

#### Item 4: Kent and Medway Interim Integrated Care Strategy

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 31 January 2023

Subject: Kent and Medway Interim Integrated Care Strategy

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Summary: This paper draws the Committee's attention to the recently published Kent and Medway Interim Integrated Care Strategy and sets out possible impacts on Health Overview and Scrutiny.

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#### 1) Introduction

- a) July 2022 saw the statutory introduction of Integrated Care Systems (ICS). These are a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
- b) Sitting within the ICS is the Integrated Care Partnership (ICP), a statutory committee jointly formed between the NHS Integrated Care Board (ICB) and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an Integrated Care Strategy ("Strategy") on how to meet the health and wellbeing needs of the population in the ICS area.
- c) The Integrated Care Partnership was required by the Department for Health and Social Care ("the Department") to produce a Strategy for Kent and Medway and publish it by the end of December 2022. Statutory guidance states that Strategies must inform the first Five-Year Joint Forward Plans which ICBs must agree for the next financial year.
- d) Given the tight deadline to produce a complex partnership document the guidance recognised that 2022/23 would be a transitional period and that Integrated Care Partnerships would want to refresh and develop their Strategies as they grow and mature. Therefore, an interim version has been published that will be further developed throughout 2023.
- e) The Kent and Medway Interim Integrated Care Strategy can be found online [here](#) and is attached in Appendix 3.

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### 2) The role of HOSC

- a) The Strategy has been produced by the Kent and Medway ICP. Membership of the partnership can be found in Appendix 1.
- b) HOSC's role is not to provide comment on or contribute to the Strategy, but it will need to scrutinise local health services in context, and this could include taking into account the Strategy and other relevant documents (such as the Joint Strategic Needs Assessment – JSNA - and local health and wellbeing strategies).
- c) In its guidance for HOSCs (published 29 July 2022), available in Appendix 2, the Department set out its expectations along with those of the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements should work together to ensure that new statutory system-level bodies are locally accountable to their communities.
- d) The guidance sets out that proactive and constructive scrutiny of health, care and public health services, done effectively, could build constructive relations that deliver better outcomes for local people and communities.
- e) The guidance set out 5 principles for best practice ways of working across system partners. These were:
  - i. **Outcome focused** – looking at the outcomes of plans and strategies as well as place-based service changes.
  - ii. **Balanced** – keeping a balance of being future focused and responsive.
  - iii. **Inclusive** – effective scrutiny allows for an inclusive conversation between all those effected in a decision or plan. HOSCs are a “fundamental way for democratically elected councillors to voice their views of their constituents.” “HOSCs, subject to time and resource constraints, may be well placed to engage with members of the public directly”.
  - iv. **Collaborative** – committee work plans should be informed by communities, providers and planners of health and care services. Recognising the importance of Joint HOSCs.
  - v. **Evidence informed** – scrutiny should be based on the right insight, reflecting all voices and opinions. This includes qualitative and quantitative evidence. Local Healthwatch are an important source of information.

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### 3) Next steps

- a) HOSC procedures are at the discretion of individual committees. However, the Department recommends that individual HOSCs develop a framework to help them ensure that their scrutiny work is effective, focused and adds value. It is recommended a framework considers:
- Risks, effects, and impacts to individual populations
  - Risks, effects, and impacts to the whole local population
  - Risks, effects, and impacts to local health colleagues
- b) The Committee is invited to discuss whether the current procedures are still effective in light of the Department's guidance and publication of the Strategy. It may wish to consider developing a framework and/ or establishing a base set of information that the NHS should provide for possible substantial variations of service which includes how the proposals meet the outcomes set out in the local Strategy.

#### 4. Recommendation

RECOMMENDED that the Committee

- a) note the contents of the Kent and Medway Interim Integrated Care Strategy
- b) delegate authority to the Clerk, in consultation with the Chair of the Committee, to develop a future way of working, that will be shared with Committee Members for comment ahead of implementation.

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### Appendix 1 Kent and Medway's Integrated Care Partnership

Membership of the Joint Committee will be made up of elected, non-executive and clinical and professional members as follows:

- Leader of Kent County Council (KCC)
- Leader of Medway Council
- Chair of the NHS Kent and Medway Integrated Care Board (ICB)
- Two additional local authority elected executive members from KCC, who hold an appropriate portfolio Committee membership responsibility related to Joint Committee business
- Two additional local authority elected executive members from Medway Council, who hold an appropriate portfolio responsibility related to Joint Committee business
- One additional ICB Non-Executive Director
- An ICB Partner Member who can bring the perspective of primary care
- The Chairs of the four Kent and Medway Health and Care Partnerships
- An elected District Council representative from within the geographies of each of the four Kent and Medway Health and Care Partnerships

#### Non-voting participants

- Medway Council Chief Executive
- Kent County Council Head of Paid Service, or nominated representative
- Kent and Medway ICB Chief Executive
- Kent and Medway Directors of Public Health
- Kent and Medway ICB Medical Director
- A representative from each of Kent Healthwatch and Medway Healthwatch
- A representative from the Kent and Medway Voluntary, Community and Social Enterprise Steering Group
- Kent and Medway local authority directors of adult and children's social care