

**Improving Health and  
Wellbeing ~ Kent County  
Council Priorities and  
Actions  
DRAFT**

# Kent County Council Contributions to Improved Health and the Integrated Care Strategy

<b>Contents</b>	<b>Pages</b>
Contents	2
Overview of the Integrated Strategy	3
Shared Outcomes	4
Children, Young People and Education (CYPE)	5 – 6
Public Health	7 – 13
Communities	14 – 15
Human Resources and Organisational Development (HROD)	16 – 18
Commercial and Procurement	19 – 20
Adult Social Care	21 – 26
Growth, Environment and Transport (GET)	27 – 30
Acknowledgements	31

# 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

- 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 people to choose to live mentally and physically healthy lives
- Address inequalities

- Support people to adopt 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 Delivery Plan- Shared Outcomes

Shared Outcome	Number
Give children and young people the best start in life	SO1
Tackle the wider determinants to prevent ill health	SO2
Support happy and healthy living for all	SO3
Empower patients and carers	SO4
Improve health and care services	SO5
Support and grow our workforce	SO6

# Proposed Priorities to Improve Health and Wellbeing ~ CYPE

What we have committed to	Led by	Timescale	Measure	Shared Outcome
CYPE recognise the importance of early years influences on life-long health and wellbeing. There is a need to influence the whole system in undertaking effective action in this space with CYPE resources focussing on those with the greatest needs. CYPE and PH need to work together to enable, advise and assist system wide partners to best address the full range of health determinants that impact in early years. Key priorities include:-				
Optimise the opportunity of family hubs to demonstrate improvement in the outcomes for infants, children and young people through the roles of the family hub workforce	Lead for Family Hubs	Mar 2026	Agreed metrics on core plus and MOU with PH	SO1
Encourage healthy behaviours within families including around activities such as food preparation and family meals	Lead for Family Hubs	Mar 2026	Systems to offer healthy behaviour support in place and delivering	SO1
Ensure a clear evidence-based approach to parenting	FH workforce leads for parenting	Mar 2026	Agree metrics on core plus	SO1, SO2
Better understand the barriers to low uptake of early years provision to encourage families to take up the offer of early years provision.	Early years lead The Education People	Mar 2026	Increased target group families utilising early years provision	SO1, SO2
Deliver school support for healthy behaviours including the Daily Mile and mental/emotional health	Active Kent	Mar 2026	Proportion of primary schools offering Daily Mile	SO1, SO3
Support economically deprived families receive available benefits building on the Healthier Wealthier Children approach	Lead for Family Hubs/Financial Hardship Programme Manager	Mar 2026	Staff in the family hub are able to connect to appropriate support within the network.	SO1, SO2
Support parents in managing their own anxieties around adolescent challenges and help them recognise and manage “normal” anxiety issues in adolescents including retention in school and in the workplace	Family hubs	Mar 2026	Staff in the family hub have an understanding of mental health issues, including early intervention and emotional/wellbeing support, and are able to connect to appropriate support within the network	SO1
Ensure community learning services focus on skills for employment with links to FE providers	Head of Service Community Learning and Skills	Mar 2026	Number and nature of courses focussing on skills for employment	SO2

## Measures within the Logframe~ CYPE

Objectively Verifiable Indicators	Timescale	Progress
Pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% in 2021/22 to at least 70%.	2028	
The proportion of children in Year 6 who are healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.	2028	
Pupil absence rates will have fallen from 7.9% in 2021/22 to below 5%.	2028	
Increase employment rates in Kent	2028	

# Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Develop a system wide approach to reduce poor outcomes and reduce health inequalities through the Kent Joint Health and Wellbeing Strategy /Integrated care strategy</b>				
Develop a cohesive and realistic ICS Shared Delivery Plan for Kent and Medway, with comprehensive delivery plans at DC, County and KALC level.	DPH, CPH and PH Specialists, PH District Coordinator.	Sept 2024 for SDP, end Q3 for other delivery plans	Plans signed off by ICP, Districts, KALC and KCC	SO1,SO2,SO3,SO4,SO5,SO6
Support system partners including District Councils, NHS and KALC as well as other KCC divisions to take actions to tackle the wider determinants of health in line with the Kent and Medway Integrated Care Strategy	DPH, CPH and PH Specialists, PH District Coordinator	March 2026	Evidence of delivery actions detailed in above plans	SO2,SO3
By working in partnership with local systems including Health Alliances and HCPs, reducing inequalities in health outcomes (including coastal communities)	CPH	March 2026	From developing Health Inequalities Tracker	SO1,SO2,SO3,SO5
Establish prevention as priority within HCPs. Increased IBA, reduction in alcohol related admissions to hospital Smoking, healthy weight and lifestyle services available to Kent residents in districts and boroughs, Target health checks to priority groups, work with partners to further develop Whole System Approach to Healthy Weight and support local access to lifestyle services via Healthy Living Centres Deliver action on Falls prevention	CPH leads for each area	March 2026	Increased IBA, reduction in alcohol related admissions, Smoking, healthy weight and lifestyle services and health checks available to Kent residents in districts and boroughs and via Healthy Living Centres, reduction in admissions falls	SO2,SO3,SO4,SO5,
Training on trauma informed healing centred approaches, strength-based language- a trauma informed approach to language.	CPH lead	March 2026	Increased stakeholder engagement in healing centred trauma informed practice. Evidence of trauma informed language in assessments, records and communications.”	SO1,SO5
Improve access/ equity to preventative mental health care and support	CPH lead	March 2026	increased equity to Live well & Talking Therapies & domestic abuse IDVAS	SO3,SO4,SO5
Reduce suicides and admissions for self-harm	CPH lead	March 2026	Increased stakeholder engagement in suicide prevention networks in key hot spot areas. Reduction of suicide rates and self-harm admission rates.	SO3,SO4,SO5
Increase numbers entering substance misuse treatment and reduce drug and alcohol related deaths.	CPH lead	1-2 years	Drug death rates. Rates of numbers of opiates and crack users into treatment. Overall increase in numbers into treatment.	SO3,SO4,SO5

# Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Gain assurance that there are systems in place to keep residents safe from and respond appropriately to infectious diseases and environmental hazards including through MOU with UKHSA and a local Pandemic and Emergency plan	DPH/DDPH	March 2026	Effective systems in place MOU with UKHSA Local pandemic and emergency plan in place Effective consequence management of health protection issues	SO2,SO3
<b>Public Health Service Transformation ensuring commissioned services are sustainable and flexible to respond to changing population needs and/or policy/legislation/ financial constraints</b>				
Review all services in receipt on the Public Health Grant. This includes internal and external grants and contracts.	AD Integrated Commissioning	March 2026	Revised service models presented to steering group by Sept 24 Key decisions taken by July 2025 New contracts in place by April 2026	SO1,SO3,SO4,SO5
Support opportunities, look across services and maximise impact through better supporting cross cutting themes, gaps or new evidence.	DPH / PH Consultant	March 2026	Cross cutting themes reflected in service specifications no later than April 26 Impact measures agreed and in place April 26	SO3
Support and enhance our prevention offer.	PH Consultant  Performance/PH Consultant	March 2026	New models to include /set out how they will measure improvements in the services with a focus on prevention  Measures in place and outcome/impact measured	SO3, SO5
Improve access to preventative mental health care and support  Including work to support PNMH and investment across the system on workforce development to increase awareness and understanding plus introduction of infant MH specialist health visitors	CPH	1-2 years	Clear public mental health plan in place and shared with whole system – including Prevention Concordat, community engagement, needs assessments, localised community well being action plans, high quality community mental health service – linked to Live Well and social prescribing, and equity of access to talking therapies.	SO5, SO3,SO4,SO1
Establish a robust parent infant mental health service	CPH	2-3 years	Metrics and KPIs identified in the business case	SO1,SO5



# Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Prevention Programme supporting the Integrated Care, the Adult Social Care MADE strategy, Smoke Free Generation and the Family Hubs Start for life programme</b>				
Deliver Adult social care prevention programme	CPH lead	2027	Improved understanding of Kent population need for adult social care now and in the future Improved understanding of who is at risk of falls, how to identify and reach these people and an approach to assessing the effectiveness of interventions in maintaining wellbeing and independence for a specific cohort	SO3,SO4
Deliver Ageing Well Programme	CPH lead	2027	A whole system approach to ageing well in place Relevant long term condition/multimorbidity needs assessments and recommendations completed Increase in physical activity in over 50s	SO3,SO4
Deliver Smokefree Generation	CPH lead	2024-2029	Achieve SQDs of 1347 in year1 and 26,937 by year 5	SO3
Establishing and investing in a parent infant mental health service.	CPH lead	3-5 years	Reporting such as GAD7, MORs	SO1
Responsive infant feeding and helping to prevent excess weight in early childhood by developing a sustainable and impactful model of support and care for children and families	CPH lead	4- 5 years	Evaluation of the responsive feeding animations Establishment relationships with food programme Reduction in excess weight in year R NCMP	SO1,SO3
Universal offer with increase uptake of health checks among smokers and deprived groups and follow up treatment action. Sustain Healthy Living Centres and local efforts to improve health and wellbeing. Sustain partnership work through Whole System Approach to Heathy/Obesity and engaging all partners	CPH leads	2025 to 2026	Model of NHS Health Checks in place with upstream prevention, delay and treatment to reduce/mitigate risk of LTCs including among underserved groups. Continue local access to lifestyle service via Healthy Living Centres.	SO4,SO3
Increase identification and treatment of hypertension, cholesterol and AF in underserved groups	CPH lead	2026	Recorded prevalence and treatment levels in defined populations	SO3,SO4

# Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Prevention Programme supporting the Integrated Care, the Adult Social Care MADE strategy, Smoke Free Generation and the Family Hubs Start for life programme</b>				
Create a resilient and sustainable Health Protection assurance function for Kent	DDPH	2025	Effective function in place	SO2
Identify system partners, roles and plans for public health emergencies, including epidemics and pandemics.	DPH	commenced 2024	EPRR structures and plans are in place, including PH HP function, epidemic/pandemic plans are drafted.	SO2
Ensuring maximised uptake and equity of immunisations and screening.	DDPH	2025	Levels of immunisation and screening overall and by groups	SO1, SO3,SO4
Improving equity and health outcomes in coastal areas by introducing Marmot Coastal Areas	DPH	2024 to 2026 commissioned activity	Increased number of residents in work. Improved skills for employment.	SO1,SO2, SO3

# Proposed Priorities to Improve Health and Wellbeing~ Public Health

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Enabler</b>				
<p>Research</p> <ul style="list-style-type: none"> <li>- Develop and implement joint Research Innovation and Improvement function with ICB</li> <li>- Formal KCC oversight and decision making process for Research related activities</li> <li>- apply for up to 5 to 10 large research funding opportunities (up to or around £1 million ) in year with a view to achieve at least 1 successful funding</li> <li>- Complete interactive evaluation framework for Kent &amp; Medway support population health management and health inequalities programmes</li> </ul>	CPH	<p>Commenced Oct 24</p> <p>Commenced Oct 24</p>	<ul style="list-style-type: none"> <li>- New Joint post for Research Coordination Lead set up</li> <li>- New Research Innovation and Improvement governance committee to start in October. Invites from senior leadership accepted</li> <li>- At least one successful funding approval</li> <li>- Framework launched and cascaded to HCPs</li> </ul>	SO1,SO2, SO2 SO4
<p>JSNA</p> <ul style="list-style-type: none"> <li>- Further Cohort model development supported by Whole Systems Partnership supporting transformation review, health needs assessment and ICB strategic prioritisation</li> <li>- Further education and training for the KPHO team</li> <li>- New Health Inequalities Surveillance tool</li> <li>- Complete full round of Area Based HCP Needs Assessments</li> <li>- Establish network for stakeholder insights</li> <li>- Conducting initial stakeholder evaluation of the Kent JSNA and regular framework for future measurement of impact</li> </ul>	CPH	<p>Ongoing</p> <p>Oct 2025</p> <p>Commenced Oct 2024</p> <p>March 2025</p> <p>Jan 2025</p>	<ul style="list-style-type: none"> <li>- Cohort model outputs acknowledged in various board level reports, at least 2 peer reviewed publications completed to contribute to national evidence base</li> <li>- Regular model development and design by KPHO team</li> <li>- HI Tool launched</li> <li>- All 4 HCP HNAs completed (including Swale)</li> <li>- JSNA evaluation report and evaluation framework completed</li> </ul>	SO1,SO2, SO2 SO4

# Proposed Priorities to Improve Health and Wellbeing~ Public Health Education

What we have committed to	Led by	Timescale	Measure	Shared Outcome
MECC Tier 1 training and Train the trainer delivery programme	WFD	Ongoing	Numbers trained	SO2,SO3
MECC Trained Trainer delivery of Tier 1 and Tier 2 training	WFD	Ongoing	Numbers trained	SO2,SO3
Public Health Champions training (2 cohorts annually)	WFD	Ongoing	Numbers trained	SO3
Continue current training placements with <ul style="list-style-type: none"> <li>- Public Health registrars (up to 1 year duration) – 1 to 2 per year</li> <li>- East Kent Hospitals FY Doctor (4 months duration) – 3 per year</li> <li>- GP Fellowship in Public Health – 1 per year</li> <li>- 2 GP trainee placements from August 2024 (4 months duration)</li> <li>- Maidstone and Tunbridge Wells Hospitals Foundation Year Doctor from August 2025 (4 months duration) – 3 per year</li> </ul>	CPH	Ongoing	As per commitments	SO1,SO2, SO3,SO4, SO5
New Level 7 Systems Thinking Apprenticeship cohort	L&D	March 2025	Numbers trained	SO2,SO3
Family Hubs Workforce Development <ul style="list-style-type: none"> <li>• Trauma Informed Healing Centre Training</li> <li>• MECC programme for FHs</li> <li>• MattieClick (Social Network Training)</li> <li>• Perinatal MH Awareness Training</li> <li>• Parent Infant Relationships Levels 1 and 2</li> <li>• Infant Massage Tiers 1 and 2</li> <li>• Video Interactive Guidance Training</li> <li>• Baby Friendly Initiative Training (Breast Feeding training)</li> </ul>	CYP PH	Dec 2025  March 2025 / Ongoing Elements	Numbers trained	SO1,SO2, SO3
Business cases and Funding applications in progress for equity training with specific communities including GRT, LGBTQ+ and Youth	WFD and FH WFD	March 2025	Success of Applications	SO2,SO3, SO4

## Measures within the Logframe ~ Public Health

Objectively Verifiable Indicators	Timescale	Progress
By 2026-28, life expectancy at birth in Kent will increase by 1.5 years for males and 1 year for females. Additionally, the slope index of inequality for life expectancy at birth will decrease by 2 years for males and 0.5 years for females.	2026	
Mental health - Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation.		
The proportion of adults in Kent who are physically inactive will have fallen from 22.3% in 2020/21 to 20%.	2028	
By 2028, the proportion of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% in 2020/21 to 62%.	2028	
By 2028, smoking prevalence in adults in routine and manual occupations (18-64) will have decreased by 9 percentage points from 28.1% in Kent and 20.1% in Medway in 2021.	2028	
Hospital admissions in Kent due to alcohol will have fallen from 418.7 in 2021/22 to 395 per 100,000.	2028	
The suicide rate for persons will be similar or better than the England average (England currently 10 per 100,000).	2028	
The mortality rate from drug misuse in Kent will remain at a similar level, which is similar to or better than the national average.	2028	
The proportion of children who are up to date with the vaccinations in the NHS routine list meets the national benchmark (95%).	2028	

## Proposed Priorities to Improve Health and Wellbeing~ Communities

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Undertake a review and revision of the Civil Society Strategy recognising the key role of the voluntary sector in supporting communities and in improving health and wellbeing.	Corporate Lead-Strategy Supported by Strategy Manager	Tbc provisional Jan 25-October 25 (dependent on budget saving decisions)	Revised and agreed Civil Society Strategy in place	SO2,SO3
Explore a potential Crowdfunding Fund with PH to support wellbeing within our communities.	Corporate Lead-Strategy, Strategy Officer	June 24- Nov 24 to be launched Dec 24 (provisional)	Crowdfunding Fund with PH in place and supporting key agreed priorities	SO2, SO3

## Measures within the Logframe ~ Communities

Objectively Verifiable Indicators	Timescale	Progress
The proportion of people who feel lonely often or always will have reduced from 7.3% in 2020/21 to no more than 5% across Kent	2028	

## Proposed Priorities to Improve Health and Wellbeing~ HROD

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Develop a broad employment offer that doesn't only focus on pay but continues to ensure the Authority has a strong position in the varied employment markets in which it operates	People Strategy Team	2027	<b>KPI 7:</b> % of employees who are satisfied with the total employment offer 56% (+0.1p.p.) <b>KPI 9:</b> % of employees who feel they are able to access the right learning and development opportunities to support their role 75.4% (+0.5p.p.)	SO6
Build organisational resilience – not only in terms of helping people meet the inevitable, oncoming changes in the way the Council continues to operate but also ensuring it has capable and resilient leaders and managers – both through developing those we have and finding the right type of people to take on those roles	Organisation Development & Staff Engagement	2027	<b>KPI 1:</b> % of employees who believe that KCC cares about the wellbeing of its staff 63.1% (0.0 p.p.) <b>KPI 2:</b> Average days lost to staff sickness 8.24 (+0.06 p.p.) <b>KPI 3:</b> % of employees who rate their engagement with KCC positively 62.3% (-1.3p.p.) <b>KPI 9:</b> % of employees who feel they are able to access the right learning and development opportunities to support their role: 75.4% (+0.5p.p.) <b>KPI 6:</b> % Voluntary Turnover 10.5% (-2.8 p.p.) <b>KPI 5:</b> % Internal Movement 10.7% (-1.9 p.p.) <b>KPI 8:</b> % of employees who rated their manager positively 73.4% (+0.5 p.p.) <b>KPI 10:</b> % of employees who rate the culture of KCC positively 70.5% (-0.6 p.p.) <b>KPI 12:</b> % of employees who rate inclusion and fair treatment in KCC positively 82.1% (+0.1 p.p.) <b>KPI 11:</b> % of employees that see our values demonstrated in the way we operate 71.9% (-0.1p.p.)	SO6



## Proposed Priorities to Improve Health and Wellbeing~ HROD

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Continue to focus on building an inclusive environment to create a culture where people feel supported to work, perform, innovate and challenge	People Strategy Team	2027	<p><b>KPI 10:</b> % of employees who rate the culture of KCC positively 70.5% (-0.6 p.p.)</p> <p><b>KPI 12:</b> % of employees who rate inclusion and fair treatment in KCC positively 82.1% (+0.1 p.p.)</p> <p><b>KPI 11:</b> % of employees that see our values demonstrated in the way we operate 71.9% (-0.1p.p.)</p>	SO6
Ensure Skill development alongside role design (not only the jobs that need doing but the jobs people want to do).	Organisation Development & Staff Engagement	2027	<p><b>KPI 5:</b> % Internal movement 10.7% (-1.9p.p.)</p> <p><b>KPI 7:</b> % of employees who are satisfied with the total employment offer 56% (+0.1p.p.)</p> <p><b>KPI 9:</b> % of employees who feel they are able to access the right learning and development opportunities to support their role 75.4% (+0.5p.p.)</p>	SO6,SO2

## Measures within the Logframe ~ HROD

Objectively Verifiable Indicators	Timescale	Progress
By 2028, the staff sickness rate will have reduced by 6%.	2028	
By 2028, staff diversity declaration rates will be at least 95% for the protected characteristics of ethnic background, gender, religion, sexual orientation, disability or age.	2028	
By 2028, 65% of employees report that their managers/organisation support their learning and development.	2028	
By 2028, 90% of employees feel that their role makes a difference to patients / service users / residents.	2028	

## Proposed Priorities to Improve Health and Wellbeing ~ Procurement

What we have committed to	Led by	Timescale	Measure	Shared Outcome
Draft and publish KCC's Social Value Policy.	Commercial Ethics and Sustainability Lead	April 2027	Social Value commitments made and delivered in £	SO2, SO3
Promote Equality, Diversity and Inclusion in our supply chains, ensuring that suppliers understand the relevance of equality and diversity issues specific to the subject matter of the provision that they will deliver.	Commercial Ethics and Sustainability Lead	April 2027	Where applicable, supplier staff have received appropriate equality and diversity training.	SO2
Reduce the risk of Modern Slavery in our supply chains	Commercial Ethics and Sustainability Lead	April 2027	% of suppliers with published Modern Slavery statements % of suppliers accessing KCC modern slavery training developed by ASCH.	SO2
Reduce carbon emissions in our supply chains and securing Net Zero commitments from suppliers	Commercial Ethics and Sustainability Lead	April 2027	% of suppliers with a carbon reduction plan	SO2
Increase accessibility to contracting opportunities for local SMEs and VCSEs	Commercial Ethics and Sustainability Lead	April 2027	Total spend with SMES Total spend with VCSEs The proportion of the Council's third party spend with: <ul style="list-style-type: none"> <li>• Kent suppliers</li> <li>• Micro SMEs</li> <li>• SMEs</li> <li>• VCSEs</li> </ul>	SO2

## Measures within the Logframe ~ Procurement

Objectively Verifiable Indicators	Timescale	Progress
By April 2027, the spend by Kent County Council that is in the County will be 45%, with 35% of the total spend with local SMEs, 10% with Micro SMEs and 10% with VCSEs	April 2027	
For the emissions we can influence to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.	2045	

# Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<p>Adult Social Care face increasing challenges around rising need and demand against a challenging resource position. A heightened emphasis on prevention is required both to improve health and wellbeing and to prevent, reduce and delay the need for social care.</p> <p>The priorities below were developed following workshops between Adult Social Care and Public Health Officers:-</p>				
<p><b>Creating community capacity for wellbeing and prevention</b></p>				
<p><b>Social Prescribing Platform (pre-front door)</b>            Develop and implement a digital solution across Kent and Medway ICS that signpost and connect people and communities to information, advice, guidance, and services. This will allow us to achieve one approach for a directory of service across Kent and Medway.</p>	<p>Head of Business Delivery Unit</p>	<p>First phase procure platform by mid-June and launch across Kent, Medway, and Swale from September 2024</p>	<p>Evaluation framework in development</p>	<p>SO2,S03, SO4</p>
<p><b>Digital Front Door and Digital Self-Serve (pre-front door)</b></p> <ul style="list-style-type: none"> <li>• Raise awareness of <u>Connect to Support</u> (Information, advice, and guidance platform)</li> <li>• Raise awareness and embed <u>self-assessment</u></li> <li>• Raise of awareness of financial calculator <u>How much you will pay for care and support - Kent County Council</u></li> <li>• Implement online financial by December 2024</li> </ul>	<p>Project Manager Innovation Delivery Team</p>	<p>Ongoing</p>	<p>Increased number accessing Kent.gov (23/24 baseline: 211,897, IAG platform (23/24 baseline) 48,034.            Reduction in number of people making contact with (23/24 Q4) baseline 21,000, Number contact resolved and makingcontact again within 3 months (23/24 Q4) baseline 4%, proportion people finding information easily</p>	<p>SO2,S03,S04</p>

# Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<p><b>Asset and strength-based approaches connecting &amp; collaborating</b></p> <p>To explore together how we can strengthen and work with community organisations and partners to help people live their glorious good lives. Describe the current reality and explore how we can make the best use of our community resources starting in one Art of the Possible Area – Thanet.</p> <p>Considering the accessibility of the community assets.</p> <p>Exploring the concept of community Connectors</p>	<p>Head of Business Delivery Unit</p>	<p>Art of the possible workshop June '24.</p> <p>Start Art of the Possible area September '24</p>		<p>SO2,SO3,SO4</p>
<p><b>Understanding our Communities</b> Through community engagement officers, getting to know our communities to inform targeted prevention interventions.</p>	<p>Innovation and Partnerships Team</p>	<p>Ongoing</p>	<p>Case studies Data and insights</p>	<p>SO2,SO3,SO4</p>
<p><b>Technology Enhanced Lives (TELS)</b></p> <ul style="list-style-type: none"> <li>• Short term service free up to 10 weeks to support hospital discharge, reablement.</li> <li>• Private pay offer <u>Private Pay Service provided by Argenti</u></li> <li>• Embed TELS within ASC Connect</li> <li>• Embed the use of Howz (lifestyle monitoring) to inform ongoing care and support. And test Doris Pro 2. The combination of the sensor and the dashboard provide information about activity and reports both normative behaviour and decline. Data is processed and aggregated to determine if there have been any significant deviations in resident activity.</li> <li>• Working with Kent Colleges to utilise TEC rooms/hubs to showcase and train on technologies</li> <li>• TELS information, advice and guidance to help people consider how they can use technology to remain independent – development of virtual house</li> </ul>	<p>Innovation Delivery Team Senior Project Manager</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>• Number of people with short term TELS baseline data (June '24) 149 referrals baseline:</li> <li>• Number of people accessing private pay baseline (June '24): 12</li> <li>• Feedback and studies</li> <li>• Quality assurance</li> </ul>	<p>SO3,SO4,SO5</p>

# Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>More people with co-occurring physical and mental health conditions are identified early and supported to live well and safe from harm and neglect</b>				
Quality supervision and workforce development – audit of what supervision is happening	Strategic Safeguarding and Quality Assurance Manager	As at End August 2024	Number completed – to date 140	SO3,SO4,SO5,SO6
Create a social care academy where there are simulated learning environments bringing together learning events to increase awareness	Principal Social Worker	Ongoing	Number of staff accessing the offer	SO2,SO3,SO4,SO5, SO6
Bring in lived experience to the reflective learning teams – embed trauma informed health approaches. Self-neglect is a national theme in SAR's and is locally within Kent. Ongoing work within KMSAB and through our local SSU team	Strategic Safeguarding and Quality Assurance Manager	Ongoing	Number of staff undertaking learning	SO6

# Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>More people age and live well at home with the right care at the right time in the right place</b>				
To scope the ideas that came up from Joint ASC and PH away day (March '24) Discharge welcome pack, Wrap around befriending and Social connection work	Innovation and Prevention Manager	Once in post	Interventions in place	SO3,SO4,SO5
To use data to understand the drivers of demand amongst those who draw on care and consider where the greatest opportunities to prevent, reduce, delay demand might be. Use data to determine actions that level up the opportunities through targeted preventative interventions.	Innovation and Prevention Manager	Once in post	Evidence of data driven action	SO3,SO4
<p>Develop Falls Prevention approach in partnership with Health. Exploring how data can be used to proactively identify people at risk of a fall and have in place a prevention falls offer which will include digital. Small partnership task and finish group to scope and agree approach.</p> <p>Scoping of care homes to determine how the Digitising Social Care funding can be used to adopt falls prevention technologies.</p> <p>To consider an approach that Identify, Contact, Intervention, Follow up</p>	Innovation Delivery Team Senior Project Manager Linked CPH	March 2025	Falls Prevention Plan	SO3,SO4,SO5
<p><b>Prevention Technologies within Care Homes</b></p> <p>Continue to test Feebris (digitally enabled programme for proactive risk assessment and detection of deterioration) in 30 care homes. The platform connects to a range of sensors and captures risks empowering proactive management of risks such as falls and deterioration</p> <p>From July '24 Health will start to use the Feebris monitoring to support people with heart failure. Using additional equipment to monitor symptoms to identify deterioration quicker and allow for treatment to commence within the care home and avoid hospital admission.</p>	Innovation Delivery Team Senior Project Manager	Funded to March '25	Independent evaluation of system impact Number of people monitored by Feebris – baseline data (May '24): 719 people	SO3,SO4,SO5



# Proposed Priorities to Improve Health and Wellbeing ~ Adult Social Care

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>More people age and live well at home with the right care at the right time in the right place</b>				
<p><b>Support for informal Carers</b></p> <p>Carers Strategy and Carers Strategy Group focused on delivery plan</p> <p>Carers campaign funded by Accelerating Reform Fund, went live at the start of June '24.</p> <p>Employers Carers Pack funded by Accelerating Reform Fund</p> <p>Carers care technology and support funded by Accelerating Reform Fund</p>	Assistant Director ASC and Health	<p>Strategy is 2022-2027</p> <p>March 2025</p>	Number of carers accessing a carers assessment – baseline: (Q4 23/24) 881 baseline carer satisfaction 190 satisfied compared with 50 not satisfied.	SO4
<p><b>Digitising Social Care</b></p> <p>The process of digital transformation can dramatically improve the quality and safety of care, with secure, accessible patient records and real time data integration.</p>	Project Manager, Design and Learning Centre Programme Team, Innovation and Partnerships Team	March '25	80% of all ASC providers to hold digital record. (March 24, 57.9%)	SO3,SO4,SO5
<p><b>Care Sector Workforce Training</b></p> <p>Training programme on tissue viability and pressure ulcer awareness.</p> <p>Range of webinars and support on Community Care Support for FreeStyle Libre (Diabetes), Dementia Guidance, Macmillan Palliative Care Toolkit, Recognising the Vulnerable Foot, Suicide Prevention, Practical Measurement of Hypertension , Sarcopenia in Frailty and Delirium Assessment &amp; management across the system.</p>	Care Sector Workforce Manager	Ongoing	Number of people accessing training and evaluation from training	SO3,SO4,SO5, SO6
<p><b>Digital Inclusion – Digital Kent</b></p> <p>Digital inclusion strategy - in draft</p> <p>Digital Kent is working to improve digital inclusion and capabilities in the county of Kent. Through digital support and connective schemes.</p> <p>To help people connect through digital and reduce social isolation.</p>	Digital Lead (Financial Hardship Programme Project Manager)	March '25	Number accessing digital Kent Case studies / feedback Baseline ASC survey 2022/23 – 155 often/sometimes felt lonely and 130 hardly/never felt lonely	SO2,SO3

## Measures within the Logframe ~ Adult Social Care

Objectively Verifiable Indicators	Timescale	Progress
The proportion of people who feel lonely often or always will have reduced from 7.3% in 2020/21 to no more than 5% across Kent	2028	
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 (4,556 per 100,000).	2028	
By 2028, maintain the rate of emergency admissions for those with one or more long term condition to the level it was in 2024.	2028	
By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.	2028	
By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% in 2022 to at least 60%.	2028	
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 85% (2021/22: Kent 84.5%)	2028	

## Proposed Priorities to Improve Health and Wellbeing ~ GET

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Deliver the Kent and Medway Economic Framework (KMEF)</b>				
Co-develop a health, work & skills strategy	Head of Economy	May 2025	Health and Work Strategy in place endorsed by key local stakeholders	SO2, SO3, SO6
Develop a Strategic Partnership for Health and the Economy	Head of Economy	Commenced October 2024	Partnership established with regular meetings. Key employment sectors represented by partnership membership.	SO2, SO3, SO6
Develop an enhanced place-based innovation partnership, that supports cluster development (including in Agri-Tech, Med-Tech and Life Sciences) in areas that support population health & wellbeing.	Head of Economy	December 2025	Partnership established & Cluster Hubs developed	SO6
Embed the Local Skills Improvement Plan at the heart of a closer relationship between employers, further education and other skills providers to meet current and future skills needs of those with ill-health	Head of Economy	Ongoing	% of population with qualifications No. of apprenticeship starts	SO6
Ensuring that everyone who wants a job can find work including through the roll out of supported employment programmes	Head of Economy	Ongoing	Economic Activity (aged 16-64) Claimant Count Employment Rate	SO2
Building links between anchors of growth, key investments and community opportunity by exploring opportunities for local procurement and supply chain development including healthy local food	Head of Economy	Ongoing	Local procurement strategy developed and agreed by anchor institutions	SO2

## Proposed Priorities to Improve Health and Wellbeing ~ GET

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Climate Change Adaptation</b>				
KCC Climate Change Adaptation Action Plan completed and adopted by KCC	Head of Environment	December 24	Plan complete and adopted	SO2
Carry out risk assessments of KCC Services	Head of Environment	March 26	Risk assessments	SO2
Complete a risk profile of KCC based on the risk assessments	Head of Environment	June 26	Risk Profile for KCC	SO2
Produce an action plan to inform a 3yr work programme	Head of Environment	March 27	Action Plan	SO2
Delivery of Action plan	Head of Environment	2027 onwards	TBC when plan is written	SO2
Identify stakeholders for countywide Climate Change Adaptation plan as part of 2050 roadmap.	Head of Environment	2028	Stakeholder Group set up	SO2

# Proposed Priorities to Improve Health and Wellbeing ~ GET

What we have committed to	Led by	Timescale	Measure	Shared Outcome
<b>Build personal and community connections, especially for vulnerable residents, through the development and expansion of social prescribing</b>				
Research and implement a service user management and reporting system to be used across all Positive Wellbeing and GET social prescribing services.	Business Innovation Manager	March 25	System implementation	SO2,SO3
Ensure a consistent approach to the data collection and evaluation of social prescribing across G&C services.	Business Innovation Manager	March 27	Guidance and application of a standardised evaluation method.	SO2,SO3
Scope opportunity to use the Kent, Medway & Sussex Secure Data Environment (SDE) to measure impact of social prescribing (and the potential to measure impact of other GET services) at a population level.	Business Innovation Manager	March 26	Proposal, including use cases, on how we could use the SDE effectively.	SO2, SO3
Facilitate residents access to community resources, activities and services that improve personal wellbeing / quality of life. (Community Wardens)	Head of Community Safety	Ongoing	Specific Resident Task and Survey Data	SO2,SO3,SO4
Work with partners to expand social prescribing addressing the wider determinants of health locally including loneliness, mental health issues, physical activity and financial difficulties. Identify the baseline reach and propose a KPI.	Business Innovation Manager	March 25	Determine a KPI for increasing the reach of GET social prescribing services.	SO2,SO3
Services involved in this activity include:				
Green social prescribing network				SO2,SO3
Positive Wellbeing				SO2,SO3
Know Your Neighbourhood project				SO2,SO3
Community Wardens				SO2,SO3,SO4,SO5
Library Services				SO1,SO2,SO3
Arts and Culture				SO2,SO3
Public Transport				SO2

## Measures within the Logframe ~ GET

Objectively Verifiable Indicators	Timescale	Progress
Reduce the % of economically inactive people in the Kent & Medway workforce (aged 16 to 64) from 20.9% in 2023 to the pre-pandemic level of 18.5% in 2019	2028	
By 2028, the proportion of children living in relative poverty in Kent and Medway will be reduced from 18% in 2022 to 17%.		
For the emissions we can influence to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.		
By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% in 2020/21 to no more than 5% across Kent and Medway.		

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