

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
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To: Kent Health and Wellbeing Board - 25 April 2023

Subject: Update on Kent and Medway Interim Integrated Care Strategy

Classification: Unrestricted

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

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

1. Introduction

- 1.1 The health challenges facing those we serve in Kent have been well rehearsed. Life expectancy is no longer increasing in the way it was, relative performance on many health outcome measures is declining in Kent compared with the national level. Measures of poor mental health, such as depression, are increasing in Kent more than nationally and socioeconomic challenges including children in poverty are not improving as much as we see nationally. Lifestyle behaviours remain problematic with two-thirds of people overweight and an increase in smoking levels in Kent for the first time in many years.
- 1.2 While there has been action across the county focused on tackling the Wider Determinants of Health (WDH) and tackling inequalities, the deteriorating position persists. We need to think what further or expanded action is needed to improve health.
- 1.3 The new NHS architecture, and the increased focus on system working and tackling the full range of health determinants will ensure the NHS, with partner colleagues, best consider both their impact on the WDH and how to optimise a whole system response, building on the work and approaches already in place in many districts and boroughs as well as the Voluntary and Community Sector (VCS) partners.
- 1.4 Linked to this is the renewed focus within Kent County Council Public Health on tackling the WDH at scale with a recognition of the increased challenges and

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

2. Background

- 2.1 The new NHS structure consists of an Integrated Care System (ICS) with the Kent and Medway ICS covering the areas served by Kent County Council (KCC) and Medway Council. The structure also includes the NHS service based Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The ICP is a core component of the Integrated Care System and is a broader coalition of partners which aims to join up planning and delivery to improve health across Kent and Medway.
- 2.2 The ICP is required to produce an Integrated Care Strategy to set the strategic direction for partners across the whole geographic area of the Integrated Care System. It is approved by the three statutory partners (the NHS, Kent County Council and Medway Council) and agreed by the ICP. National guidance sets out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative and person-centred care for their whole population, across the course of their life.
- 2.3 The IC Strategy presents an opportunity to meet the health challenges we face, reaching beyond 'traditional' health and social care services to consider the wider determinants of health and joining-up health, social care and wider services.
- 2.4 The Department for Health and Social Care (DHSC) mandated that ICPs must publish an initial strategy by December 2022 to inform the local NHS Five-Year Joint Forward Plans which are due to be published in June 2023. While the Interim Strategy was informed by the existing priorities developed by partners across Kent and Medway, the nationally dictated timescale necessitated a rapid development, with limited engagement and consultation to date. As a result, the IC Strategy produced is an interim version and further public, partner and stakeholder engagement will take place over the spring and summer to allow a final, more informed strategy to be agreed in the autumn.
- 2.5 The Interim IC Strategy was approved by the Kent County Council Cabinet in December 2022. The Interim Strategy was also considered and noted by County Council in the same month. The Interim Strategy has separately been approved by Medway Council. The ICP approved the Interim Strategy at its Joint Committee meeting in December 2022, providing their endorsement of the document and a recommendation that it is approved by partner organisations.
- 2.6 As the system matures, it is expected that ICPs will refresh and further develop their local Integrated Care Strategies. To that end, extensive consultation and engagement with partners and the public is planned through until autumn 2023. Comments from Members of the Health and Wellbeing Board on the Interim Strategy are therefore sought and will be fed into the next iteration along with feedback from the planned consultation and engagement activity.

3. Integrated Care Strategy Development

- 3.1 The Interim Kent and Medway Integrated Care Strategy (Appendix 1) has been developed in an environment where system partners increasingly recognise the need for transformative change to tackle challenges around slowing improvements in population health and increasing inequalities. The interim strategy includes a welcome focus on tackling the WDH as defined by the Robert Wood Johnson Foundation including socioeconomic determinants such as education, employment, social support and community safety as well as Lifestyle Choices, Quality and Access to Clinical Care and the Built Environment.
- 3.2 The development of the interim strategy has been overseen by the ICP which is currently chaired by the Leader of KCC. A multiagency steering group and project group made up of representatives from KCC, Medway Council and the ICB has led the development of the document, working closely in partnership with wider partners. Both KCC's and Medway Council's Directors of Public Health (DPH) are members of the steering group alongside NHS colleagues and have strongly influenced content related to prevention and the WDH.
- 3.3 Initially there was an intention that the Kent DPH would work with partners to develop a Kent System Public Health Strategy, and this in turn would be developed into the Kent Local Joint Health and Wellbeing Strategy (JHWS). The development of the Integrated Care Strategy, with its strong focus on the assessed health needs of the people of Kent, and clear and agreed priorities, including a focus on the WDH, has meant that this strategy can undertake the function of the JHWS in Kent.
- 3.4 Statutory Guidance on the development of Integrated Care Strategies sets out the expected topics to be covered:
- Quality improvement
 - Joint working and section 75 of the National Health Service Act 2006
 - Personalised care
 - Disparities in health and social care
 - Population health and prevention
 - Health protection
 - Life Course- Babies, children, young people, their families, and healthy ageing
 - Workforce
 - Research and innovation
 - 'Health-related' services
 - Data and information sharing

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

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

Our pledge

Recognising that citizens' health, care and wellbeing are impacted by economic, social and environmental factors more than the health and care services they

can access, we pledge to bring the full weight of our organisational and individual efforts to collaborate to enable the people of Kent and Medway to lead the most prosperous, healthy, independent and contented lives they can. Through this collaborative movement, we will work together to reduce economic and health inequalities, support social and economic development, improve public service outcomes, and ensure services for citizens are excellent quality and good value for money. Together, we can.

4.2 The Kent and Medway Interim Integrated Care Strategy covers all the nationally expected topics set out in the guidance. The document is structured around a shared vision and six outcomes that were agreed by partners when the Kent and Medway Integrated Care System was formed. As partnership arrangements are still developing, the Interim Strategy brings together and reaffirms existing commitments that have been made by partners. The full strategy to be developed by Autumn 2023 will build upon these commitments.

4.3 The sections of the Interim Strategy are:

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

This includes commitments on maternity services, Starting Well, support for children with Special Educational Needs and Disabilities, Family Hubs and safeguarding.

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

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

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

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

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

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

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

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

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

This includes commitments on growing and supporting our shared workforce.

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

5 Public Communication and Partner Engagement

- 5.1 Despite the limited timescales to produce the Interim Strategy, the Integrated Care System sought opportunities to engage with Stakeholders through:
- The 'Together We Can' Symposium on 28 October 2022 involving Members, leaders and senior managers from KCC, NHS, Medway Council, the Voluntary and Community Sector and Business leaders to comment and contribute to the Interim Strategy.
 - Launch of an online platform for public and professionals to provide feedback (<https://www.kmhealthandcare.uk/about-us/kent-and-medway-health-and-care-symposium>).
- 5.2 However, there is much more to do. Broader public consultation has commenced to shape the further development of the strategy and a Kent and Medway system-wide communication and engagement plan has been approved by the ICP. Healthwatch Kent and Medway, as members of the ICP, and experts in engaging with the public on issues relating to their health and wellbeing, are supporting this work. The Voluntary, Community and Social Enterprise (VCSE) is also represented on the ICP and will be part of the engagement and consultation process.
- 5.3 A survey has been published to obtain a baseline reading of public perception of their own health and wellbeing which can then be used over time to detect any change. It also asks at a very high level if anything is missing from the six strategy outcomes.
- 5.4 The Interim Strategy has already been published online, in full and shortened form, with the opportunity for the public to post comments on each of the six strategy outcomes. No further public engagement will take place in the very short term due to proximity of the pre-election period. A programme of public consultation and engagement will commence in earnest after the local elections.
- 5.5 Engagement of key local stakeholders around the strategy and how they can best contribute to improving health locally has commenced. This will include the development of HCP level action plans that will be collated to form a single action plan.

- 5.6 Discussions have taken place with local VCS Alliances across Kent and further discussions and workshops are planned with parish and town councils through the Kent Association for Local Councils (KALC) to seek local views on the strategy and the actions that partners can take together to help improve local health.
- 5.7 Additionally, the Kent Public Health Team has been realigned so that named senior consultants can link with each HCP and district to help support the development of local action plans to best improve the health of local populations building on work already in train.
- 5.8 The approach proposed here was broadly supported by the Kent Chiefs in early April. The value of engaging Kent wide representative groups such as those around Planning and Housing was raised as well as the need to engage bodies with both a Countywide and local presence such as Kent Police and Kent Fire and Rescue Service at both levels.

6. Financial implications

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

7. Equalities implications

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

8. Conclusion

- 8.1 The development of the Kent and Medway Interim Integrated Care Strategy, although against exceptionally tight timescales set by DHSC, has helped to start statutory partners thinking differently together to set out a clear ambition across the system for residents of Kent and Medway. It provides a strong platform to undertake further work on how we can further integrate and join up our commissioning, decision-making and service delivery as a system to ensure it is more effective at meeting both the needs of individuals and service users, but also the needs of our communities at a local and Kent wide level.
- 8.2 Most importantly, it recognises the need for change, as a system, to tackle, at scale, the full range of factors that impact on health rather than a more narrowly defined clinical focus. This will be a challenge for the system and will require

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

9. Recommendation(s):

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

10. Report Author

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