an ageing population and the profile of comorbidities changing for the worse. Dr Ghosh said Public Health would be focussed on system-wide prevention interventions and other target areas going forward but efficiencies would be required to fund new opportunities. It was also said that the Council's financial position would affect the operation of Public Health.

(b) Mr Watkins said that the review would identify which programmes were most effective and funding would be directed towards them. Mr Watkins highlighted that this work was vital to responding to the financial strains seen in Adult Social Care and Public Health.

(c) A Member asked that text and email be the default communication method as this was cheaper than post. It was noted that post should remain an option when required for accessibility reasons. Mrs Tovey agreed and said certain services were much more digitalised than others but would aim to ensure it was the case system-wide going forward.

(d) Mrs Tovey said that there would be mixed approach to include those people who did not have digital or online access.

(e) The Chair asked for a progress update between stages 2 and 3. Mrs Tovey said they would be happy to update the committee as the transformation progresses.

4. RESOLVED the recommendations were agreed as outlined in the report.

281. Vaping in Kent - with a focus on underage use

(Item 12)

Dr Connie Wou was in attendance for this item.

1. The Chair introduced the update and gave some remarks on vaping that noted its positive uses but expressed concern that young people saw them as a fashion item due to their price, looks and availability.

2. Dr Ghosh gave an overview. It was noted that there had been an industry-wide move amongst tobacco companies from investing in cigarette products to vapes due to a change in social norms. Dr Ghosh said that vapes required both a legislative and a local approach to prevent adverse effects of vapes on public health.

3. Dr Connie Wou said that vapes were a very effective treatment for smoking but were not without risk. It was noted that there was some evidence of a rise in vape use amongst younger people and some of the health and environmental risks

associated with vaping were detailed. It was noted that Kent, other local authorities and the Local Government Association had all recommended that action be taken on disposable vapes and that the Public Health team were acting proactively with partners and trading standards to tackle this issue.

4. In response to comments and questions from Members, it was said:

(a) Asked for clarification on the figures from the Kent website (Crackdown on illegal vape sales and more support to stub out cigarettes 'welcome' - News & Features - Kent County Council) which mentioned Department of Health and Social Care funding of £ 3 million, number of smokers in Kent and the cost of smoking-related issues for the county. Wou said they would review the statistics on the website before giving a response. The funding mentioned on the website is for a national initiative.

(b) Members said that the central government should be lobbied to add a tax or levy on vape sales at the point of purchase to cover environmental costs.

(c) Asked that vape purchases be included in challenge 25. Dr Wou said it was being considered but new retailers may not be fully aware of the regulations and would need to make them aware as part of the process. Details on the fine handed to those retailers selling to underage people would be provided after the meeting.

(d) A Member said that teenagers need to be educated on the health risks of vapes and that social media platforms could be the most effective way of communicating this. Another Member added that local sports personalities could be encouraged to raise awareness. Dr Wou said that work was ongoing to provide young people with the right information and was working with schools and parents to circulate this. It was noted that Public Health would work with the communications team to plan how to reach out to young people best.

(e) It was said that a letter should be sent to the Prime Minster to ensure he keeps the pledge to crack down on legal loopholes and aggressive marketing strategies. It was also asked if countywide evidence and data had been supplied to the central government following their call for evidence.

(f) A Member expressed concern that sweet shops were selling vapes and if there was a way for the Council to discourage this. Dr Wou said that trading standards would look into issues such as this as part of their project.

(g) It was said that there needs to be an easy access portal for local people to report illegal sales. Dr Wou said that trading standards would use local intelligence to help crack down on illegal sales, Dr Wou would follow up with them on their plan for how locals can report instances.

(h) Asked if data had or was being collected on the health and financial costs of vaping and if this justified the benefits it brought as a treatment for adult smoking. Dr Wou said that this point would be taken away and reported back.

(i) The Chair asked Mr Watkins what the next steps would be. Mr Watkins said that he would follow up the letter calling for a ban on disposable vapes with the Parliamentary Under-Secretary of State for Primary Care and Public Health and he noted that most of the action would have to be done at a national level. It was said that targeted measures

with schools and trading standards could be taken as outlined by Members. There would be a crackdown on illegal vapes being sold within the county.

(j) A Member asked for an update report to be brought back to the committee.

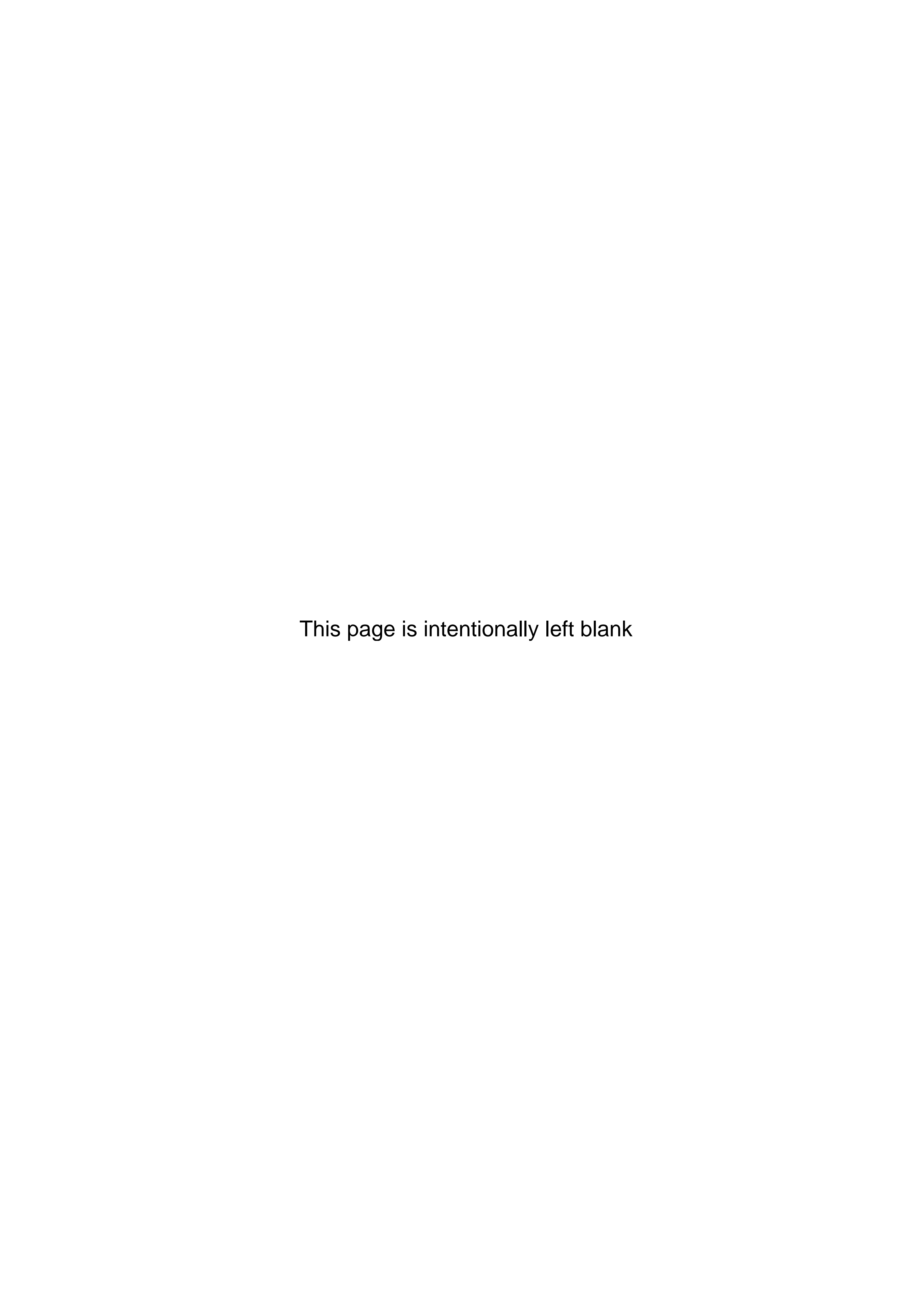
(k) The committee agreed that it be recommended that the Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins, follow up with national government partners on the ban of disposable vapes.

5. RESOLVED that the Health Reform and Public Health Cabinet Committee commented on and noted the report.

282. Work Programme

(Item 13)

The Work Programme 2023/24 was noted.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From: Roger Gough, Leader
Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee,
7 November 2023

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

Key decision: **23/00091** (New strategy or policy outside of the Policy Framework)

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet, 4 January 2024

Summary: The Kent and Medway Integrated Care Strategy sets out shared outcomes for the health and wellbeing of our population that all partners in the Kent and Medway Integrated Care System will work together to deliver. The strategy has been refreshed from the interim version to reflect the views, priorities and needs of people across Kent and Medway and partners across the system who are working to support them. It is an important opportunity to do things differently, integrate our services and act together on the wider determinants of health. This paper explains how the strategy has been refreshed, highlights the main commitments and how it has been improved from the interim version based on feedback. It sets out how delivery and monitoring is being planned to ensure that the strategy makes a real impact on the health and wellbeing of people in Kent and Medway.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to Cabinet on the proposed decision to approve the Kent and Medway Integrated Care Strategy on behalf of Kent County Council, attached as appendix A.

1. Introduction

1.1 Kent County Council is a lead partner in the Kent and Medway Integrated Care System (ICS), and a statutory member of the Kent and Medway Integrated Care Partnership (ICP). It is a statutory requirement for ICPs to prepare an Integrated Care Strategy. This paper presents the refreshed Integrated Care Strategy for Kent and Medway (appendix B).

1.2 The Kent and Medway Integrated Care Strategy has been developed by the three statutory partners of the ICP – KCC, Medway Council and NHS Kent and Medway. It will be approved by each of these partners through their own governance arrangements subject to recommendation for approval by the ICP at its meeting on 7 December 2023. Cabinet will be asked to approve the strategy for KCC on 4 January. Recommendation by the ICP and approval by

all the three statutory partners will be required before the strategy can be implemented. As the strategy takes a broad view of health and wellbeing, it is of relevance to several Cabinet Committees. It will be considered by the Health Reform and Public Health Cabinet Committee on November 7th, by Growth, Economic Development and Communities on 9 November, Adult Social Care on 16 November and Children, Young People and Education on 21 November. Where further feedback is received, minor additional changes will be made before the final draft is presented to the ICP.

1.3 The Kent and Medway Integrated Care Strategy also performs the role of the Kent Joint Local Health and Wellbeing Strategy. Given that the Kent area covers most of the Integrated Care System's footprint, having a single strategy for the health and wellbeing of the population of Kent will provide clarity and ensure that all partners are focused on delivering the shared outcomes that have been identified. The Kent Health and Wellbeing Board is responsible for approving the Joint Local Health and Wellbeing Strategy for Kent and will receive the Integrated Care Strategy at its next meeting in December.

1.4 The health of the people we serve is not improving in the way we would wish it to. In many areas we are now performing relatively less well than the England average. This is driven by the wide range of determinants of health discussed below, many of which are worsening locally, that in turn impact on health outcomes. We need a new approach to tackling health challenges, one that recognises the role that all partners can play in addressing these wider determinants. The requirement for a system Integrated Care Strategy is a timely opportunity to catalyse a system shift in this direction.

1.5 The purpose of an Integrated Care Strategy is to set the strategic direction and priorities for the health and wellbeing of the population across the ICS. The strategy presents an opportunity to do things differently, further integrating health and care services to better meet the needs of individuals and communities, support the sustainability of health and care services and go beyond 'traditional' NHS and social care services to enable action on the wider determinants of health with other partners. The wider determinants of health are critical because it is known that only about 20% of a person's health is related to clinical care, with the other 80% being attributable to health behaviours, socio-economic factors including education, employment and family/social support, and the built environment[1].

1.6 While the refresh of the strategy has been led by the statutory partners, it is a strategy for the whole system and all partners that play a role in supporting the health and wellbeing of people in Kent and Medway. Partners across the public, private and voluntary and community sector and people themselves have a vital role to play, and their views and priorities have shaped the refresh of the strategy.

1.7 In its Council Strategy, Framing Kent's Future, KCC has committed to seize the opportunity of integrating our planning, commissioning and decision making in adults', children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level. Through

[1] Robert Wood Johnson model, Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014

its statutory requirements and the commitments it has made, KCC is a key partner in the development and implementation of the Integrated Care Strategy.

2. Strategy development, contents and delivery

Development

2.1 There was a national requirement for all ICSs to publish their first Integrated Care Strategy by the end of 2022. Due to the short time allowed for development, with ICSs only becoming formalised in July 2022, an Interim Integrated Care Strategy for Kent and Medway was produced and approved by the ICP and statutory partners in December 2022. When the Interim Strategy was approved, all partners committed to refreshing it by the end of 2023 to allow for full engagement and consultation to inform the final version.

2.2 During 2023, extensive consultation with stakeholders and the public has taken place and the findings have informed the refreshed version. The consultation report is attached as Appendix C. As part of the consultation, Public Health has delivered workshops in each of Kent's 12 districts, working closely with the District/Borough/City councils and their local system partners to understand local issues, strengths and challenges as well as their thoughts on the interim strategy. This has ensured that the strategy is informed by the diverse needs and experiences of Kent's local communities and acknowledges and supports the vital role of district councils in promoting health and wellbeing. The refresh has also been informed by workshops with KCC members and officers including Directorate Management Teams, and with other partners including the Office of the Police and Crime Commissioner, Kent Association of Local Councils and Kent Housing Group. Voluntary and Community Sector Alliance partners, Health and Care Partnerships and providers of health services across the system are amongst other stakeholders that have been engaged.

2.3 Feedback has shaped the principles that the refreshed Integrated Care Strategy is built around, including that the strategy will:

- Provide focus and clarity on the priorities we must deliver together, as a system, recognising the limited resources available and the scale of the challenge.
- Be supported by strategies and delivery plans which are organisation or subject matter specific.
- Recognise that local partners are best placed to understand local needs and the actions required to tackle them.
- Focus the whole system in tackling the wider determinants of health including tackling inequalities.
- Help deliver more integrated, joined up services across a wider group of partners to support people.

2.4 Feedback received from stakeholders on specific outcomes has been used to shape these sections of the refreshed strategy, as set out in the Contents section below.

2.5 The development of the Integrated Care Strategy has been jointly led by KCC, Medway Council and NHS Kent and Medway through a multiagency steering group and project group. The ICP has shaped the development of the Strategy

through an initial workshop and ongoing engagement. Development of the Strategy has followed the requirements set out in statutory guidance, including contents to be included and involvement of stakeholders. The Strategy has been informed by the Joint Strategic Needs Assessments for Kent and Medway.

Contents

2.6 The document is structured around the shared vision, six outcomes and three enablers that were agreed in the Interim Strategy. Feedback suggests that these are well supported as the shared outcomes that all partners want to work towards together. Some of the outcomes have been reworded in response to specific feedback to clarify or develop the priorities that partners will deliver. The main sections of the strategy are set out below:

2.7 **Introductory pages**
The introductory pages set the Kent and Medway context and explain the necessity of working together to support the health and wellbeing of the population and the new opportunity that coming together as an Integrated Care System presents. There is a summary of the purpose of the strategy and brief overview of the consultation activity that has informed it.

2.8 **Outcomes pages**
Each outcome is set out concisely on one page to aid focus and understanding of what we are aiming to achieve. There is a brief summary of the main points heard during the consultation activity around the outcome. Three or four priorities for delivery under each outcome have been carefully identified using the interim strategy as a starting point and refining this based on the feedback received from stakeholders on each outcome. There is a brief description of what we want to achieve, which focuses on the shared actions we need to take together. The priorities articulate the ‘what’ and allow for local and specialist delivery planning of ‘how’ this can best be delivered across the system. For each outcome, some examples of strategic indicators that will be used to measure impact have been included – there is more information on this in the section on delivery and monitoring below. ‘I’ statements from the point of view of a person receiving support or a member of the public have been included to help bring the outcome to life.

2.9 **Shared outcome 1: Give children and young people the best start in life**
This outcome has been developed working closely with KCC’s Children, Young People and Education Directorate Management Team, health leads for children and young people and other partners. Compared to the interim version, it takes a more holistic approach to supporting the health and wellbeing of children and young people, encompassing support in communities and schools, and commitment to put the wider conditions in place for families to be able to raise physically and emotionally healthy children. The priorities are:

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

2.10 **Shared outcome 2: Tackle the wider determinants to prevent ill health**
This outcome has been developed with input from KCC's Economic Development and Communities leads, KCC's Adult Social Care and Health Directorate Management Team and partners including the Office of the Police and Crime Commissioner. It is aligned to commitments in the developing Kent and Medway Economic Framework, reflecting the interconnectedness of health and economic outcomes. In the refresh this outcome has become more strongly focused on the wider determinants of health and the role that all partners have to play in improving them and in reducing health inequalities. The priorities are:

- Address the economic determinants that enable healthy lives including stable employment.
- Address the social determinants that enable healthy lives including social networks and safety.
- Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment.
- Address inequalities.

2.11 **Shared outcome 3: Support happy and healthy living**
This outcome has benefited from the input of KCC's Adult Social Care and Health Directorate Management Team to align with strategic priorities for adult social care. It focuses on supporting people to choose healthy behaviours and take control of their health throughout their lives to prevent, reduce or delay the need for health and care support and services. In the refresh this outcome covers mental health with the same importance as physical health, and sets out a shared ambition for people with health and care needs to live independently and safely in their home within their communities supported by care that is joined up between partners including vitally those provided by the voluntary and community sector. The priorities are:

- Support adoption of positive mental and physical health behaviours.
- Deliver personalised care and support centred on individuals providing them with choice and control.
- Support people to live and age well, be resilient and independent.

2.12 **Shared outcome 4: Empower people to best manage their health conditions**
This outcome is about supporting people when they have health, care and support needs, including through multidisciplinary teams of professionals from different services working together with the person at the centre. It also includes commitments on providing consistently high-quality primary care with access to the right healthcare professional at the right time. The commitments around supporting informal carers have been developed with input from KCC Adult Social Care and Health leads and are aligned to the KCC Carers Strategy. The priorities are:

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

2.13 **Shared outcome 5: Improve health and care services**
This outcome has been significantly strengthened from the interim strategy which focused on hospital services, and now articulates the system's broader commitment to work together to improve the standard of all health, care and

support services, with input from Adult Social Care leads. It sets out how we can work better together to make the best use of our resources, improve communication and the transfer of care between services and settings, for example when someone is discharged from hospital. By integrating the way we work, we can improve the experience of people who need health, care and support services. The priorities are:
- Improve equity of access to health and care services.
- Communicate better between our partners especially when individuals are transferring between health and care settings.
- Tackle mental health issues with the same energy and priority as physical illness.
- Provide high-quality care.

2.14 **Shared outcome 6: Support and grow our workforce**
This outcome has been developed jointly by the workforce leads for KCC, Medway Council and NHS Kent and Medway. The priorities reflect the shared workforce pressures experienced by the statutory partners and the wider health and care workforce. By working together to plan, build and support this workforce, we will better support the sustainability of health and care services. Priorities are:
- Grow our skills and workforce.
- Build ‘one’ workforce.
- Look after our people.
- Champion inclusive teams.

2.15 **Enablers**
The three enablers that will underpin delivery of the strategy are:
- We will drive research, innovation and improvement across the system.
- We will provide system leadership to make the most of our collective resources.
- We will engage our communities on our strategy and in co-designing services.

These have been expressed more concisely but are largely unchanged from the interim strategy, as feedback suggested that these are well understood and supported.

Delivery and monitoring

2.16 The Integrated Care Strategy sets out the shared outcomes that the system will work towards. Many partners and partnerships across the system will play a role in delivering them through a number of delivery plans developed to meet the needs of a particular place (for example in the case of a district council or Health and Care Partnership,) or a specialist area (for example a new system strategy on children and young people). The strategy reflects locally agreed priorities and recognises the need for locally developed and owned action plans if it is to be successful, as well as system wide plans.

2.17 Delivery planning has already started over the last year based on the interim strategy and will be informed and prioritised by the refreshed version. Partners across the system are working on how we will bring together delivery planning and ensure accountability and monitoring of progress, with Public Health leading on coordinating the important role of KCC’s services in delivery.

2.18 The Integrated Care Partnership has a role to monitor the impact that delivery of the shared outcomes in the strategy is having on improving the health and wellbeing of the population and highlight where this needs to go further. To support the ICP to do this, Public Health teams in KCC and Medway Council have worked with health colleagues to develop a draft set of strategic indicators using a 'logical framework' methodology. Some of these draft indicators have been included in the outcomes pages to illustrate the impact that successful delivery would bring. The indicators will be finalised based on the refreshed strategy, and the ICP will start to receive reports on these indicators.

2.19 The ICP is also considering how it can complement the information it will receive from the indicators with a qualitative approach to monitoring the impact of delivery, including through learning from the experiences of people receiving support and services and people working across the system, and sharing best practice.

3. Financial Implications

3.1 No direct costs are associated with the approval of the Integrated Care Strategy. Costs for consultation activity and officer time in developing the strategy have been managed within existing budgets.

3.2 The Integrated Care Strategy sets out the vision for further integration of our services to better meet health and care needs and make the best use of resources. Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

4. Legal implications

4.1 KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the Integrated Care Board, partner local authorities or NHS England. Integrated Care Systems must draw on the Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments in producing their Integrated Care Strategies. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

5. Equalities implications

5.1 An Equality, Diversity and Inclusion Impact Assessment has been completed for the Integrated Care Strategy and is attached as appendix D. This has been led by colleagues at NHS Kent and Medway with input from KCC.

5.2 The Integrated Care Strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. Subsequently, the

assessment identifies that there is potential for positive impact for all protected characteristic groups, to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a protected characteristic, and therefore meets the requirements of the Public Sector Equality Duty.

5.3 The assessment sets out an action to ensure that detailed equality analysis and mitigation is put in place for specific service changes or projects that happen as a result of the strategy.

6. Conclusions

6.1 The Kent and Medway Integrated Care Strategy has been refreshed and improved based on extensive public and stakeholder consultation. It represents an opportunity to work in a more integrated way, support prevention of health and care needs and involve a broad range of partners who play a role in improving the wider determinants of health and tackling health inequalities.

7. Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to Cabinet on the proposed decision to approve the Kent and Medway Integrated Care Strategy on behalf of Kent County Council, attached as appendix A.

8. Background Documents

8.1 Statutory guidance on the development of Integrated Care Strategies (Department of Health and Social Care)- https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies

8.2 Details of the Decision 22/00097 taken by Cabinet to approve the Interim Integrated Care Strategy - https://kcc-app610/ieDecisionDetails.aspx?ID=2662

9. Appendices

A: Proposed Record of Decision
B: Draft Kent and Medway Integrated Care Strategy
C: Consultation report
D: Equality Impact Assessment

10. Contact details

Dr Anjan Ghosh
Director of Public Health
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet	23/00091

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

Key decision: YES

Key decision criteria. The decision will:

a) result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or
b) be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:
    - the adoption or significant amendment of major strategies or frameworks;
    - significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.

Subject Matter:
Approval of the Kent and Medway Integrated Care Strategy

Decision:

Cabinet:

approves the Kent and Medway Integrated Care Strategy, subject to final recommendation by the Kent and Medway Integrated Care Partnership; and delegates authority to the Director of Public Health to take the relevant actions to implement this decision.

Reason(s) for decision:

KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership (ICP). It is a statutory requirement for Integrated Care Partnerships to produce an Integrated Care Strategy, which sets the strategic direction and priorities for the health and wellbeing of the population. Recommendation by the ICP and approval by the three statutory partners (KCC, Medway Council and NHS Kent and Medway) is required before the strategy can be implemented. The Kent and Medway Integrated Care Strategy also performs the role of the Kent Joint Local Health and Wellbeing Strategy.

The strategy will be a vehicle for the further integration of health and care services to better meet the needs of individuals and communities, support the sustainability of health and care services and go beyond 'traditional' NHS and social care services to act on the wider determinants of health with other partners to bring real improvements in health outcomes. It will support KCC to achieve the commitments set out in *Framing Kent's Future* to integrate our planning, commissioning and decision making in adult's, children's, and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level

Financial Implications

No direct costs are associated with the approval of the Integrated Care Strategy. Costs for consultation activity and officer time in developing the strategy have been managed within existing budgets.

The Integrated Care Strategy sets out the vision for further integration of our services to better meet health and care needs and make the best use of resources. Delivery of the strategy will be managed through more detailed delivery and commissioning plans across the system, where specific financial implications will be identified and managed.

Legal Implications

KCC is a partner local authority in the Kent and Medway Integrated Care System and a statutory member of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the Integrated Care Board, partner local authorities or NHS England. Integrated Care Systems must draw on the Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments in producing their Integrated Care Strategies. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

Equalities implications

An Equality Impact Assessment for the Integrated Care Strategy is in development alongside the development of the strategy. This is being led jointly by KCC, Medway Council and NHS Kent and Medway. The strategy aims to improve health and wellbeing outcomes for all people in Kent and Medway, with a particular emphasis on addressing health inequalities and providing more support for those with the greatest need including needs associated with protected characteristics. There is therefore expected to be a positive overall impact of the strategy. Detailed equality impact assessment and planning will need to be undertaken for the actions put in place by all partners to deliver the shared outcomes and priorities in the strategy.

Data Protection implications

A Data Protection Impact Assessment is not required.

Cabinet Committee recommendations and other consultation:

The Integrated Care Strategy will be considered by the following relevant Cabinet Committees:

- Health Reform and Public Health – 7 November
- Growth, Economic Development and Communities – 9 November
- Adult Social Care – 15 November
- Children, Young People and Education – 21 November

Extensive stakeholder and public consultation has taken place to inform the refresh of the Integrated Care Strategy. Details are provided in the Consultation Report.

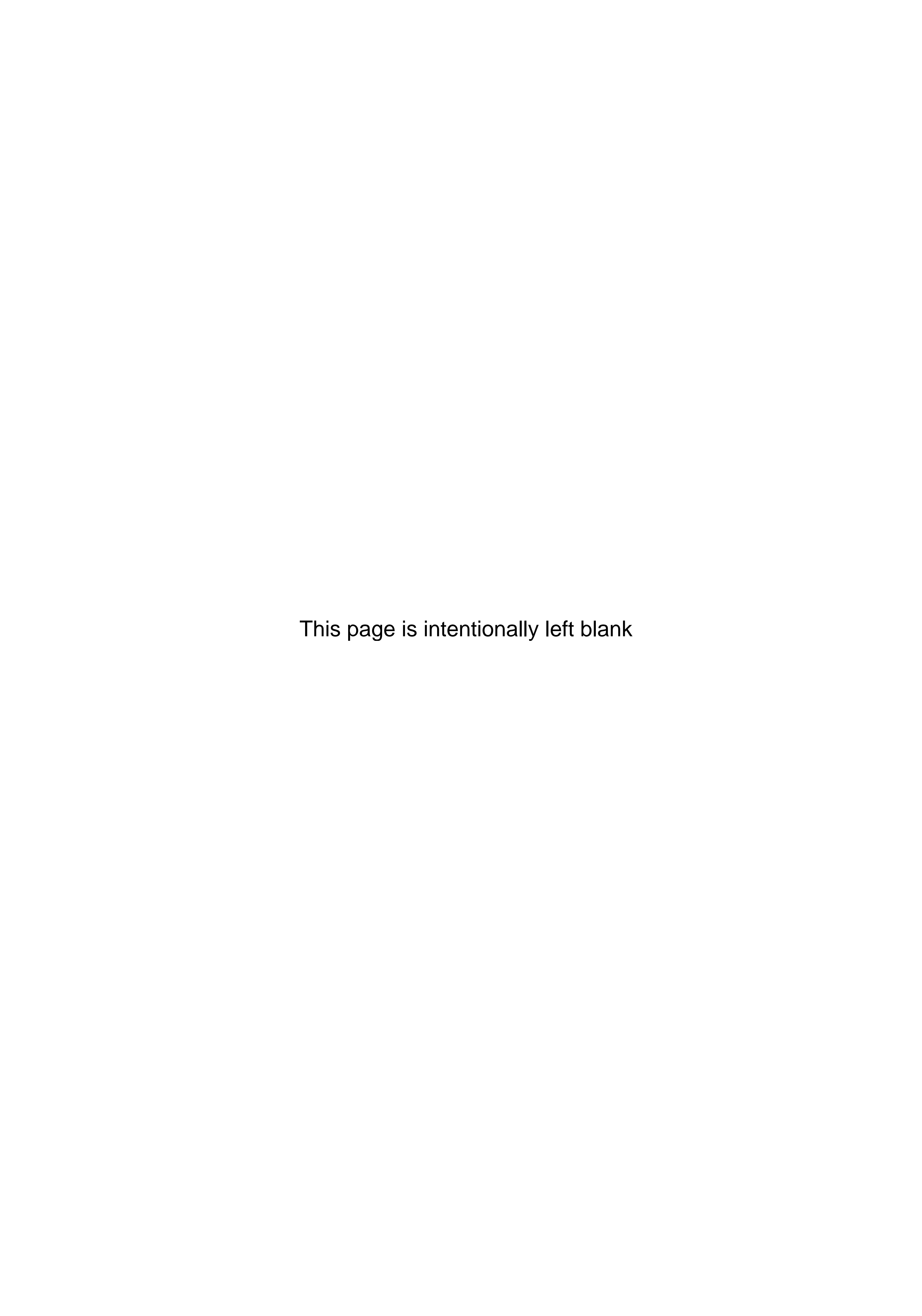
Any alternatives considered and rejected:

N/A due to the statutory requirements set out above.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

None.

signed date



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Kent and Medway Integrated Care Strategy

Draft Version 7

26 October 2023

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

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

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

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

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.

Cedi Frederick,
NHS Kent and Medway

Cllr Vince Maple,
Medway Council

Cllr Roger Gough,
Kent County Council

Introduction and context

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

Kent and Medway Integrated Care Partnership was formed in 2022 with a strong history of partnership working, and as a result we have started to see where this approach is making a difference. In the last year we have spoken to people, organisations and partnerships to produce this Integrated Care Strategy. It is underpinned by our Joint Strategic Needs Assessments, individual subject-specific strategies and the Medway Joint Local Health and Wellbeing Strategy. It also constitutes the Kent Joint Local Health and Wellbeing Strategy.

Our population is growing faster than the national average - over 20% growth is predicted between 2011-2031.

In Medway and Swale, local survival rates for cancer, in particular lung cancer, are among the lowest in the country.

Life expectancy is no longer increasing in Kent and Medway. In all areas, apart from Thanet, the gap in life expectancy is wider for men than women. Life expectancy at birth in Medway, Swale and Thanet is below the England average for both men and women.

More people are experiencing depression or severe mental illness

Over two thirds of adults are now overweight or obese and physical activity levels for children and young people are not increasing

Incidents of domestic abuse are increasing

Kent and Medway lags behind the UK and South East in some indicators of economic success, including productivity and skill levels

The covid-19 pandemic has brought inequalities into focus. Fewer children are school ready and there has been a drop in expected levels in phonics screening for Year 1.

Across Kent and Medway around 170,000 adults aged 16+ provide hours of unpaid care each week

Although women's life expectancy is higher, women spend more years, and a greater proportion of their lives, in poor health than men (23% vs 19-22%). The number of years spent in poor health has either increased or remained relatively unchanged across Kent and Medway.

12% of people in West Kent smoke, compared to over a fifth (21%) in Swale.

East Kent is bordered by the sea. England's Chief Medical Officer Annual Report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Running through the report is the fact that coastal communities have multiple, overlapping but addressable health problems.

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

Why we need an Integrated Care Strategy now

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

Delivering together as an Integrated Care System

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

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

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

1.9 million people	**2** Healthwatch organisations	Approx **4,000** registered charities	**90,000** staff working across health and care
13 housing authorities	Over **74,000** businesses and enterprises	**14** councils 1 county, 1 unitary, 12 districts	**184** GP practices in **41** Primary Care Networks
694 schools and **1,713** nurseries/early years settings	**4** Health and Care Partnerships	**325** pharmacies	**1** medical school and **3** universities
7 NHS provider trusts and **1** Integrated Care Board	**642** care homes	**321** parish and town councils	**1** Police Force and **1** Fire and Rescue Service

Kent and Medway
Integrated Care System

How we listened to develop the strategy

Work with system partners e.g. district councils, Kent Association of Local Councils, voluntary sector, Kent Housing, Police and Crime Commissioner

Online platform
'Have your say in Kent and Medway'
Over 350 responses

Nearly 9,000 clicks on social media links

Over 1,000 responses in total

Newsletters, staff bulletins, residents' news, social media promotion and paid advertising reached 1.5 million people

32 events
Family fun days, shopping centres, leisure centres, health bus, conferences

Focus groups
led by community and voluntary sector organisations reaching over 300 people

Thank you!

What we heard…

The strategy needs to set a vision and enable local delivery

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

Need to recognise the financial challenges and difficulties of partnership working

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

Communication between services needs to improve

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

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

More support for carers

Further detail is included for each of the outcomes on the following pages.

DRAFT

Overview of the Integrated Care Strategy

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

Together we will…

Give children and young people the best start in life	Tackle the wider determinants to prevent ill health	Support happy and healthy living for all	Empower patients and carers	Improve health and care services	Support and grow our workforce

What we need to achieve

Give children and young people the best start in life	Tackle the wider determinants to prevent ill health	Support happy and healthy living for all	Empower patients and carers	Improve health and care services	Support and grow our workforce
• Support families and communities so children thrive • Strive for children and young people to be physically and emotionally healthy • Help preschool and school-age children and young people achieve their potential	• Address the social, economic and environmental determinants that enable mentally and physically healthy lives • Address inequalities	• Support adoption of positive mental and physical health • Deliver personalised care and support centred on individuals providing them with choice and control • Support people to live and age well, be resilient and independent	• Empower those with multiple or long-term conditions through multidisciplinary teams • Provide high quality primary care • Support carers	• Improve equity of access to services • Communicate better between our partners when changing care settings • Tackle mental health issues with the same priority as physical illness • Provide high-quality care to all	• Grow our skills and workforce • Build 'one' workforce • Look after our people • Champion inclusive teams

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

Shared outcome 1: Give children and young people the best start in life

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

What we heard:

- Improve support for those with Special Educational Needs and Disabilities (SEND) and their families
- Support families with all aspects of the wider determinants of health including mental wellbeing, finance and childcare
- Safeguarding particularly the most at risk children
- Accessible Evidence Based Parenting support
- Ensure local access to support for families

Page 32

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

Priorities to deliver this outcome:
Together we will…

Support families and communities so children thrive

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

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

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

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

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

Indicators for this outcome could include:

By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2% to no more than 6%.

By 2028, the % of children in Year 6 who are healthy weight will have increased from 63.4% to more than 66%.

By 2028 pupil absence rates will have fallen from 7.9% to below 5%.

By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% to at least 70%.

Outcome indicator relating to SEND to be added

I am happy and secure at school and at home

I am working hard to get the qualifications I need to achieve my ambitions

Shared outcome 2: Tackle the wider determinants to prevent ill health

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

What we heard:

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

Page 33

Priorities to deliver this outcome: Together we will…

Address the economic determinants that enable healthy lives including stable employment

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

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

We will build communities where everyone belongs. We will work with communities, building on their assets to address key health and social issues including loneliness, community safety and the economic burdens from misuse of drugs & alcohol. We will further develop social prescribing and local voluntary and community capacity to meet these challenges. The importance of Active Travel, access to services, work and leisure, and best use of local Libraries, Community Hubs, Arts and Heritage opportunities are recognised. In partnership we will promote community safety, tackling crime and preventing and reducing serious violence, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

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

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

Address inequalities

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

Indicators for this outcome could include:

By 2028, average income in Kent and Medway will be 5% higher than the national average.

By 2028/29, the proportion of people who feel lonely often or always will have reduced from [%] to no more than 5% across Kent and Medway.

By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will have increased from 8% to above 15% in Kent and Medway.

Environmental indicator to be added

By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) is similar to, or better than, the national average.

There is lots to do around here and I feel safe

I have been diagnosed with depression but my employer has been great working with services so I can still manage work

DRAFT

Shared outcome 3: Supporting happy and healthy living

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

What we heard:

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

Page 34

Priorities to deliver this outcome: Together we will…

Support adoption of positive mental and physical health behaviours

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

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

We will use data to identify those most at risk and ensure all care is focussed on the individual with seamless transition between services, good communication, timely care and understanding of user needs and experience. People living with dementia will be supported to live as well and as independently as possible with high quality, compassionate care from diagnosis through to end of life. We will improve the support we offer for women's health issues such as menopause. We will develop joined up holistic support for at risk groups including survivors of domestic abuse, people who are homeless, who misuse substances, who have mental health issues, who are veterans or who have offended.

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

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

Indicators for this outcome could include:

By 2028, the % of adults in Kent and Medway who are physically inactive will have fallen from 22.3% to 18%

By 2028, the % of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% to 62%.

By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 to 360 per 100,000.

By 2028, the rate of emergency admissions for those who are frail will have reduced by at least 1.5% to the rate it was in 2018.

By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10%.

Social care indicator to be added

I lost weight with peer support from a local group I learnt about when I visited the hospital for something else

I have care and support that enables me to live as I want to

Shared outcome 4: Empower people to best manage their health conditions

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

What we heard:

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

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

Priorities to deliver this outcome:
Together we will…

Empower those with multiple or long-term conditions through multidisciplinary teams

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

Provide high quality primary care

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

Support carers

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

Indicators for this outcome could include:

By 2025, the rising trend in the percentage of days disrupted by hospital care for those with long term conditions will have reversed.

By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% to at least 60%.

Implement organisational carers strategies

By 2028, the proportion of carers who report that they are very satisfied with social services will have improved from 32.3% to at least 45%.

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

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

Shared outcome 5: Improve health and care services

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

What we heard:

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

Page 36

Priorities to deliver this outcome: Together we will…

Improve equity of access to health and care services

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

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

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

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

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

Provide high-quality care

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

Indicators for this outcome could include:

By 2028, waits for diagnostics will meet national ambitions.

By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 90% and in Medway to be in line with the national average.

By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.

Inappropriate out of area mental health placements will be at or close to zero.

Maintain the increasing trend in the ratio of time people spend living in a healthy condition compared to total lifespan.

My family/carers and I knew when I was being discharged from hospital and what my care plan was

My appointment was by video call but there was an option to attend in person if I needed to

Shared outcome 6: Support and grow our workforce

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

What we heard:

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

Priorities to deliver this outcome:
Together we will…

Grow our skills and workforce

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

Build 'one' workforce

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

Look after our people

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

Champion inclusive teams

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

Indicators for this outcome:

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

- Vacancies
- Staff wellbeing
- Sickness absence
- VCSE workforce
- Supporting employment in under-represented groups

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

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

Enablers and approach to delivering the strategy

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

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

Page 38

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

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

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

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

Delivering the strategy

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

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

This Integrated Care Strategy will help align system objectives and actions to support these endeavours.

Monitoring the delivery of the strategy

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

The Integrated Care Partnership will receive quantitative updates on the progress in achieving the outcomes through the logframe matrix. Themed meetings will also provide qualitative information on progress.

Conclusion

Thank you to everyone who helped us develop our final Integrated Care Strategy.

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

We will continue to use multiple channels to listen to our people and communities as we locally develop our delivery plans.

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Appendix C

Refresh of the Integrated Care Strategy

Findings from Engagement and Consultation

19 October 2023

Executive Summary

1. **Introduction**

1.1 The Integrated Care Partnership (ICP) is responsible for producing the Integrated Care Strategy. The ICP is committed to ensuring that engagement and inclusiveness is championed throughout the Integrated Care System (ICS). However, the short national deadline to produce the first Integrated Care Strategy in Autumn 2022 meant there was not sufficient time to fully involve the public and key stakeholders in its development. The ICP was keen to ensure that Kent and Medway's strategy included the voice of the public and people who work across the System. Therefore, a decision was made to adopt an Interim Strategy for 2022/3 to allow time to gather the views of a wide range of people to inform a final version of the Strategy.

1.2 This report summarises the extensive engagement that has taken place across a number of different channels and in different settings to ensure wide engagement from our communities and with people who work across the System. It captures the main themes that were raised, views on the Interim Strategy and, more generally, what people think about services and their experiences of accessing support.

Executive Summary Cont.

2. What we did

2.1 The 3 statutory partners of the ICP, (Medway Council, NHS Kent and Medway and Kent County Council) undertook engagement and consultation work between January and September 2023. It is estimated that over 2,000 people took part in the consultation, either making use of digital opportunities to feedback or by attending the many workshops that were organised. Some focus groups were particularly targeted at those vulnerable communities who are not always heard, such as the homeless. The findings were collated and presented to the Integrated Care Partnership on 6th September for discussion and reflection.

2.2 The findings from the engagement work underpin the refreshed Strategy.General feedback has shaped the principles including a focus on prevention. local delivery, wider determinants and integration. Specific feedback about the six outcomes that frame the Strategy highlighted what was most important to people who use services and informed priority setting for each Outcome. This was then refined by talking to expert stakeholders in that area.

2.3 A final draft Strategy, shaped by all the feedback was shared for comment at the Kent and Medway Symposium on 20th October which was attended by over 100 people who are part of our Health and Care System, including the Voluntary and Community Sector, District Councils and Police as well as staff from NHS Kent and Medway, Kent County Council and Medway Council for final comment. The draft strategy will now make its way through the Governance of the three Statutory partners to ensure that any final comments or thoughts are collected, but more importantly to ensure that the Leaders across the System commit to supporting the delivery of the Strategy.

Executive Summary: Cont.

3. Key Messages

3.1 This report sets out the collated feedback.

Some key messages include:

- There was support for addressing the wider determinants of health and taking a more preventative focus in our planning and delivery of services.
- Our partners and the public wanted us to know that enabling local solutions in their communities and places where they live should be an important element in planning and delivering services.
- People shared their experiences. There was frustration with accessing services and in repeating the same information across agencies or getting lost in the System as they moved between services.
- There was acknowledgement that these are difficult financial times for the public sector and wider partners and that resources are limited.

4. Conclusion

4.1 The Strategy has been significantly influenced by the results of the wide-ranging consultation that has occurred. The principle of championing engagement remains at the heart of the Integrated Care Partnership's approach, and we will continue to include the Public and our Stakeholders as we plan for delivery of our System wide priorities.

1. Engagement activity on the Interim Strategy

Medway Council, NHS Kent and Medway and Kent County Council, as the three statutory partners of the Integrated Care Partnership, undertook extensive system-wide engagement between January and September 2023 to inform the refresh of the Integrated Care Strategy.

This included:

- Public communication and engagement activity and 32 events resulted in feedback from over 1200 people
- Online engagement platform and survey – over 350 responses and many more social media comments
- 20 focus groups with vulnerable communities facilitated by Voluntary, Community and Social Enterprise organisations, including parents and carers of children with disabilities and additional support needs.
- Workshops with District Council's local system partners, Parish and Town Councils (through the Kent Association of Local Councils) and Members
- Engagement on the development of the Medway Joint Local Health and Wellbeing Strategy
  - Online survey (Adults: 546; Children/Young People 148; Organisations 14 responses)
  - Focus group discussions with older people, sex workers, men and women experiencing homelessness, Brompton Barracks, parish council members, Imago service users made up of clients with mental health issues
- Gathering emerging priorities from Health and Care Partnerships
- Engagement with Children's Services, Adult Social Care and Growth/Community services teams
- Voluntary, Community and Social Enterprise (VCSE) alliances
- Other partners including Kent Housing Group, Office of the Police and Crime Commissioner and Kent Police.

2. Feedback on the Interim Strategy to inform the refresh

- Feedback received has shaped the refresh of the Strategy.
- We have received both:
  - **a) General feedback, on the purpose, scope and tone of the Interim Strategy**
    - This has been used to shape the principles that guided the refresh
  - **b) Feedback on each of the 6 shared outcomes in the Interim Strategy**
    - This shaped the content of the refreshed Strategy. General response to the Shared Outcomes was positive so it was agreed that they would not radically change but would be reworded to develop or clarify the priority.
- The Interim Integrated Care Strategy is available here - https://www.kmhealthandcare.uk/about-us/publications-and-foi
- *Note for KCC Cabinet Committees: More detail on feedback received through the engagement activity is available in separate reports prepared by KCC, Medway Council and NHS Kent and Medway. Feedback received through the engagement activity led by KCC is attached as Appendix 1 at the end of this document. The reports from Medway Council and NHS Kent and Medway are available on request and will be published by these organisations shortly.*

3. General feedback

- “Together we will” not “together we can”
- Need bottom-up approach reflected in Strategy recognising local needs and challenge. Need local bespoke solutions not “one size fits all” Incorporate District strategies and role of Parishes
- Strategy intro is too focused on KCC, Medway and NHS – all system partners are just as important and shouldn’t be grouped as ‘other’
- Focus on wider determinants of health
- Focus on Inequalities welcome and need retain this focus where already commitments in strategies Need to be honest and explicitly recognise and address real world financial challenges and barriers to prevention and holistic working. How do we ensure thought space for prevention when intellectual focus is waiting times/winter plans – recognise difficult decisions ahead
- Need for up-to-date service directory, single point of access
- No wrong door approach. Needs shouldn’t need to escalate to access support
- Estates and plans need to be coordinated across partners to meet all needs
- Develop strong data analytics
- Global warming as a threat to health
- Effective access to information and interpretation to services for people with sensory and physical disabilities with responsibility with service providers. Must include complaints systems
- Reallocate funding to System Strategy objectives recognising potential VCS and DCs – funding should be directed at areas of deprivation and VCSE
- Need to involve local people and communities in development, delivery and evaluation
- Need Adult Social Care and Adults Safeguarding to have a clearer place in the Strategy
- Need to translate into agreed action, deliver and monitor progress
- Will need to raise confidence strategy will be delivered

4. Public Online Survey – key themes across the Interim Strategy

- Access to GPs
- Improved communication between services
- Improved social care
- Improved mental health services – adult and children's
- Improved waiting times in general
- Transport to services
- Support for carers
- Support for – improved housing; heating/energy; exercise
- Digital but not always
- Active spaces, leisure facilities, green spaces
- More diverse, culturally aware/appropriate support (interpreters etc.)
- More youth clubs and support to encourage social interaction and learn skills

5. Feedback on Shared Outcome 1

We will give children and young people the best start in life

Summary of feedback received

Partners feedback -

- **General**
  - Strategy needs to cover all elements of children's health and wellbeing (not only health focused)
  - Work with schools more, relaunch Extended Schools
  - Parental support at a universal level
- **Best start in life**
  - How to deliver with accessible Evidence Based Parenting
  - Consider impact of changes to children's centres
  - Family Hubs and whole family approach
  - Maternity
  - Financial Planning and nutritional advice for young people and mothers
  - Foetal Alcohol Spectrum Disorder – avoidable with early intervention
- **Supporting the 0-5 stage**
- Improved communications between acute and primary care to address 0-4yr old admissions
- **Emotional health and wellbeing**
  - Loneliness in young adults
- **Safeguarding**
- **Support for Children with Special Educational Needs and Disabilities and their families**
  - Strong, effective support for children with disabilities within the school system
- **Public health priorities** including Poverty (and impacts on diabetes, obesity, tooth decay) neglect, mental health and asthma

Summary of feedback received

Public feedback -

- **Maternity** – more education for student midwives; improved postnatal support and breastfeeding advice; support birth plans and patient choice; better access for patients to ultrasound services; advice & exercise videos for post c-section mothers.
- **Support families to give children a good start** – free books/better access to reading; quality healthy meals; pre-school attendance; parent networks; access to health visitor/more frequent contact; enhanced SEN training within preschool settings. Help with parenting skills.
- **Help families thrive / prevent health inequalities** – childcare voucher schemes; more health professional support; SEN support in schools.
- **Child safeguarding /social care** – internet security; promote foster care including sufficient funding. Mental health/coping support for parents who have their children taken into care
- Library based services for mother and baby are great for meeting people, learning through shared experiences (Hartbeeps, Toddler sense, Baby Bounce, Rhyme)

6. Feedback on Shared Outcome 2

Tackle the wider determinants to prevent ill health

Summary of feedback received

Partners feedback -

- **Prevention and inequalities**
  - Emphasis on Prevention supported – Evidence that money and commissioning is moving to prevention
  - Community hubs to support action on WDH including loneliness, physical activity and breast feeding
  - Define CORE20plus5 focussed on prevention and including for children
  - Targeted intervention for the most vulnerable / highest need groups, understand and meet local needs at Health and Care Partnership (HCP)level, delegations
  - Role of libraries in tackling upstream wider determinants of health
  - Stop doing short term projects
- **Role of the Voluntary, Community and Social Enterprise sector**
  - key to delivery but reducing and short-term funding and engagement within the system leadership is not reflective of this - need for parity and support for infrastructure– Wigan Deal approach (community investment for bottom-up prevention
  - Role VCSE in delivering sport and physical activity tackling social exclusion
  - Inverse Care Law with more volunteers in better off areas - Target more resources to VCSEs in areas of highest need
- **Social determinants / work**
  - Support for social prescribing to help people access benefits and tackle WDH
  - Need services for Social Prescribers to refer on to - Review of social prescribing
  - Support for people with mental and physical health issues to access or retain work with additional intense targeted support for those with greatest challenges.
  - Participation arts and culture-based interventions – Creative health approaches
  - Childcare as barrier to work, cost and number of places
  - Support Apprenticeships and pre-employment experience opportunities
  - Needs focus on tackling Domestic Abuse
- **Anchor institutions**
  - Partners should commission locally not from elsewhere
  - Encourage local innovation and med tech investment through simplified procurement
  - Local Anchor networks including housing associations, NHS, Councils and colleges
  - As a key anchor, simplify NHS jobs application process to encourage applications
- **Physical environment / housing**
  - An Asset Based model should be used including optimal use community facilities and empty spaces
  - Transport infrastructure and public transport barrier to access jobs, social opportunities and services especially in rural areas
  - Focus on preventing homelessness with joined up system approach wrapped around individual to develop sustainable homes.
  - Joined up services including primary care for people who are homeless
  - Housing issues including houses of multiple occupation in former office premises – Better understand housing and health link
  - Developer contributions for infrastructure to support health and wellbeing
- **Poverty / cost of living**
  - Tackling poverty is fundamental to improved health
  - Recognise holistic not compartmentalised nature of poverty
  - Support around cost-of-living issues needs to link with financial support, mental health, employment and skills and environment
  - Lunch groups for vulnerable
  - Support pockets deprivation in more affluent areas
  - Support to tap into unclaimed benefits
- **Mental health**
  - Need for better accessible MH services

Public feedback -

- Reduce differences in life expectancy – keep people warm; GPs to identify those who could benefit from insultation / funded home improvement works?; community allotments to support healthy sustainable eating; improve access to healthcare; resources & education to self-sustain.
- Help needed to stay well – free prescriptions e.g., for care leavers; support for vulnerable and elderly; signposting services; independent living.
- Improve K&M as place to thrive – rent control; transport; housing; education and healthcare centres; change the providers of services
- Help with money management
- Mental health needs for barracks not being met (in-house available but sappers won't seek support for fear of impact on promotion opportunities)

7. Feedback on Shared outcome 3

Support happy and healthy living for all

Summary of feedback received

Partners feedback –

- **Joining up services / data**
    - Joined up ongoing services needed around people with complex needs including housing with smooth referrals NHS and Local Authority
    - Joined up seamless services and removal silos to work – Community Hubs pilots No wrong door
    - Data sharing barriers need to be overcome
    - Integration health and social care
    - Commission joined up services with clear pathways and links and work with VCS as part of Multi agency working
    - Multi-Disciplinary Team (MDT) support and one stop approach around people who misuse substances
    - Systems need to intervene earlier. Frontline services to meet needs/signpost earlier
- **Empowering and engaging people and communities**
    - Empowering health choices
    - Consistent messaging to the community, including hyper-local communication and insight
    - Better support for personal choice around pathways – Reference One You.
    - System standards for co-production
    - Understand / promote role of community champions, trusted intermediaries and volunteers
    - Planning and design to help independence, housing to use NICE guidance around health
    - VCS engagement in dementia service planning and delivery
    - Challenge of Vaping
- **Focus on adult safeguarding**

Summary of feedback received

Public feedback -

- More support services targeted at men
- Support people to live healthy lives – education; reduce social isolation (e.g., shared working spaces); free exercise classes for targeted groups; combat disability discrimination; creative activities to support wellbeing; price cap on fruit and veg, give food vouchers
- Support people to age well – not everything to be digital; holistic approach to healthcare considering housing particularly; provider better information; improve public transport; encourage wide range of outdoor activities (e.g., rambling)
- How give people control over their care – whole family approach; access to services; easier to request prescriptions; regular health checks; patient choice; better communication between professionals; access to medical notes
- How to help those in last stages of life – access for families; patient choice; responsive end of life care; more staff experienced in pain management and respecting patient choice
- People not aware of services available. Posters/directory of services needed. Advertise in places attended by people, not just online
- More exercise equipment in parks
- Affordable exercise facilities
- Informal drop-in places to sit and chat – you can be around people without always joining in.
- Help for older people to get best energy tariffs – difficulties navigating online systems.

8. Feedback on Shared outcome 4

Empower patients and carers

Summary of feedback received

Partners feedback -

- **Primary care improvement and resourcing**
    - Need for better primary care
    - Need commitment to review resource allocation to improve primary care in areas with greatest need
    - Support for Fuller model
    - Develop Urgent Treatment Centres in areas with lowest GP capacity
    - **Specific points on GPs**
        - Improve access to GPs, both appointments and physical
        - Improve GP recruitment to areas with lower rates by population with focus on areas high population growth
- **Better community-based End of Life support** with care homes to relieve pressure on primary care
- **Enable free parking for health and care workers on visits**.
- Central navigation point for identifying support services
- Breakdown barriers between secondary and primary care
- Tackle GDPR to support information sharing
- Rewrite clinical care and other pathways to embed prevention
- Recognise role that acute trusts have around prevention – advice/signpost/protected clinician time

Summary of feedback received

Public feedback -

- Improve GP services – easier to get an appointment; better use of staff for particular medical needs; signpost to right service if not the GP; repeat prescriptions; GPs with specialisms (e.g., dementia); improve communication with patients and secondary care; improved recording of notes, medical conditions and data sharing; prioritise vulnerable and disabled people; more social prescribers
- Support those with multiple conditions – promote and implement ESTHER model; more time e.g., double appointments with GP; better carer and nursing support in community; educate clinicians to understand other conditions; improve access to medication; better Multi-disciplinary Team (MDT) working
- How best to join up care – improved communication and clarity with MDTs; shared patient records
- What helps patients to feel empowered – patient choice, led by patients
- How to best support carers – flexible appointment times and location choice; more respite care and opportunities; someone to provide care when the carer has their own appointments

9. Feedback on Shared Outcome 5

Improve health and care services

Summary of feedback

Partners feedback -

- Appears focused on hospitals rather than healthcare
- Ensure timely access for all to specialist stroke services
- Allow access to elective care in NHS facilities with shortest waits even if distant

Public feedback –

What can we do to free up beds in hospitals, reduce the time people stay in them and support people when they are discharged?

- Social care: Increase social care funding, make sure social care are present at discharge assessments
- Halfway houses
- Get wider family involved
- Refer people to social prescribers
- Link in with GPs before discharge from hospital
- Better services in the community, especially frailty teams, physio, podiatry, occupational therapy
- Safeguarding issues
- Issues with council borders and which is the responsible authority
- Ensure all relevant healthcare staff can access the person in the community
- Change poor discharge processes with unrealistic expectations
- Better communication between specialist centres and local healthcare providers

Summary of feedback

What else should we do to provide quality healthcare as close to home as possible?

- Reduce waiting times
- Utilise empty buildings
- Pre-ops at home rather than in London hospitals
- Offer free parking at specialist centres
- Provide option of follow up appointments by phone with specialist centres to avoid long patient journeys.

What sort of specialist services would you be happy to travel to another part of Kent and Medway for?

- Any service
- Specialist
- Cancers

10. Feedback on Shared Outcome 6

Support and grow our workforce

Summary of feedback received

Public feedback on workforce:

- Improve volunteering opportunities for staff
- Benefits for staff – financial support, offers with local businesses, health and wellbeing support (e.g., support with fertility treatment and leisure facility membership offers)
- Respect in the workplace, flexible working, performance related bonus
- Strengthen links and opportunities with education – schools, colleges and universities

Public feedback on making Kent and Medway a great place to live and work for all:

- Improved leisure facilities
- Support for families with special educational needs
- Tackle environmental issues
- Improve transport and infrastructure
- Promote local business
- Good education and schools

Appendix 1 – Detailed feedback from engagement activity led by KCC

Interim Integrated Care Strategy Feedback

Partners

- A Ashford
- C Canterbury
- Da Dartford
- D Dover
- FH Folkestone and Hythe
- G Gravesham
- M Maidstone
- PCC Police, Office of the Police and Crime Commissioner
- S Sevenoaks
- SW Swale
- T Thanet
- TMBC Tonbridge and Malling
- TW Tonbridge Wells
- VCS Voluntary and Community Sector

General Points

- "Together we will" not "together we can" (T)
- Need bottom-up approach reflected in Strategy recognising local needs and challenge. Need local bespoke solutions not "one size fits all" (G)(SW)
- Consider a Life Course Approach (G)
- Focus on WDH (TW)(TMBC)(T)
- Focus Inequalities welcome and need retain this focus where already commitments in strategies eg Kent HWB (T)(SW)
- Need to be honest and explicitly recognise and address real world financial challenges and barriers to prevention and holistic working. How do we ensure thought space for prevention when intellectual focus is waiting times/winter plans (M)(T)(SW)
- Need to translate into agreed action, deliver and monitor progress (S)(TW)(T)
- Need clarity on reasoning for choice of outcomes (S)
- Need for up to date service directory, single point of access (TW)(T)(SW)(D)(FH)(A)

General Points Continued (1)

- Estates and plans need to be coordinated across partners to meet all needs, DC needs to be on Estate Strategy group and better engaged (FH)(T)(M)
- Develop strong data analytics(M)
- Will need to raise confidence strategy will be delivered (M)
- Global warming as a threat to health (M)
- Effective access to information and interpretation to services for people with sensory and physical disabilities with responsibility with service providers. Must include complaints systems (M)
- Reallocate funding to System Strategy objectives recognising potential of VCS and DCs (M)(VCS Alliances)(Da)
- Districts do not map well to new NHS structure (SW)
- Need to involve local people and communities in development, delivery and evaluation (A)(M)
- Need clarity around governance and accountability (G)

General Points Continued (2)

- Areas with future high population growth must have all services (e.g. health, sports, leisure) planned and delivered with this in mind (Da)
- Decision making should include assessment of impacts on other parts of the system (C)
- VCS need to be an equal partner and respected as such (C)
- Longer term funding is required to enable sustainable services (C)
- VCS must be part of the prioritisation and decision making process (C)
- Organisations must communicate and coordinate more with each other to combat current silo working (D)
- There needs to be stronger mention of COVID, especially long Covid (D)
- Need a commitment to improve collaborative working between NHS and VCS (S)(Da)
- Improve social cohesion (Da)
- Better engagement of hard-to-reach communities (Da)

Outcome 1

- How to deliver best start in life with accessible Evidence Based Parenting (TMBC)(M)
- Loneliness in young adults (TW)
- Support for young people (G)
- Work with schools more, relaunch Extended Schools (M)(T)
- Rethink/Consider impact of closure children's centres (M)(T)(D)
- Financial Planning and nutritional advice for young people and mothers(M)(A)
- Strong, effective support for children with disabilities within the school system (VCS)
- Focus on weight loss (G)
- SEND targets from the logframe should be highlighted in the strategy (Da)
- Protecting children from criminal harm and exploitation and supporting victims (PCC)
- Data informed decisions for location of family hubs (D)

Outcome 2

- Emphasis on Prevention supported (S)(T)(G)
- VCS key to deliver but reducing and short-term funding and level engagement within the system leadership not reflective of this need for parity with little support for VCS infrastructure (S)(TW)(TMBC)(FH)(A)(VCS)(C)(Da)
- Role VCS is delivering sport and physical activity to tackle social exclusion and diversion (FH)(M)
- Partners should commission locally not from elsewhere (S)
- Inverse Care Law with more volunteers in better off areas (VCS)
- An Asset Based model should be used including optimal use community facilities and empty spaces (S)(FH)(A)
- Community hubs to support action on WDH including loneliness, physical activity and breast feeding (M)
- Need for better accessible MH services (TW)
- Partnership working to promote community safety, tackle crime and antisocial behaviour, drug and alcohol misuse (PCC)
- Focus on MH supported (T)(D)(G)
- Support for people with mental and physical health issues to access or retain work with additional intense targeted support for those with greatest challenges. (VCS)
- Support pockets of deprivation in more affluent areas (TW)
- Ensure social value with local procurement (G)

Outcome 2 Continued (1)

- Tackling poverty is fundamental to improved health (M)(T)
- Recognise holistic not compartmentalised nature of poverty (SW)
- Support around cost of living issues needs to link with financial support, mental health, employment and skills and environment (VCS)
- Transport infrastructure, public transport and community transport barrier to access jobs, social and services especially in rural areas (TW)(FH)(M)(T)(A)(C)(D)(Da)
- Include Serious Violence duty (PCC)
- Participation arts and culture-based interventions (FH)(T)
- Focus on preventing homelessness with joined up system approach wrapped around individual to develop sustainable home. (VCS)
- Housing issues including HMOs in former office premises (M)
- Childcare as barrier to work, cost and number places (FH)
- Support Apprenticeships and pre-employment experience opportunities (FH)(SW)
- Encourage local innovation and med tech investment through simplified procurement (M)
- Local Anchor networks including housing associations, NHS, LA and colleges(M)
- As a key anchor, simplify NHS jobs application process to encourage applications (SW)

Outcome 2 Continued (2)

- Support for social prescribing to help people access benefits and tackle WDH (M)(A)
- Need services for Social Prescribers to refer on to (A)
- Needs focus on tackling Domestic Abuse (T)(SW)(D)
- Victim and offender support, tackling drug, domestic abuse, exploitation, and harm and violence against women (PCC)
- Joined up services including primary care for people who are homeless (S)(T)
- Role libraries in tackling upstream WDH (SW)
- Lunch groups for vulnerable (A)
- Systemize social prescribing and increase its use via GPs (Da)(D)
- Recognise the impact of social isolation, particularly on young adults and older adults, and the role of art and culture in tackling this (Da)
- Roll out trauma informed practice within workforce (C)
- Introduce mobile wellbeing hubs for wider reach (D)
- Explore the commercial determinants of health (Da)

Outcome 3

- Joined up ongoing services needed around people with complex needs including housing with smooth referrals NHS and LA. (S)(TMBC)(FH)(T)(SW)(A)
- Joined up seamless services and removal silos to work (TW)
- Data sharing barriers need to be overcome (S)
- More focus on Prevention (G)
- Empowering health choices (TW)
- MDT support and one stop approach around people who misuse substances (FH)
- Integration health and social care (M)
- Commission joined up services with clear pathways and links and work with VCS as part of MDT/Multi agency working (M)(T)(A)
- Planning and design to help independence, housing to use NICE guidance around health (M)
- Challenge of Vaping (M)
- VCS engagement in dementia service planning and delivery (VCS)
- Focus on adult safeguarding (Kent ASC)
- Effective support in the community must be ongoing for problems that can extend for many years (D)
- Support for young carers (G)

Outcome 4

- Need for better primary care (TW)
- Need commitment to review resource allocation to improve primary care in areas with greatest need (S)
- Improve access to GPs, both appointments and physical (FH)(D)
- Improve GP and dentist recruitment to areas with lower rates by population with focus on areas of high population growth (FH)(M)(D)
- Develop primary care access informed by needs and future population growth (Da)
- Develop Urgent Treatment Centres in areas with lowest GP capacity (M)
- Agree Right Care, Right Person approach (PCC)
- Support for Fuller model (M)
- Better community-based End of Life support with care homes to relieve pressure on primary care (M)
- Enable free parking for health and care workers on visits. (A)
- Ease pressure on GPs by allowing self-referral where no need to 'medicalise' through a GP appointment (e.g. housing referral) (Da)
- Ensure access for people who cannot use digital solutions (G)

Outcome 5

- Ensure housing and support in place for people prior to discharge (G)
- Reduced waits for appointments and diagnostics (G)

Outcome 6

- Recognise that support for carers can positively impact staff retention (C)
- Early retirees should be encouraged back into the workplace (C)
- Roll out of MECC and TIP to empower front line staff to help retain them in the workforce (C)

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Equality, Diversity and Inclusion Impact Assessment

NHS
Kent and Medway

Stage 1

Section 1: Policy, Function or Service Development Details
This section requires the basic details of the policy, function or service to be reviewed, amended or introduced.

Section 2: Assessing Impact
This section asks the author to consider potential differential impacts the policy, function or service could have on each of protected groups. There is a separate section for each characteristic, and each should be considered individually.

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

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

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

Section 3: Equality Act 2010
This section asks the ICB's equality, diversity and inclusion lead to consider compliance to the Equality Act (2010) having completed the impact assessment of each of the protected characteristics covered by the Act in section 2. Consideration should be given to whether the evidence included in the impact assessment demonstrates that the organisation has upheld its legal duty to eliminate discrimination and promote equalities and good community relations by having given due regard to equality, including all nine of the protected characteristics covered by the Act.

Section 4: Conclusions & Recommendations
Now the impact has been assessed, the reviewing panel is asked to consider whether, based on the findings, they agree with the findings and any mitigating actions.

Section 5: Planning Ahead
This section outlines the requirements for any next steps. This should be completed by the ICB's Equality, Diversity and Inclusion lead and the author of this impact assessment to ensure that requirements are reasonable and deliverable within project/programme timeframes.

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

Directorate: Strategy
Officer responsible for assessment:
Date of assessment: On-going
Is this a (please confirm): Updated assessment

Defining what is being assessed:

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

- Kent and Medway Integrated Care Strategy

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

The Integrated Care Partnership (ICP) is required to write an integrated care strategy which sets out how commissioners in the ICB and local authorities will work with partners to deliver joined up and person-centered care across the Kent and Medway population. An interim strategy was developed and published in December 2022. Extensive engagement with both system partners and the public was completed during 2023, concluding by September, and the interim strategy has now been refreshed based on this feedback.

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

Who is intended to benefit and in what way?

The strategy looks to improve the health and wellbeing of the entire Kent and Medway population. It considers a 'life course' approach by incorporating conception through to end-of-life care, considering different life phases and settings. There is a particular focus prevention and the need to promote and restore health and wellbeing as well as reduce disparities.

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

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

Who are the main stakeholders in this piece of work?

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

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

Ensuring the voice of the service user is used in the development of services.
An extensive engagement programme was run to seek the views of people who live and work in Kent and Medway to inform the strategy refresh. This included an online survey, interactive platform with digital ideas boards, travelling roadshows to, for example, family fun days, shopping centres and leisure centres using the

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public health bus. Community organisations also led focus groups with people who need to be heard so we can address health inequalities. For example LGBTQ+ communities, people with low income, parents and carers of children with disabilities and additional support needs, people from ethnic minority groups, Funding and enhanced partnership working arrangements that will enable new ways of working/commissioning more support and services Workforce challenges may impact timescales and deliverability of some of the proposals outlined in the strategy

Who is responsible for implementing this change to policy, function or service? (Please provide contact details). The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires integrated care partnerships to write an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).
What factors may detract from the outcomes of this policy, function or service? Some of the 'factors that contribute' above could also be factors that detract – e.g., funding, workforce shortages, need for enhanced partnership working. These factors continue to be considered as the ICP becomes established and the Integrated Care System matures.

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

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

1. Could there be a differential impact due to *racial/ethnic groups*?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local populations to enable greater provision of care across both health and social care. The document outlines how Kent and Medway will proactively look to involve people who have lived experience, particularly those from underrepresented groups. The project governance includes endorsement from the Kent and Medway Inequalities, Prevention and Population Health Committee (IPPH) to ensure that the strategy sets a vision for how current programmes of work and future initiatives will help improve access, patient experience and patient outcomes for all racial/ethnic groups. Health prevention and living well are key areas within the strategy, for example community led approaches to support healthy weight, healthy diet choices, good sexual health and minimize alcohol and substance misuse and tobacco use. This work will include patient focused support services that understand and seek to address barriers that stop cohorts of patients engaging with health and wellbeing services. In addition, the strategy champions an inclusive workforce with all organisations creating a culture that promotes diversity, respect, shared learning, development, and opportunity.		

2. Could there be a differential impact due to *disability*?	Yes	
It is recognized that people with disabilities are more likely to require health and care services and so are more		

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

3. Could there be a differential impact due to *gender*?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care. For example, the strategy includes a commitment to address women's health issues.		

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

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

6. Could there be a differential impact due to people's *age*?	Yes	
What evidence exists for this? The strategy will encompass the needs of the whole population, of all ages. The strategy will consider the needs and outcomes of babies, children, young adults and their families by working collaboratively with partners including children's services. There is a commitment to giving children and young people the best start in life with a particular focus on prevention including improving awareness, education, and support to decrease the levels of smoking during pregnancy. Giving children the best start, ensuring that the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future, forms a key part of the overall strategy. This will be achieved through supporting families and adopting a whole family approach. The strategy identifies the need for a holistic and family approach that incorporates housing, communities, health, education, social care and the voluntary sector. A key area will be around key transitional points to ensure continuity of care as well as improve patient outcomes and patient experience. The strategy highlights the importance of increasing fitness, reducing childhood obesity, improving focus in schools and increasing the uptake of childhood vaccinations.		

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The strategy includes how Kent and Medway will help people manage their own health and wellbeing including how to live well and age well, encompassing health initiatives that promote positive health benefits. Technology will be a key tool in enabling people to achieve this goal and in continuity of care for older people who are at a higher risk of multiple co-morbidities and deteriorating health. Extending social prescribing, allowing people to connect with their community also forms a core part of the strategy.

7. Could there be a differential impact due to *marital/civil partnership status*?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.		

8. Could there be a differential impact due to a person being *trans-gendered or transsexual*?	Yes	
The strategy will have a positive impact as it looks to reduce health inequalities across all services by considering the needs of the local population to enable greater provision of care across both health and social care.		

9. Could there be a differential impact due to a person being *pregnant or having just had a baby*?	Yes	
There is a recognition that prevention of poor health starts before birth with good foundations leading to better health outcomes overall. The strategy outlines how a joined-up network of support will be provided to support parents and parents to be, including awareness around smoking during pregnancy, breastfeeding and childhood obesity as well as support being available around housing and education in line with providing a holistic and family approach.		

10. Are there any *other* groups that may be impacted by this proposed policy, function or service (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas, homeless or war veterans) but are not recognised as protected characteristics under the Equality Act 2010?	Yes	

The strategy furthers work and the required transformative change that is needed to tackle health inequalities across Kent and Medway. In addition to tackling and reducing health inequalities, the strategy looks to improve quality and performance, prevent physical and mental ill health and improve independence by promoting personalised care, choice and flexibility. This applies to the entire Kent and Medway population with partners aiming to deliver collaborative, joined up, person centered care throughout people's lives. The strategy has a wide scope with focus on:

- quality improvement
- joint working
- personalised care
- disparities in health and social care
- population health and prevention
- health protection
- babies, children, young people, their families and health ageing
- workforce

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- research and innovation
- health related services
- data and information sharing

The scope encompasses, and will impact all groups of people including speakers of other languages, carers etc.

11. The FREDA principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand Human Rights. What evidence exists to demonstrate that this initiative is in-keeping with these principles?

The strategy is underpinned by the Core20PLUS5 model which aims to support the reduction of health inequalities at system level (as well as national). There are 5 focus clinical areas that require accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. These clinical areas align with the Kent and Medway approach to health population management that aims to ensure that population groups who experience poorer than average health access, experience and/or outcomes are able to access an inclusive and holistic care.

There is a specific focus on health protection to ensure that vulnerable groups are being identified and their needs are addressed. These groups include refugees, asylum seekers, homeless people, Roma, Sinti, Travelers, and other groups.

A report on the consultation and engagement work that was undertaken with system partners and the public to understand their priorities will be published alongside the refreshed strategy.

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

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

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

12. The need to eliminate discrimination, harassment and victimisation	Yes	
The content included in Section 2 of this report and the accompanying actions identified in Section 4 demonstrate that NHS Kent and Medway has given due regard to the local communities that it serves in a way that meets obligations under the Public Sector Equality Duty. The strategy seeks to improve services and highlight and reduce inequalities.		

13. Advance equality of opportunity between people who share a protected characteristic	Yes	

and those who do not		
The content included in Section 2 of this report and the accompanying actions identified in Section 4 demonstrate that NHS Kent and Medway has given due regard to the local communities that it serves in a way that meets obligations under the Public Sector Equality Duty. The strategy seeks to improve services and highlight and reduce inequalities.		
14. Foster good relations between people who share a protected characteristic and those who do not	Yes	
The content included in Section 2 of this report and the accompanying actions identified in Section 5 demonstrate that NHS Kent and Medway has given due regard to the local communities that it serves in a way that meets obligations under the Public Sector Equality Duty. The strategy seeks to improve services and highlight and reduce inequalities.		

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

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Section 4: Action Plan

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

Potential Impact identified	Which Protected Characteristic group will be impacted upon?	Action required to mitigate against impact	Deadline	Who is responsible for this action (Provider/ICB-please include job title where possible)?	Update on actions (to be provided throughout project)	RAG rating
	All	Ensure that detailed equality analysis and mitigation is in place for specific service changes or projects that happen as a result of the strategy	On-going	Service commissioner – this may be any partner in the Integrated Care System for example NHS Kent and Medway, Kent County Council or Medway Council.		

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Section 5 Conclusions (to be completed by the author)

Could the differential impacts identified in questions 1-15 amount to there being the potential for adverse impact?	Yes	No
The strategy seeks to improve services and highlight and reduce inequalities.		
Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group, or another reason?	Yes	No
The strategy seeks to improve services and highlight and reduce inequalities.		

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

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

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

Date of next review			
Areas to consider at next review (e.g. new census information, new legislation due)			
Is there *another* group (e.g. new communities) that is relevant and ought to be considered next time?			
Signed (Author) R Hewett		Date	
Signed (ICB E,D&I Lead) LS Brailey		Date	

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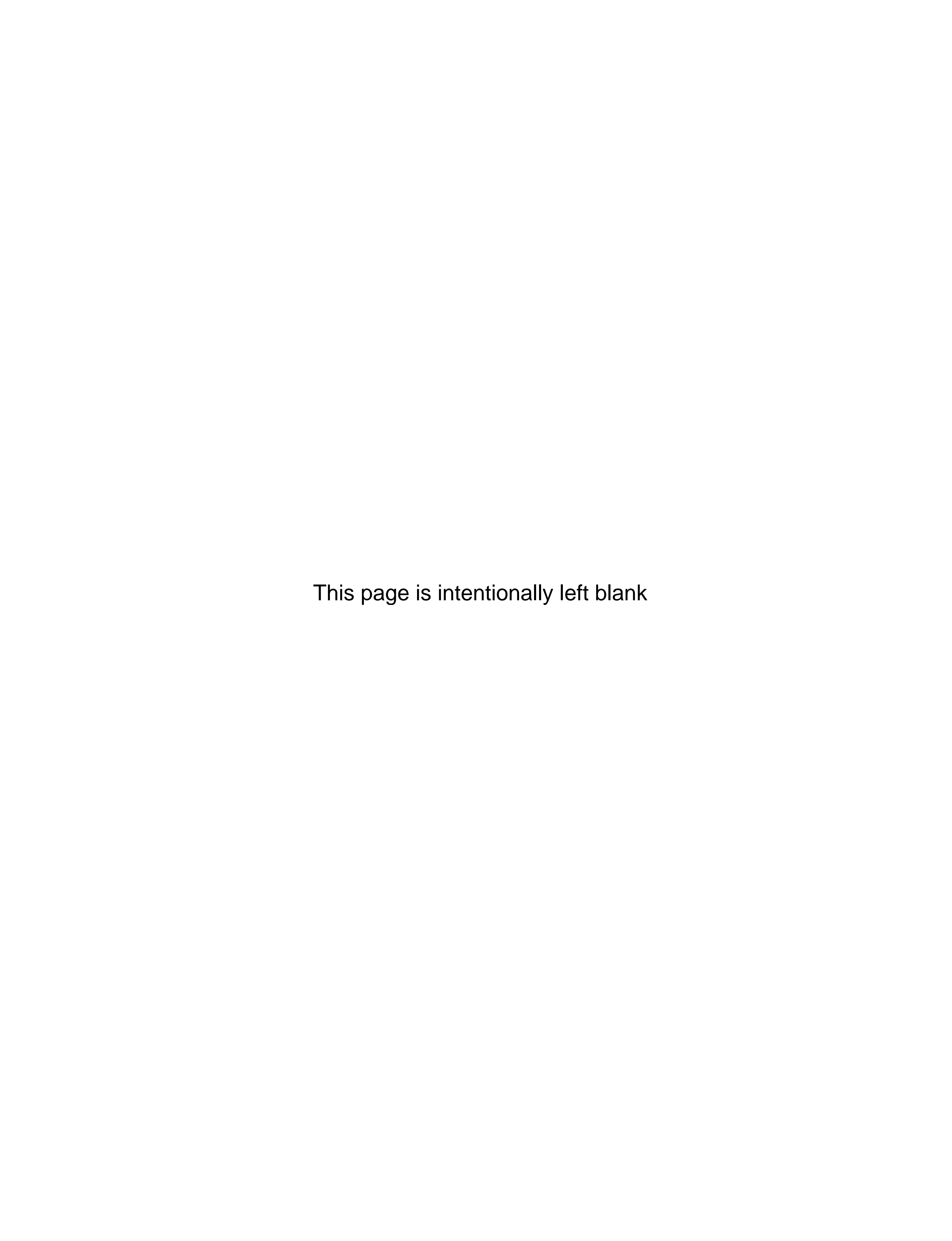

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From:	Dan Watkins, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee – 7 November 2023
Subject:	**PUBLIC HEALTH ANNUAL QUALITY REPORT FOR 2022/2023**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None

Summary: This report covers the year 2022 to 2023 It provides an update on the actions public health has taken since the recommendations made in the 2021/2022 report to maintain the promotion of high quality, safe effective services which provide a positive experience for people who use our services.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

1. Introduction

1.1 This Public Health Quality Annual Report 2022-2023 provides an update of the quality and governance processes and controls that are in place to deliver quality assurance of commissioned services.

Source: Quality in Public Health a shared responsibility 2019

2. Background

2.1 The quality of Public Health Services is considered at all steps of the commissioning cycle from needs assessment to delivery of services. Commissioners, as well as public health consultants and specialists are involved throughout the commissioning cycle. The processes, as set out below, describe what is in place to ensure services are safe, effective and provide a positive experience for people who use our services.

2.1.1 A review of Quality Processes in public health was undertaken in May 2023 that resulted in a list of 13 recommendations.

2.1.2 The Public Health Service Transformation Programme started in the summer of 2023 and includes a detailed review of individual services including quality indicators and processes.

2.2 <u>What is in place to promote quality of services?</u>

2.2.1 Public Health services are commissioned in response to the findings of the statutory Joint Strategic Needs Assessment (JSNA) and additional specialist needs assessments. The quality of the JSNA is monitored by qualitative feedback from Kent County Council (KCC) partners, in particular NHS services.

2.2.2 Public health consultants and specialists identify services required and work with commissioners to write a specification for the required service. The specification includes required elements which ensure the quality of services, e.g., safeguarding requirements, qualifications of staff, compliance with national standards and guidance, submission of monitoring data.

2.2.3 Public health commissioning has processes in place which facilitate the commissioning of services that are safe, effective and provide a positive experience for people who use our services. The procurement of every service follows the KCC policy 'Spending the Council's Money' which complies with current procurement legislation (Public Contracts Regulations 2015). Public Health commissioners also utilise KCC's commissioning standards templates, which are formed from the government commercial college templates along with other information, which promotes engagement of high-quality providers.

2.2.4 Public health commissioners ensure that a contract with a service has, as a minimum, the following in place:

- Safeguarding Children Policy (to include Child Sexual Exploitation, Criminal Exploitation of Children, Missing Persons, Radicalisation)
- Safeguarding Adults Policy (dependant on commissioned service)
- Equalities and Diversity Policy
- Health and Safety Policy
- Whistleblowing Policy
- Supervision and Performance Management Policy
- Governance/Clinical Governance
- Information Governance/Data Management
- Complaints (and complements)
- Incidents/Serious Incidents

2.2.5 The commissioners check each policy against a comprehensive set of criteria which ensure each of the policies are in date, regularly reviewed, follow the relevant guidance and standards, there are service leads, and that compliance is monitored.

2.2.6 During mobilisation of a newly commissioned service, public health commissioners check that procedures stated in policies are in place.

2.3 What assurance is in place that quality services are being provided?

2.3.1 In the life of the contract, each service has a named contract manger, who works closely with the service providers to monitor and facilitate delivery of quality services. Formal contract meetings take place throughout the contract, in which monitoring of the above policies and Key Performance Indicators (KPI) occurs. Incidents and difficulties are also discussed, and ways forward are agreed. This is evidenced in minutes of meetings and associated action plans.

2.3.2 In addition, there are governance meetings in place in which people with lived experience, commissioners, public health consultants and specialists review processes and data to ensure quality. An example of a governance meeting is the drug and alcohol services prescribing governance meeting.

2.3.4 Consultants and/or specialists also attend provider quality and safety meetings e.g., those of substance misuse providers.

2.3.5 Service provider contracts include the requirement to obtain the views and experiences of people who use these services and to show how these are used to improve the provision of services. The contracts also include the requirement to audit specific activities at set intervals. The results of these surveys and audits are shared and discussed at governance or contract meetings as appropriate.

2.3.6 Linked to the provision of quality and safety of services is work lead by others that public health staff contribute to e.g., child and adult safeguarding, child death overview panels, domestic homicide reviews, suicide prevention real time surveillance and the Controlled Drug Local Intelligence Network.

3. What is in place to learn, improve and develop services?

3.1 Incidents

3.1.1 Serious Incidents – Serious Incidents provide an opportunity to learn, improve and develop services. Public Health has a system in place for reporting serious incidents, reviewing, learning, and applying learning. This process, including the reporting facilities, was reviewed and improved in 2020. The process clearly defines the responsibilities of the public health consultants, contract mangers, providers and commissioning and commercial assistants together with timelines for each step. The serious incident process links with the death in service process.

3.1.2 Public health leads and chairs a serious incident learning panel renamed recently as the Kent Drug and Alcohol Death Partnership to reflect the multiagency membership of the group. Case studies of reported deaths are brought to the group and discussed openly resulting in suggestions of how improvements can be made.

4. Complaints, Compliments and Comments

4.1. Any complaints, compliments and comments about Public Health Services received are dealt with by either the programme lead or commissioner who will liaise directly with the service it relates to. These are discussed at the relevant meetings; lessons are learnt, with any agreed actions implemented to improve services.

4.2 The table below details the number complaints, compliments and comments received during 2022/2023

Case type	Total
Complaints: • 1 X Burning smell in Kings hill, • 1 X person feeding seagulls (bird flu))	2
Comments • 1 x comment regarding bird flu. • 1 x not for KCC (NHS service)	2
Member enquiries • 1 x comments on Start for Life services, • 1 x request to prevent closure of public toilets in an area • 1 x Enquiry regarding Health Visiting services	3
Compliments • 1 x Service Provider – thank you for commissioning team's support throughout the year	1
Total Cases	8

4.3 None of the complaints received required escalation.

4.4 Horizon scanning

4.4.1 Horizon scanning is an important part of maintaining safe and effective services. Public Health staff remain vigilant in scanning and reading research publications, national guidance, finding from incidents in other areas etc. This ensures that services utilise best evidenced practice thus providing safe and effective services.

4.5 Networking

4.5.1 Networking is an important part of maintaining quality services and improving services in Kent by sharing others and our learning. KCC's Public Health Division remain an active member of many regional and national networks.

5. Recommendations for improvement

5.1 Public health has many processes in place to ensure the quality of services but are not complacent. The 2023 quality processes review identified several areas for improvement:

- Re-establishing a Public Health Quality Committee
    - The Quality Committee's inaugural meeting took place in September 2023 and will meet quarterly going forward.
    - Membership consists of commissioners and Public Health Consultants
    - Initial aim of the committee is to address the gaps identified in the quality processes review.
- Improving assurance processes for the JSNA
- Undertaking targeted audits of services.
- Improve processes to assess equity of access, uptake, and outcomes.
    - This is being discussed as part of the Public Health Transformation Programme
- Implementing a Professional Development policy for public health
    - A draft Professional Development Policy is in place.
- Strengthening the links with other local quality and serious incident groups to develop system.
- wide learning.
    - The Kent and Medway Integrated Care System Quality Group is being used to share learning.
- Review and improve the complaints and compliments processes.
- Strengthen the serious incident process to ensure a timely and holistic analysis of received reports.

6. Conclusions

6.1 Processes are in place to ensure that the characteristics of high-quality Public Health Services are met.

6.2 A review of quality processes in public health in 2023 led to the re-establishment of a Public Health Quality Committee to oversee the implementation of steps to address gaps in existing processes.

6.3 The 2023 Public Health Service Transformation Programme includes a detailed review of services and their quality indicators and processes.

6.4 The changes to the Health and Care Act 2022, which have facilitated greater partnership working with the wider health and social care structure, provide opportunities for further development of joint quality processes.

7. Recommendations

7.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** the content of this report.

8. Background Documents

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 7 November 2023

Subject: **SEXUAL HEALTH SERVICES – CURRENT COMMISSIONING ARRANGEMENTS**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: None

Electoral Division: All

Summary: The paper provides an overview of the current commissioning arrangements for sexual health services provided to Kent residents by Kent County Council and by wider partners.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the current commissioning arrangements for sexual health services.

1. Introduction

1.1 Kent County Council (KCC) has a statutory responsibility to provide specific sexual health services to Kent residents. These include testing and treatment for sexually transmitted infections (STIs), access to a broad range of contraception as well as the provision of sexual health advice.

1.2 To meet these statutory obligations, KCC commissions a range of sexual health services. These are:

- integrated specialist sexual health services
- an online STI testing service.
- Long-Acting Reversible Contraception (LARC) in Primary Care
- a condom programme for under 25-year-olds
- psychosexual therapy
- emergency oral contraception (EOC)
- access to treatment of simple chlamydia in commissioned Community Pharmacies.

KCC is also responsible for sourcing venue arrangements for the Integrated Sexual Health Services.

1.3 In addition to the KCC commissioned sexual health services, NHS England (NHSE) and the Kent and Medway Integrated Care Board have statutory

responsibilities to commission other sexual health services. Together, these services make up the commissioned sexual healthcare system.

1.4 A transformation programme is currently underway to review and further improve KCC commissioned public health services in the long-term, and sexual health is within scope of this exercise.

2. Background

2.1 Under The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013[1], local authorities are mandated to deliver comprehensive sexual health services. These services encompass the prevention, testing, and treatment of sexually transmitted infections (STIs), and advice on and access to a broad range of contraceptive methods. This commitment aligns with the objectives outlined in the NHS Long Term Plan[2] and the Department of Health and Social Care's (DHSC) Women's Health Strategy for England[3].

2.2 Commissioning responsibility for sexual health services is split across KCC, NHSE, and the Kent and Medway Integrated Care System (ICS) [4].

Table 1
Commissioning Responsibility of KCC Partners

ICS	NHSE
Most abortion services	Contraception provided as an additional service under the GP contract
Sterilisation	HIV treatment and care (including drug costs for post-exposure prophylaxis following sexual exposure (PEPSE) for outpatient and inpatients
Vasectomy	Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
Non-sexual-health elements of psychosexual health services	Sexual health elements of prison health services
Gynaecology, including any use of contraception for non-contraceptive purposes	Sexual assault referral centres
	Cervical screening

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk)
[2] NHS Long Term Plan
[3] https://www.gov.uk/government/publications/womens-health-strategy-for-england
[4] https://www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-services#:~:text=and%20sexual%20rights.-,Commissioning%20responsibilities,contraception%2C%20relationships%20and%20unplanned%20pregnancy.

	Specialist foetal medicine services

2.3 Commissioning of the aforementioned sexual health services varies greatly across England, due to differences in commissioning arrangements and contractual models used in local areas.

3. Current Sexual Health Services Commissioned by KCC

3.1 KCC commissions four providers to deliver sexual health services in Kent. These are Maidstone and Tunbridge Wells NHS Trust (MTW), Kent Community Health NHS Foundation Trust (KCHFT), METRO and Primary Care. KCC is in partnership agreements with MTW and KCHFT for delivery of sexual health services and has traditional contracting relationships with both METRO and Primary Care.

Table 2:
Breakdown of providers and sexual health services commissioned by KCC

Provider	Commissioned Service	Area
KCHFT	Specialist Integrated sexual health service including HIV and Long-Acting Reversible Contraception	East Kent
	Psychosexual Therapy	Kent wide
	Community pharmacy for emergency oral contraception and simple chlamydia treatment	Kent wide
MTW	Specialist Integrated Sexual Health service including HIV	North and West Kent
	Online STI testing	Kent wide
METRO	Condom programme- for under 25-year-olds	Kent wide
Primary Care	Long-Acting Reversible Contraception	Kent wide

3.2 The specialist Integrated Sexual Health (ISH) Service offers open access to its users, which include STI testing and treatment, a comprehensive range of contraceptive options, as well as health promotion, prevention and relevant vaccination. It is available for all Kent residents following initial triage. As the service is open access, it can also be accessed by people who do not live in Kent and cross charging arrangements are in place to facilitate payments and charges with other local authorities. In the year 2022/2023 a total of 64,025 people accessed the ISH Service.

3.3 To enhance the intergration and continuity of care for people who use our services, KCC entered into a Section 75 Agreement with NHSE. This agreement enables KCC to commission treatment and management of HIV

services on behalf of NHSE until March 2024. As noted in 2.2, the responsibility for commissioning of HIV services falls under the purview of NHSE. Section 75 of the NHS Act 2006[5] contains powers enabling NHS bodies to exercise certain local authority functions and for local authorities to exercise certain NHS functions.

3.4 NHSE provides funding to KCC on an annual basis, and this is used to fund HIV services provided by MTW and KCHFT as part of the specialist Integrated Sexual Health Service. The HIV service is open access and available to Kent and non Kent residents with a HIV diagnosis. The service provides ongoing treatment and long-term management of the disease. Negotiations are currently underway with NHSE around the future commissioning of the HIV service. It is important to note that nationally, the responsibility for this service is likely to be transferred to the ICS sometime in 2024/2025. This is set out in the NHS document *Roadmap for integrating specialised services within Intergrated Care Systems*[6]*.*

3.5 The online STI testing is provided by MTW as part of the partnership arrangement with KCC. MTW subcontracts sh.uk to provide a confidential, high quality online STI testing service which enables Kent residents to order, receive, complete, and return a STI testing kit in discreet pre-paid packaging. The service is overseen by an 'E-bureau' function, which provides clinical governance and supports people along the clinical pathway based on data collected during triage and whether a STI has been detected or a reactive test has been identified. In 2022/2023, there were 46,312 kits ordered and returned, with an average return rate of 75%.

3.6 The Community Pharmacy Sexual Health Service is provided by KCHFT for Kent as part of the partnership arrangement with KCC. KCHFT subcontracts with over 100 pharmacies in Kent to offer a supply of Emergency Oral Contraception (EOC) to under 30-year-olds following a structured consultation. The service also provides treatment for simple chlamydia following a diagnosis and referral from an ISH clinic or the online STI testing service. In 2022/2023, a total of 2,989 people received EOC and 821 people received chlamydia treatment from the pharmacy.

3.7 The Kent Psychosexual Therapy Service is also provided by KCHFT and offers help for people presenting with psychosexual dysfunction. The service can be accessed online or in person and it is available to any eligible Kent resident who is referred by a health care professional. During the 2022/2023 period, a total of 509 people sought access to the Psychosexual Therapy Service.

3.8 The Kent condom programme is provided by METRO. It offers free condoms to under 25-year-olds living in Kent via online access or through in person collection at distribution sites across Kent. METRO also provides training to professionals who work with young people, including youth services and schools, to increase their understanding of sexual health and to promote awareness of local relevant services. Between 2022/2023, a total of 10,864 free

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[5] https://www.legislation.gov.uk/ukpga/2006/41/section/75
[6] PAR1440-specialised-commissioning-roadmap-addendum-may-2022.pdf (england.nhs.uk)

packs of condoms, each containing six condoms, were distributed throughout Kent.

3.9 Long-Acting Reversible Contraception (LARC) in primary care is provided by over 100 GPs across Kent. This service provides the fitting and removal of LARC devices, which offer a long-term contraceptive benefit of at least three years and up to six years depending on the LARC device used. LARC is also provided as part of the ISH offer, by KCHFT and MTW, which manages more complex LARC needs. In 2022/2023 there were 12,297 procedures carried out in primary care.

3.10 In addition, the ICS commissions GPs to provide the Intrauterine System (IUS) LARC method as part of the Women's Health Service offer, which is for non-contraceptive purpose. In this context, an IUS may be fitted to manage symptoms including menorrhagia, dysfunctional bleeding, and to provide hormonal replacement therapy (HRT).

3.11 Sexual Health Outreach Services are provided by MTW, KCHFT, and METRO, and target those at highest risk of poor sexual health outcomes. Outreach is delivered at a variety of community settings and events including Freshers Fayres, LGBTQ+ pride, reception centres for asylum seekers and youth hubs amongst others.

3.12 KCC arranges and pays for the premises required to offer integrated sexual health services, and this arrangement provides long-term service continuity regardless of which provider is delivering the service.

3.13 The KCC website has a dedicated section for sexual health (www.kent.gov.uk/sexualhealth) and is referred to as the first point of access into KCC commissioned sexual health services. It contains information on STIs, contraception, services available as well as access routes into these services.

4 Future Commissioning

4.1 Public health is currently leading on a transformation programme of public health services. The primary objective is to assess the services to ensure they are impactful, cost-effective, and robust for the future. Sexual Health Services are in scope for the transformation programme, drawing insight from successful models in other areas and relying on evidence-based strategies to enhance delivery. Future updates on this programme of work will be shared with the committee.

5 Conclusion

5.1 The responsibility for commissioning sexual health services is distributed among KCC, NHSE, and the Integrated Care System.

5.2 KCC commissions sexual health services from various healthcare providers using a range of commissioning arrangements, demonstrating a commitment to a holistic and interconnected approach to sexual health in Kent.

5.3 The ISH Service operates under an open-access model, allowing not only Kent residents but also people from outside the county to utilise its services. Likewise, Kent residents have the flexibility to access services offered outside the county as well.

5.4 The ongoing transformation program aims to enhance the quality and sustainability of these services, ensuring they continue to meet the evolving needs of Kent residents.

6. Recommendation(s)

6.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the current commissioning arrangements for sexual health services.

7. Background Documents

- Performance Report Q4.pdf (kent.gov.uk)
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk)
- NHS Long Term Plan
- Women's Health Strategy for England 2022
- Commissioning local HIV and sexual and reproductive health service guidance
- National integrated sexual health service specification 2023
- National Health Service Act 2006, Section 75

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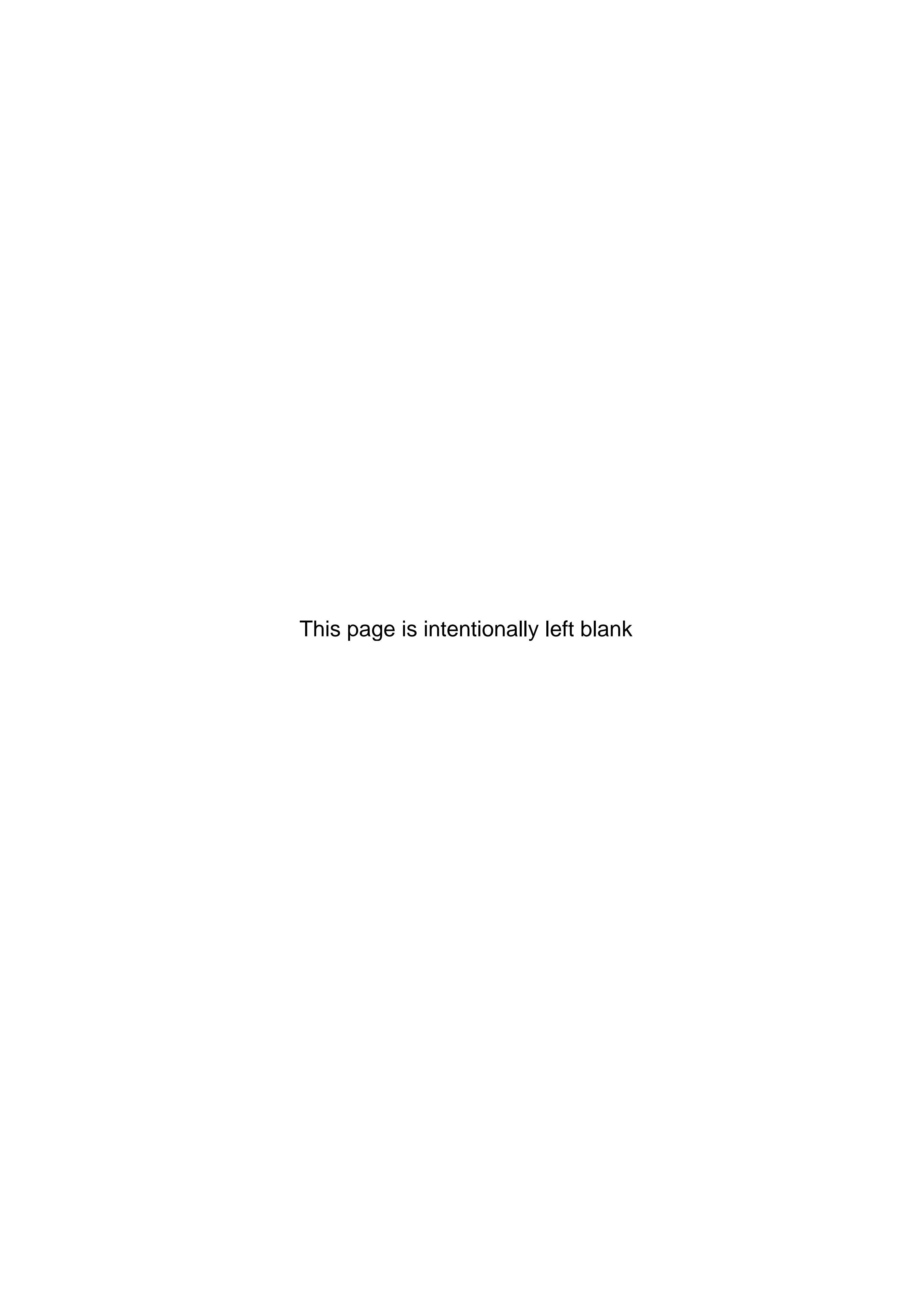
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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 7 November 2023

Subject: **Work Programme 2023-24**

Classification: Unrestricted

Past and Future Pathway of Paper: Standard agenda item

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

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023-24.

1. Introduction

1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.

1.2 Whilst the chairman, in consultation with the cabinet members, is responsible for the programme's fine tuning, this item gives all members of this cabinet committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme

2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.

2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.

2.3 The schedule of commissioning activity which falls within the remit of this cabinet committee will be included in the work programme and considered at future agenda setting meetings to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.

2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

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

3. Conclusion

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

4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023-24.

5. Background Documents: None

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME

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

23 JANUARY 2024		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 2 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
9	Work Programme	Standing Item
5 MARCH 2024		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 3 2023/24	Regular Item
7	Risk Management report (with RAG ratings)	Annual Item
8	Work Programme	Standing Item
14 MAY 2024		

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item
2 JULY 2024		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 4 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING
Place-Based Health – Healthy New Towns.
Lessons Learnt paper from Asymptomatic testing site – added at HRPH CC 20/01/2022
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022 – Young People, Body Image, and Mental Health (Requested by Mr J Meade 05/09/23) (Chair would like both to come to committee soon) (Dr Ghosh may have overarching report ready for Jan or Mar 2024)
Public Health Inequalities: Report on geographical poverty index figures – Requested by Mr Jeffery on 23/11/2022
Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022
Overview of Health Protection in Kent – 31/03/23
Substantive item on Social Prescribing – added by Andrew Kennedy 31/03/2023
Implications of Climate Change for Public Health – suggested by Mr Cole 11/07/2023
Contraception Services and Responsibilities Update (Mr Dirk Ross – moved from 7 November Meeting)