

From: Roger Gough, Leader of the Council

David Cockburn, Chief Executive Officer

To: **Cabinet, 1 December 2022**

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

Key decision: Yes

Decision Number: 22/00097

Classification: **Unrestricted**

**Future Pathway of report:** County Council

**Electoral Division:** All

### **Summary:**

Kent County Council (KCC) is a statutory partner in the Kent and Medway Integrated Care System, along with Kent and Medway NHS and Medway Council, and has confirmed its commitment to the partnership in its strategic document, Framing Kent's Future.

The Integrated Care Partnership is required to produce an Integrated Care Strategy for Kent and Medway. Statutory guidance from the Department for Health and Social Care states that Integrated Care Strategies must be published by the end of December 2022 to inform the first Five-Year Joint Forward Plans which ICBs (NHS) must agree for the next financial year.

Given the tight deadline to produce a complex partnership document, the guidance recognises that 2022/23 will be a transitional period and that Integrated Care Partnerships will want to refresh and develop their Integrated Care Strategy as they grow and mature. Therefore, this is an interim version that will be further developed throughout 2023. The later iteration will expand on the ambitions and commitments of the Partners.

### **Recommendation(s):**

Cabinet is asked to approve the Kent and Medway Interim Integrated Care Strategy.

## **1. Introduction**

1.1 The Health and Care Act 2022 required the creation of Integrated Care Systems (ICSs), consisting of health and social care bodies in local areas, as a means to integrate health and social care services and deliver stronger place based population health management. From 1 July 2022, all 42 ICSs across England became legal entities, with statutory responsibilities to deliver for their local populations. Legally, Integrated Care Systems comprise two core parts: an Integrated Care Board (ICB), the NHS budget-holding body, and an Integrated

Care Partnership (ICP), a broader coalition of partners within the system, to join up planning and delivery. The lead partners of the Kent and Medway Integrated Care System are NHS Kent and Medway (the ICB), KCC and Medway Council.

- 1.2 The ICP is required to produce an Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the Integrated Care System. It will be approved by the three statutory partners and agreed by the ICP. National guidance sets out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative and person-centred care for their whole population, across the course of their life. The Strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health and joining-up health, social care and wider services. It provides the framework in which the Partners will work and supports the Council to fulfil its commitment made in Framing Kent's Future to seize the opportunity of integrating our planning, commissioning and decision making in adult, children, and public health services.
- 1.3 The Department for Health and Social Care (DHSC) mandated that Integrated Care Partnerships must publish an initial strategy by December 2022 to inform the local NHS Five-Year Joint Forward Plans which are due to be published before the next financial year.
- 1.4 DHSC recognised this was a challenging timeline for the newly formed ICPs and accepted that this will be reflected in the breadth and depth of the work that can be done in preparing the strategy and, subsequently, what is included in the initial strategy. Therefore, this iteration of the Kent and Medway Integrated Care Strategy is recognised as an interim strategy and has been built on work that has previously been undertaken across the System, including that of the Health and Wellbeing Boards. This version, the Interim Strategy, will be presented at County Council in December and to the Public Health and Health Reform Committee in January. The Interim Strategy, attached to this paper will be subject to professional design before publication.
- 1.5 As the system matures it is expected that ICPs will want to refresh and further develop their Integrated Care Strategy. To that end, more extensive wider consultation and engagement with Members, partners and the public is planned from early in 2023. Comments from Members on the Interim Strategy will also be fed into the next iteration along with feedback from the planned consultation and engagement activity. The DHSC will publish further guidance in June 2023, and subsequent to that guidance, any significant changes to the strategy may be subject to a further key decision as is considered necessary.

## **2. Overview of Strategy Development**

- 2.1 In preparing the Integrated Care Strategy, each ICP must have regard to guidance issued by the Secretary of State. Alongside this requirement, ICPs, when preparing an Integrated Care Strategy must also consider the following areas:

- The Integrated Care Strategy must reflect evidence based system-wide priorities that will improve the public's health and wellbeing and reduce disparities.
- The Integrated Care Strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the ICB and ICP area are to be met by the exercise of functions by the ICB, partner local authorities, and NHS England (when commissioning in that area).
- Agreement within the Integrated Care System on priority outcomes, based on the needs identified in the joint strategic needs assessments. This will bring focus to the system, galvanising joint working and driving progress on the most important outcomes for the local population.
- The Integrated Care Strategy will meet the needs of local people of all ages identified in the relevant Health and Wellbeing Boards' joint strategic needs assessments. These assessments relate to all health (physical and mental), and social care needs of the whole population.
- The Integrated Care Strategy will be developed and published by December 2022.
- The Integrated Care Partnership must involve local Healthwatch organisations whose areas coincide with or fall wholly or partly within the ICP area; and people who live and work in the area in the preparation of the Integrated Care Strategy.
- The Integrated Care Partnership must publish the Integrated Care Strategy and give a copy to each partner local authority and each ICB that is a partner to one of those local authorities.
- Integrated Care Partnerships must consider revising the Integrated Care Strategy whenever they receive a joint strategic needs assessment.

## 2.2 Development and Content

2.3 The Kent and Medway Interim Integrated Care Strategy (Appendix 1) builds on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs by promoting control, choice, and flexibility in how people receive care and support. There is an emphasis on the wider determinants of health (such as housing, employment, the environment etc.) and their importance in improving the population's health.

2.4 The development of the Interim Strategy has been overseen by the ICP which is currently chaired by the Leader of KCC. A multiagency steering group and project group made up of representatives from KCC, Medway Council and the ICB has led the development of the document, working closely in partnership with wider partners. KCC's Director of Public Health and Director of Strategy, Policy, Relationships and Corporate Assurance have been members of the Steering Group.

2.5 Statutory Guidance on the development of Integrated Care Strategies sets out the expected topics to be covered:

- Quality improvement
- Joint working and section 75 of the National Health Service Act 2006
- Personalised care

- Disparities in health and social care
- Population health and prevention
- Health protection
- Life Course- Babies, children, young people, their families, and healthy ageing
- Workforce
- Research and innovation
- 'Health-related' services
- Data and information sharing

2.6 The Kent and Medway Interim Integrated Care Strategy covers all these expected topics. The document is structured around the shared vision and six outcomes that were agreed by partners when the Kent and Medway ICS was formed. As partnership arrangements are still developing, the Interim Strategy brings together and reaffirms existing commitments that have been made by partners. The full strategy developed next year will develop and build upon these commitments.

2.7 The sections of the Interim Strategy are:

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

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

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

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

*Shared outcome 3 - Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent and fulfilling lives; adding years to life and life to years.*

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

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

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

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

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

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

Includes commitments on growing and supporting our shared workforce.

2.8 The Interim Strategy also includes ‘enablers’ that set out how partners will work together to achieve these outcomes, including through collaborating on research, championing innovation and embracing digital transformation. There are commitments to provide system leadership to tackle complex challenges together, explore opportunities for joint commissioning and pooling resources and act as ‘anchor institutions’; using assets and resources to benefit the community.

2.9 The Interim Strategy concludes with a commitment to work together to listen to and involve people and communities going forward to inform the full strategy and continue to shape service provision and decision-making across the system.

## **2.10 Communications and Engagement**

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

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

2.12 However, there is much more to do. Broader public consultation will be delivered from early 2023 to shape the further development of the Strategy and a Kent and Medway system-wide communications and engagement plan has been drafted for post December 2022 which will be presented for approval by the ICP on 8 December. Healthwatch Kent and Medway, as members of the ICP and experts in engaging with the public on issues relating to their health and wellbeing, are supporting this work. The VCSE is also represented on the ICP and will be part of the engagement and consultation process.

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

## **3. Alignment to Other KCC Duties and Functions**

3.1 Guidance acknowledges that there is a wide diversity within Integrated Care Systems in terms of geography, population size and configuration of local authorities and NHS partners and recognises that different approaches are required from one local population or area to another, and that there will be

different levels of maturity and development. There is recognition that since Integrated Care Partnerships and Health and Wellbeing Boards have similar purposes, local authorities and ICBs may choose to bring their Health and Wellbeing Board and ICP together if many of the same parties are involved. In these few systems where Integrated Care Partnerships and Health and Wellbeing Boards are coterminous, the government recommends that they work with partners to agree the relationship between the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategy.

- 3.2 Kent's Health and Wellbeing Board is unusual in being one of the few Boards that is, for the most part, coterminous with the ICS area. This is with the exception of a small section of Swale that sits within the Medway and Swale Health and Care Partnership. This presents Kent with different opportunities and challenges in terms of how the Kent Joint Health and Wellbeing Board operates with and within the Integrated Care System and introduces the risk of duplication between the Kent Joint Local Health and Wellbeing Strategy and the Kent and Medway Integrated Care Strategy.
- 3.3 The Kent Health and Wellbeing Board has adapted to the introduction of the ICS by reducing its meeting frequency to once per year, or more often if required to meet its statutory requirements. This will reduce duplication and the risk of stretching resources trying to support the developing system. It is also proposed that the Integrated Care Strategy is adopted as Kent's Joint Local Health and Wellbeing Strategy. This is an opportunity to promote greater integration and partnership between the NHS, public health, and local government and to avoid duplication in developing a separate Health and Wellbeing Strategy. This must be agreed by the Health and Wellbeing Board, which next meets in February 2023 and the recommendation will be subject to the advice of the Director of Public Health. The Director of Public Health is clear that the content in the next iteration of the Integrated Care Strategy must be detailed enough to provide assurance that it sets out the agreed priorities and joint actions for partners to address the health and wellbeing needs identified by the Joint Strategic Needs Assessment.

#### **4. Financial Implications**

- 4.1 There are no direct financial costs associated with the development of the Integrated Care Strategy for KCC other than staff time in supporting the Steering Group overseeing its development. Further work on the consultation and engagement plan for the Strategy is ongoing, but any financial or non-financial resources required to support that exercise will be met from within service budgets. To fully maximise the opportunities that arise regarding integration and joint arrangements that the ICS offers, further resources to support the operation of the ICS Partnership architecture will be included within the Budget considered by the County Council in February.

#### **5. Legal implications**

- 5.1 The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy to set out how the assessed health and care needs of the area can be met through the exercise of the functions of the ICB, partner local authorities or NHS England.

## **6. Equalities implications**

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

## **7. Conclusion**

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

## **8. Recommendation**

- 8.1 Cabinet is asked to approve the Kent and Medway Interim Integrated Care Strategy

## **9. Appendices**

Appendix 1: Kent and Medway Interim Integrated Care Strategy

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

## **10. Contact details**

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