

**From:** Roger Gough, Leader,  
Dr Anjan Ghosh, Director of Public Health

**To:** Cabinet, 30 January 2025

**Decision Number:** 24/00115

**Subject:** Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan

**Classification:** Unrestricted

**Past Pathway :** Health Reform and Public Health Cabinet Committee

**Summary:** The Health and Wellbeing of the people of Kent is not improving in the way we would wish and in some areas has shown signs of declining. To address this, we need to focus on the full breadth of wider determinants of health (WDH) including socioeconomic, health behaviours, clinical and environmental.

The Kent and Medway Shared Delivery Plan for delivery of the Integrated Care Strategy, previously shared with and endorsed by the Health Reform and Public Health Cabinet Committee, is a key catalyst to encourage action by all system partners to address the WDH. Kent County Council has a key role in tackling these determinants.

While Local Authorities have been the lead agencies responsible for public health for over a decade, action to fully capitalise on this shift has not been achieved in any local authorities. In Kent we can now use the integration of health and social care to start to realise this opportunity.

Work has taken place to identify and capture the current activity within Kent County Council which impacts on health and wellbeing. There is a strong recognition and ownership of this role across officers in all council teams. Additionally, priorities for future action have been agreed and outlined, recognising the financial challenges we face. This paper recognises the key importance and role of the council in improving the health and wellbeing of the people of Kent and details the roles each part of the council is, can and will play in this important work.

Work is now progressing on a Kent County Council wide Prevention Framework which will include a focus on how corporately the council meets the requirements of the Care Act as well as wider opportunities for prevention. Much of the activity within this delivery plan will contribute to the prevention agenda.

**Recommendations:** Cabinet is asked to consider and agree to the proposed decision, as detailed in the attached PROD.

## 1. Summary of Approach

## **1.1 The KCC Integrated Care Strategy (ICS) Delivery Plan**

- 1.1.1 KCC is a key partner in the local system and the activity of all parts of the council have a profound impact on health and wellbeing. The work here captures that activity and frames it as our corporate contribution to the Kent and Medway Integrated Care Strategy.
- 1.1.2 The Plan is in two parts. The first curates, at a Directorate level, all the current relevant activity that the directorate is contributing to this endeavour. This work, collated against each of the priority outcomes within the Kent and Medway Integrated Care Strategy, forms Appendix A.
- 1.1.3 The second output details a range of new priority actions defined and developed by each directorate for the next one to three years. This has been included as Appendix B to this paper.
- 1.1.4 Directorates have developed priority outcomes in the context of the challenging financial environment and there is a recognition that not all activity will necessarily continue.

## **1.2 The approach to developing the KCC ICS Delivery Plan**

- 1.2.1 For both pieces of work, the approach in developing the plan was adapted to each directorates' favoured approach. This included working directly with Directorate Management Teams (DMTs), incorporate work undertaken by DMTs, and working with nominated officer leads from the DMTs.
- 1.2.2 The work involved review of key strategies, delivery plans and division plans, bespoke submissions from key officers, and discussions and meetings with key individuals and teams, all of whom were extremely positive and supportive in developing and iterating the outputs included here.
- 1.2.3 The outputs therefore represent a curation of the breadth of work already in train across the council as well as new priority actions developed by officers within directorate teams.
- 1.2.4 The plan and priority actions were agreed by the Corporate Management Team in November 2024. It was agreed that the work would benefit from wide political sign up and, following consideration by the Health Reform and Public Health Cabinet Committee on 21<sup>st</sup> January, the support of the full Cabinet to the adoption of this delivery plan is sought.

## **1.3 How the delivery plan can be used and is intended to be implemented**

- 1.3.1 The plans demonstrate the key role of all Council functions in improving health. The work represents KCC's corporate contribution to the Integrated Care Strategy and details how we will support the Shared Delivery Plan (SDP).
- 1.3.2 It is proposed that progress against the agreed Priority areas remains owned and monitored by each Directorate with a single council-wide collated progress update.

- 1.3.3 The proposed process by which the Integrated Care Partnership (ICP) is sighted on delivery of agreed improved health outcomes will be through progress towards the developed Log-Frame indicators. The indicators which the agreed KCC priorities impact on have been appended to the directorate Action plans.

## **2. Introduction**

- 2.1 The Health and Social Care Act 2012 conferred duties on Local Authorities to improve public health. While the theoretical benefits of public health resource and responsibilities residing in local authorities was clear, since that time it could be argued that progress to fully capitalise on the opportunity, nationally, has been limited and variable.
- 2.2 Improving health and wellbeing requires a recognition of the full range of determinants of health. These are well captured within the Robert Wood Johnson model which has been widely adopted in the local system.
- 2.3 If we are to improve health in Kent we need to consider all these determinants and the impact we are having as a council in addressing them. The need for this approach is increasingly recognised in the wider system and has informed the development of the Kent and Medway Integrated Care Strategy and subsequent Shared Delivery Plan.
- 2.4 Work has been undertaken internally to attempt to capture the full range of activity across the council that impacts on the wider determinants of health. This has demonstrated the key ongoing roles of most council functions that affect the health of those we serve.
- 2.5 Conversely, there is a recognition of the impact that the public health function can have on the work of other council directorates. These include impact on demand for adult, and children, young people and families, social care.
- 2.6 Work has taken place with Council directorates to define key priority areas for action over the coming two or three years that will impact on public health and wellbeing. This is against a challenging financial position.
- 2.7 The actions defined in this work, both existing and planned, detail the county council's contribution to delivery of the Kent and Medway Integrated Care Strategy and in turn the Kent Joint Local Health and Wellbeing Strategy.

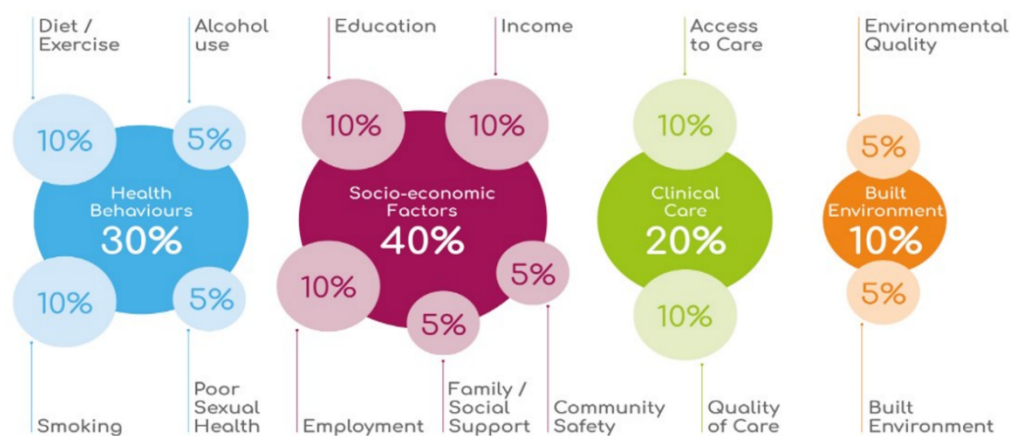
## **3. Background**

- 3.1 The health and wellbeing of the people of Kent is not improving as much as we would wish and in many areas has shown signs of declining. Increases in life expectancy have stalled and levels of poor mental health have increased. On many measures the performance of Kent has been poor relative to the England average and the historic, relatively better health of people in Kent, is increasingly eroded, with risk of further decline. Examples include increasing

levels of overweight in adults at a rate significantly higher than the national average, levels of hospital admissions following violent crime moving from significantly better than the England average to significantly worse over a few years, and under 18 contraception rates falling at a slower rate than nationally so that local rates have moved from significantly below to above national rates. Additionally, there are persisting inequalities in health within Kent focussed on both geographic and different care groups and parts of the population.

- 3.2 The Health and Care Act 2012 shifted the lead responsibility for public health from the NHS back to local authorities. This recognised the key opportunities within local authorities to impact on public health. There is a strong historical precedent with most major gains in health in the past resulting from improvements in nutrition, income, sanitation, housing and education.
- 3.3 Health is impacted by a wide range of determinants with around 80% outside the traditional (but not the full potential) remit of the NHS. Locally the Robert Wood Johnson model has been adopted to illustrate the full range of factors that impact on health and their relative contribution.

### We need to address ALL the wider determinants of health (WDH)



SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

- 3.4 Clearly a public health approach that largely relies on impacting on health behaviours can at best have a 30% impact and a focus on clinical service will land even less gain. If we are to optimally improve health and wellbeing we need to consider our full impact on all the determinants of health and wellbeing and how we might work to address them.
- 3.5 The approach recognises the importance of all county council functions in improving health and wellbeing. Indeed, it recognises the roles of a wider range of system players in this endeavour. In parallel with the work with internal council functions, action has been taken to recast and reinforce public health links with key external partners, recognising their role in improving health and wellbeing. This has included work with district and borough

councils, with the Kent Association of Local Councils, with the Office of the Police and Crime Commissioner and with the Kent and Medway Housing Group, amongst others.

- 3.6 The Kent and Medway Integrated Care Strategy, evolving from a national NHS driven expectation that Integrated Care Systems produce such a strategy, and the subsequent Shared Delivery Plan, has provided an opportunity to secure NHS commitment to action to tackle inequalities and the wider determinants of health. Given the key beneficiaries of the Integrated Care Strategy in terms of numbers and actions will be the people of Kent, recognising the need to minimise the number of agreed strategies in this arena, and seizing the opportunity to optimise NHS buy in to the approach to focus on the wider determinants of health and tackling inequalities, it was agreed that the IC Strategy should additionally fulfil the role of the Joint Local Health and Wellbeing Strategy for Kent.
- 3.7 In addition to the role of the County Council, as detailed in this paper, there is recognition of the role that district and borough councils can play in improving health. This has led to increasingly close working between public health and local district and borough councils with a named relationship lead from within the public health specialist cadre supporting the work of each council. Local district and borough councils have developed local health alliances and partnerships with local NHS and Voluntary Community Social Enterprise (VCSE) groups, amongst others, and have defined local priorities for health improvement. They are developing local action plans to deliver on these priorities.
- 3.8 Similarly, the role of local communities in owning local health issues and delivering at that level has been recognised through closer relations between public health and the Kent Association of Local Councils (KALC). KALC have also developed a list of priorities to improve health and wellbeing and have developed an action plan around these.

#### **4. The Breadth, Contribution and Impact of Kent County Council on Health and Wellbeing**

- 4.1 Health and Wellbeing and its determinants, as defined by the Robert Wood Johnson model, are heavily influenced by council led activity. The priorities within Framing Kent's Future around Levelling Up, around strong community infrastructure, environmental step change and new service models around care and support align well with this agenda. Improvements in all these areas will have a positive impact on the wider determinants of health and therefore the health and wellbeing of the population we serve.
- 4.2 There is recognition that much work is already in train that contributes to improved health. This work is of considerable value and, while difficult financial decisions will need to be made, its continuation will impact positively on health and wellbeing as well as contributing strongly to the delivery of the Integrated Care Strategy.

- 4.3 Work has taken place between public health officers and officers across the council directorates to better understand and collate actions which are in train or planned that will impact on the health and wellbeing of the people of Kent. This included consideration of existing strategies and delivery plans as well as division plans. It is clear that almost all areas of activity within the council's directorates impact strongly on health and wellbeing.
- 4.4 This work has additionally informed the contents of the Kent and Medway Integrated Care Strategy Shared Delivery Plan, outlining where KCC adds value to the delivery of the agreed System Outcomes.

## **5. Current work within the Council that is impacting positively on Health and Wellbeing**

- 5.1 Appendix A provides a detailed picture of current activity within the council which has an impact on health and wellbeing. As described, this has been collated with wide support from directorates and teams across the whole of the council. It is recognised that the financially challenging environment in which we work may mean revision of, and potentially stopping some cited initiatives.
- 5.2 There has been strong historic recognition around the impact of "People Services", Adult Social Care, Children, Young People and Education and Public Health in improving health and wellbeing and the opportunities and contributions in these areas will address a wide range of health determinants. Actions identified here include those detailed in key directorate and division plans.
- 5.3 The importance of Growth Environment and Transport (GET) activity from jobs and employment through community support, arts and culture, and from transport to environment are increasingly well rehearsed and will have major impacts on health and wellbeing in Kent.
- 5.4 In tackling the wider determinants it is recognised that much activity will need to be delivered through optimising our role as an anchor institution including through consideration of optimal use of social value in procurement and our role as an employer.
- 5.5 There is also a recognition that many key challenges including tackling weight loss in adults and loneliness, cannot be managed at the required scale through historic commissioning approaches. This will require an enhanced role for communities themselves with the revised Civil Society Strategy playing a key role in delivering improved health and wellbeing.
- 5.6 There are key roles around Infrastructure including improving access to local support and services focussing on areas of high need.

## **6. Council Priorities for further Action**

- 6.1 Additionally, work has taken place with council officers to try and identify, given the limited resource and capacity and constraints the council faces,

priority areas for further development and work that will impact on health and wellbeing over the next one to three years. Progress in these areas will be key to us starting to land improvements in health and wellbeing.

- 6.2 Appendix B, outlines these priority areas and actions over the next one to three years which will additionally impact on health and wellbeing. Proposed actions and measures have been developed, in the main, by each directorate and collated by public health. Key contributors have been cited in the appendix. These actions have additionally been mapped to relevant outcome measures within the Integrated Care Strategy Log-frame matrix.
- 6.3 Monitoring and assurance around delivery will remain within each directorates' agreed performance measures rather than an additional and separate process. The high level Log-frame matrix, shared previously, will measure system performance against key health and wellbeing outcomes.
- 6.4 While this work has been ongoing, the council has additionally started work on developing a Prevention Framework. The Prevention Framework will reflect on the Local Authority's Care Act duties and help to define how investment in prevention work will help deliver against the objectives set out in Framing Kent's Future and Securing Kent's Future. The work presented here will, in turn, inform the Prevention Framework.

## **7. Financial Implications**

- 7.1 The current challenging financial climate is well rehearsed. It is recognised that actions currently identified within existing plans will have been developed in the light of available funding by each directorate. It is further recognised that some of these areas may require future review given the ongoing challenges to finances.
- 7.2 The proposed priorities for future action will need to be delivered at low or no cost and indeed have been developed and framed against this background. Further, in a number of the areas, there is an expectation that the planned shift towards prevention will reduce the need for social care services.
- 7.3 Key initiatives around our role as an anchor institution and enabling an enhanced role for communities will be crucial to success but should be delivered at low or no cost to the council.

## **8. Legal implications**

- 8.1 KCC, the local NHS and Medway Council are statutory members of the Kent and Medway Integrated Care Partnership. The Health and Care Act 2022 requires Integrated Care Partnerships to produce an Integrated Care Strategy. Commissioners must have regard to the relevant Integrated Care Strategy when exercising any of their functions, so far as relevant.

## **9. Equalities implications**

- 9.1 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.
- 9.2 Additionally, 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 meet the requirements of the Public Sector Equality Duty. These benefits are reflected in both the Shared Delivery Plan and in the internal actions that Kent County Council will take.
- 9.3 An Equality Impact Assessment for the Shared Delivery Plan has been completed and shows no negative impact on any protected characteristics.

## **10. Data Protection Implications**

- 10.1 Data Protection Impact Assessment (DPIA) screening tool has been completed, with no expected data protection implications as a result of this decision.
- 10.2 Any new monitoring or review arrangements of sensitive health data will be subject to the data protection assessment process, and subject to Data Protection Legislation

## **11. Conclusions**

- 11.1 The Health and Wellbeing of the people of Kent is not improving in the way we would wish and in some areas shows signs of declining. To address this, we need to focus on the full breadth of wider determinants of health (WDH) including socioeconomic, health behaviours, clinical and environmental.
- 11.2 The Kent and Medway Shared Delivery Plan for delivery of the Integrated Care Strategy is a key catalyst to encourage action by all system partners to address the WDH. Kent County Council have a key role in tackling these determinants.
- 11.3 While Local Authorities have been the lead agencies responsible for public health for over a decade, action to fully capitalise on this shift has not been achieved in any local authorities. In Kent we have the opportunity to start to better realise our potential impact.
- 11.4 Work has taken place to identify and capture the activity within Kent County Council that impacts on health and wellbeing. There is a strong recognition and ownership of this role across officers in all council teams.
- 11.5 Additionally, priorities for future action have been agreed and outlined, recognising the financial challenges we face.



**12. Recommendation(s):**

- 12.1 Cabinet is asked to consider and agree to the proposed decision, as detailed in the attached PROD.

**13. Appendices**

Proposed Record of Decision (PROD)

A: Kent County Council Current Activity to Deliver Health and Wellbeing

B: Kent County Council Priorities for Improving Health and Wellbeing

**14. Contact details**

**Author**

Dr Mike Gogarty

Interim Strategic Lead for Public Health

[Mike.gogarty@kent.gov.uk](mailto:Mike.gogarty@kent.gov.uk)

**Relevant Director**

Dr Anjan Ghosh

Director of Public Health

[Anjan.ghosh@kent.gov.uk](mailto:Anjan.ghosh@kent.gov.uk)

03000 412633