

Health and Adult Social Care Overview and Scrutiny Committee – Supplementary agenda no. 1

A meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held on:

Date: 7 December 2023

Time: 6.30pm

Venue: St George's Centre, Pembroke Road, Chatham Maritime, Chatham
ME4 4UH

Items

5 Kent and Medway Integrated Care Strategy

**(Pages
3 - 24)**

Since the agenda was published, the Intergrated Care Strategy (Appendix 1 to the report) has been updated.

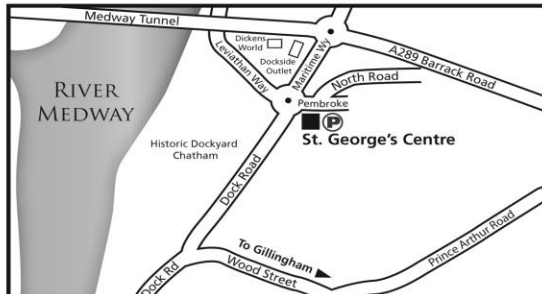
Attached are:

- a) A document showing the changes made to the Strategy (Appendix 3)
- b) The revised version of the Strategy (Appendix 4)

This is being sent to Members so the Committee has the same version of the Integrated Care Strategy that the Kent and Medway Integrated Care Partnership Joint Committee will consider on 7 December.

For further information please contact Michael Turner, Principal Democratic Services Officer on Telephone: 01634 332817 or Email: democratic.services@medway.gov.uk

Date: 1 December 2023



This agenda and reports are available on our website
www.medway.gov.uk

A summary of this information can be made available in other formats from **01634 333333**

Changes between versions 7.1 and 8.0 of the Kent and Medway Integrated Care strategy

Agenda pack page number 25:

~~East Kent is bordered by the sea.~~ England's Chief Medical Officer Annual Report 2021 highlighted that coastal communities have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Running through the report is the fact that coastal communities, of which there are many in Kent and Medway, have multiple, overlapping but addressable health problems.

Agenda pack page number 26:

- ✓ Key measures of health and wellbeing are getting worse, or not improving as fast as the national average. We must take a **different approach and all tackle the wider determinants of health** (see figure of Robert Wood Johnson model).
- ✓ We must seize the **enormous opportunity** that working as an integrated system presents to bring real improvements to the health and wellbeing of our population and put our services on a sustainable footing, given within the context of the resource and demand pressures and constraints we all face.
- ✓ This strategy uses a consensus to agree and focus on the **priorities we must deliver together as a system**, so all partners can target our limited resources and assets where we can make the biggest improvements and deliver value for money together.
- ✓ This strategy should not provide the 'how'. We recognise that **local partners** are best placed to **understand local needs** and the actions required to tackle them. The strategy will be supported by delivery plans which are organisation or subject matter specific.
- ✓ The strategy will enable a balance between universal preventative services and bespoke additional support for those with greatest needs, also known as **proportionate universalism**.
- ✓ A logical framework (logframe) matrix will include is being used to develop system indicators and be used by all so partners to can track progress on delivery for towards each outcome. Examples of these indicators are included for each outcome.

Agenda pack page number 27:

The Kent and Medway Integrated Care System is made up of many organisations who play a role in supporting the health, care and wellbeing of people in our area.

To improve health and wellbeing, we must tackle the wider determinants of health and address increasing health inequalities. We can only do this if we all play our role and work together to maximise our collective impact. We can all contribute using the assets and opportunities we already have to promote health and wellbeing and prevent ill-health. This includes acting as anchor institutions to support the social and economic development of our local communities enabling individuals to achieve their potential, promoting health and wellbeing in every contact with so that

people are able to make healthy choices and through initiatives such as the “Daily Mile” to build physical activity into the school day.

We also know that local communities, supported by the vital role of the local voluntary and community sector, are best placed to know their needs and to play a full role in improving health and wellbeing by involving and empowering them.

Agenda pack page number 30:

Support families and communities so children thrive

We will take a whole-family approach, coproducing with children, young people and families, and looking at all elements that families need so their children can thrive, with support in safe, strong communities that addresses poverty, housing, education, health and social care. We will use our Family Hub model, bringing together universal children’s services to include midwifery, health visiting, mental health, infant feeding, early help and safeguarding support for children and their families, including children with Special Educational Needs and Disabilities (SEND). We will transform how we help families access the right support, in the right place at the right time, and ensure the support they receive is joined up across organisations. We will improve the transition to adult services.

Strive for children and young people to be physically and emotionally healthy

We will set high aspirations for the health of children and young people and make this everyone’s business-responsibility. This will include a preventative approach to keep children physically healthy, promoting healthy eating, high levels of physical activity and improving air quality. We will address health inequalities including smoking in pregnancy, breastfeeding, immunisation and childhood obesity. Children who are more likely to experience poorer outcomes, including children in care and care leavers, refugees and those who have offended, will receive more support. We will work together to help individuals, families, communities and schools build emotional resilience, tackle bullying and loneliness and provide opportunities for children, young people and families to form supportive networks and take part in social and leisure opportunities. Children and young people at most risk of significant and enduring mental health needs will receive timely and effective interventions. We will protect young people from criminal harm and exploitation, tackle the challenges caused by domestic abuse and support victims.

Help preschool and school-age children and young people achieve their potential

We will make sure support families so that children are ready for school through co-produced, evidence-based support, including parenting support, and high-quality early years and childcare. WeWith families we will tackle low school attendance, provide equal access to educational opportunities and ensure that young people are skilled and ready for adult life. We are committed to working together with families on our collective responsibility to support children with SEND. We will strengthen the capability of mainstream early years and education settings and universal services to ensure children with SEND are included, their needs are met and they can thrive. Where specialist help is required, this will be identified early and seamlessly coordinated.

Agenda pack page number 31:

Address the economic determinants that enable healthy lives including stable employment

We will attract and support new businesses and encourage all large employers to develop as anchor organisations within their communities including all public sector organisations, procuring and employing locally in a way that optimises social value. We will support people and small businesses with the cost-of-living crisis. We will help ~~people achieve~~individuals fulfil their potential by achieving secure employment through education and skills development and by supporting businesses.

Address the social determinants that enable healthy lives including social networks and safety

We will build communities where everyone belongs. We will work with communities, building on their assets to empower people to address key health and social issues including loneliness, community safety and the economic burdens from misuse of drugs & alcohol. We will further develop social prescribing and local voluntary and community capacity to meet these challenges. The importance of Active Travel, access to services, work and leisure, and best use of local Libraries, Community Hubs, Arts and Heritage opportunities are recognised. In partnership we will promote community safety, tackling crime and preventing and reducing serious violence, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment

We will plan, develop and regenerate in a way that improves quality of life for new and existing communities – across built and natural infrastructures including housing, transport and the local environment. We will incorporate the impact of climate change in all planning. We will explore how we can ~~better normalise~~help people adopt sustainable ways of living and working and make best use of all our resources. We will work to provide accessible homes for life and services for all, through planning and with housing providers. We will plan to improve safety, air quality and promote physical activity.

Address inequalities

We will ensure people who need them will have access to benefits, housing, services and support through identification, signposting and a directory of local support as well as opportunities to access work through skills development and local transport. We will focus on prevention and help people, including those with mental health issues, learning disabilities and neurodiversity, to enter, re-enter and be retained in the workplace, to have secure homes, benefits and social networks and opportunities, maximising their independence.

~~By 2028, average income in Kent and Medway will be 5% higher than the national average.~~

By 2028/29, the proportion of people who feel lonely often or always will have reduced from ~~{%}7.3%~~ to no more than 5% across Kent and Medway.

By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will ~~have increased~~increase from 8% to above ~~15~~10% in Kent and Medway.

~~Environmental indicator to be added~~

All NHS organisations and local authorities will make progress towards their net-zero targets.

By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) is similar to, or better than, the national average.

I have been diagnosed with depression ~~but my~~ My employer has been great working with services so I can still manage work

Agenda pack page number 32:

Support ~~adoption of people to adopt~~ positive mental and physical health behaviours

We will deliver evidenced based support to ~~all~~ individuals at an appropriate scale to enable them to choose healthy weight, healthy diet choices, physical activity, good sexual health, and minimise alcohol and substance misuse and tobacco use to prevent ill health. We will work with communities to develop community led approaches and local active and sustainable travel to support this. We will increase the use of 'making every contact count' and social prescribing to signpost and offer bespoke support where needed to help tackle inequalities using a proportionate universal approach. Additionally, by addressing socioeconomic determinants and aiding mental wellbeing we will help people adopt healthy lifestyles. We will improve health through a system wide approach to crime reduction with victim and offender support, tackling drugs, domestic abuse, exploitation, harm and violence against women and girls.

Deliver personalised care and support centred on individuals providing them with choice and control

We will use data to identify those most at risk and ensure all care is focussed on the individual with seamless transition between services, good communication, timely care and understanding of user needs and experience- so they remain in control of their health and wellbeing. People living with dementia will be supported to live as well and as independently as possible with high quality, compassionate care from diagnosis through to end of life. We will improve the support we offer for women's health issues such as menopause. We will develop joined up holistic support for at risk groups including survivors of domestic abuse, people who are homeless, who misuse substances, who have mental health issues, who are veterans or who have offended.

Support people to live and age well, be resilient and independent

We will promote people's wellbeing to prevent, reduce or delay the need for care, focussing on the strengths of people, their families, their carers and their communities, enabling people to live independently and safely within their local community including by using technology. We will ensure accessible joined up multi agency working between services across health, social care, housing, criminal justice, the voluntary sector and others. With clear pathways and ongoing support for those with complex needs and overcoming barriers to data sharing. We will ensure people receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing. Further we will as a system work to ensure people, especially those who are most at risk are safe in their homes and communities.

By 2028, the % of adults in Kent and Medway who are physically inactive will have fallen from 22.3% to ~~18%~~ 20%.

By 2028, the % of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% to 62%.

By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 to ~~360~~395 per 100,000.

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.

By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10%.

~~Social care indicator to be added~~

~~By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.~~

Agenda pack page number 33:

Empower those with multiple or long-term conditions through multidisciplinary teams

We will support individuals to holistically understand and manage their conditions (such as cancer, cardiovascular disease, diabetes, dementia, respiratory disease and frailty) by using Complex Care Teams and Multi-Disciplinary Teams. This will help reduce or delay escalation of their needs. We will use a model of shared information and decision-making to empower individuals to only have to tell their story once and make informed choices about how, when and where they receive care, which will support individuals to achieve their goals. We will utilise developing technologies including telecare and telehealth, direct payments, personal health budgets, care packages and social prescribing where appropriate to support people to achieve their goals and live the life they want in a place called home.

Provide high quality primary care

We will work towards a system focused on prevention, health protection and early intervention to reduce the need for hospitalisation through ensuring people can readily access the services they need- to manage their health. We will ensure all pharmacies are supporting people with health care, self-care, signposting and healthy living advice. We will improve and increase access to dentist and eye health services. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway. This means improving timely access to a health care professional with the skills and expertise to provide the right support and guidance, this could be a physiotherapist, doctor, nurse, podiatrist or other primary care health and care professional. We will work across the system to support the provision of primary care, responding to the needs of new, and growing, communities and making the most of community assets.

Support carers

We will value the important role of informal carers, involve them in all decisions, care planning and provide support for their needs. We will make a difference every day by supporting and empowering carers with ready access to support and advice. We recognise the potential impact of their responsibilities on young carers and commit to reducing these challenges.

By 2025, the rising trend in the percentage of days disrupted by hospital care for those with long term conditions will have reversed.

By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% to at least 60%.

~~Implement~~ By 2027 we will have implemented our organisational carers strategies

By 2028, the proportion of carers who report that they are very satisfied with social services will have improved from 32.3% to at least 45%.

Agenda pack page number 34:

By 2028, waits for diagnostics will meet national ambitions.

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 ~~90~~85% and in Medway to be in line with the national average.

By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.

Inappropriate out of area mental health placements will be at or close to zero.

~~Maintain the increasing trend in the ratio of time people spend living in a healthy condition compared to total lifespan.~~



Kent and Medway Integrated Care Strategy

Final draft version 8

29 November 2023



Foreword

‘We will work together to make health and wellbeing better than any partner can do alone.’ This is our vision for the Kent and Medway Integrated Care System, which brings together all our system partners to make a significant difference, improving local services and supporting healthier living.

We know that the wider determinants of health, for example education, housing, environment, transport, employment and community safety, have the greatest impact on our health. Variation in people’s experiences of health, care and these wider determinants result in health inequalities, which are preventable, unfair and unjust differences.

Our [Interim Integrated Care Strategy](#) was published last year and set out a shared purpose and common aspiration of partners to tackle the full range of health determinants, working in increasingly joined up ways to improve health and address inequalities. Since then we have asked people, organisations and local partnerships to engage with us in shaping this final version. It has been refined through reflecting local priorities and work planned across Kent and Medway organisations to agree key system priorities. This strategy, which is also the Joint Local Health and Wellbeing Strategy for Kent, sets our vision for our system and all partners will tailor its delivery to meet local need, making a difference to the lives of the people of Kent and Medway.

Against a backdrop of increasing demand and challenging financial times we must change how we approach improving health and wellbeing, and as leaders in the Kent and Medway Integrated Care System we remain committed to our pledge.



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.

Cedi Frederick,
NHS Kent and Medway

Cllr Vince Maple,
Medway Council

Cllr Roger Gough,
Kent County Council

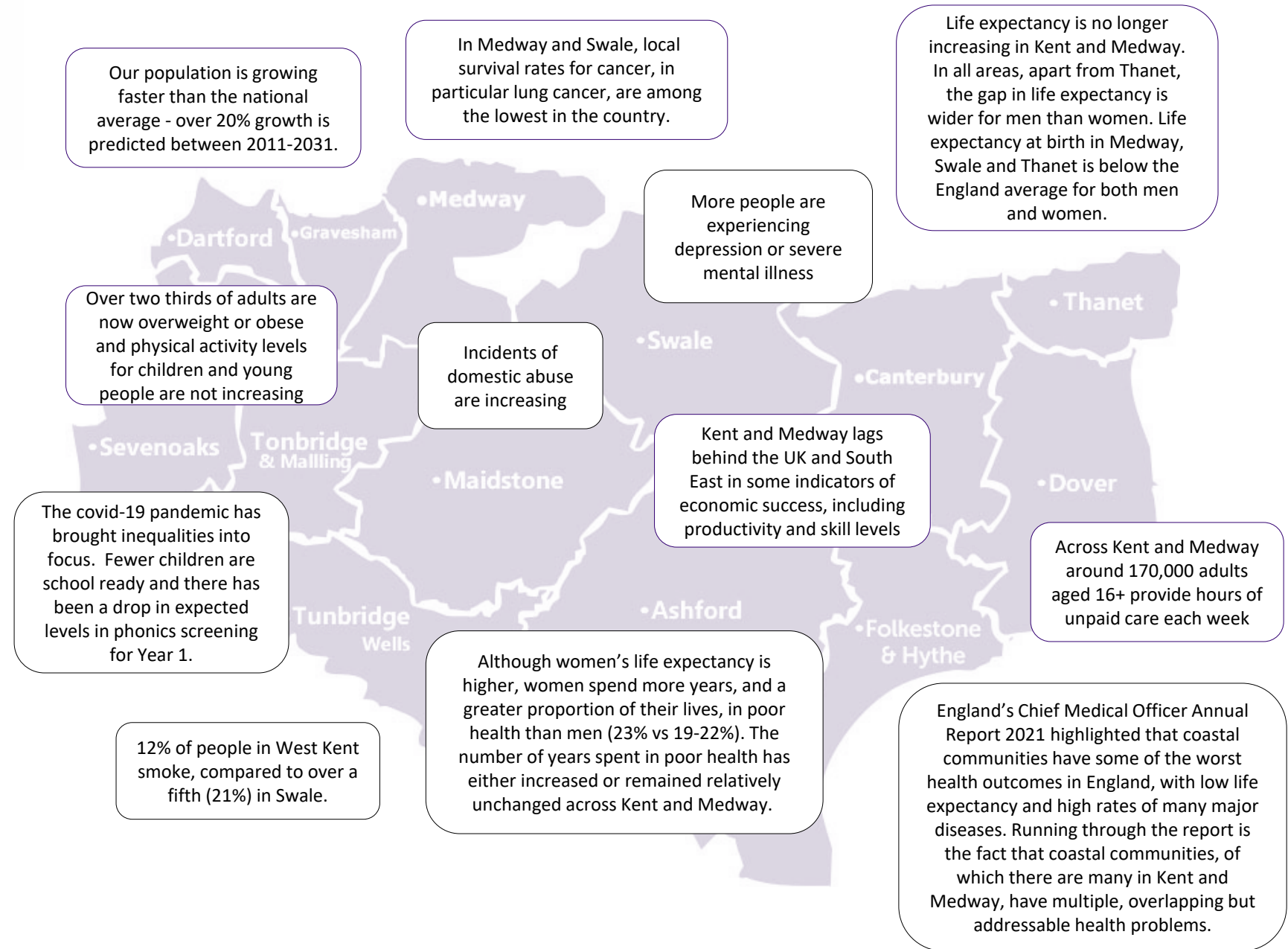




Introduction and context

Kent and Medway is an attractive place for so many who choose to make their lives here. With close proximity to London and mainland Europe, and a plethora of green spaces known as the 'garden of England', it is home to some of the most affluent areas of England. Nevertheless, it is also home to some of the most (bottom 10%) socially deprived areas in England. This correlates with the health outcomes achieved. With the current cost of living crisis, these disparities will persist or worsen without our concerted, collective effort.

Kent and Medway Integrated Care Partnership was formed in 2022 with a strong history of partnership working, and as a result we have started to see where this approach is making a difference. In the last year we have spoken to people, organisations and partnerships to produce this Integrated Care Strategy. It is underpinned by our Joint Strategic Needs Assessments, individual subject-specific strategies and the Medway Joint Local Health and Wellbeing Strategy. It also constitutes the Kent Joint Local Health and Wellbeing Strategy.



Why we need an Integrated Care Strategy now

- ✓ Key measures of health and wellbeing are getting worse, or not improving as fast as the national average. We must take a **different approach and all tackle the wider determinants of health** (see figure of Robert Wood Johnson model).
- ✓ We must seize the **enormous opportunity** that working as an integrated system presents to bring real improvements to the health and wellbeing of our population and put our services on a sustainable footing, within the context of the resource and demand pressures and constraints we all face.
- ✓ This strategy uses a consensus to agree and focus on the **priorities we must deliver together as a system**, so all partners can target our limited resources and assets where we can make the biggest improvements and deliver value for money together.
- ✓ This strategy should not provide the 'how'. We recognise that **local partners** are best placed to **understand local needs** and the actions required to tackle them. The strategy will be supported by delivery plans which are organisation or subject matter specific.
- ✓ The strategy will enable a balance between universal preventative services and bespoke additional support for those with greatest needs, also known as **proportionate universalism**.
- ✓ A logical framework (logframe) matrix is being used to develop system indicators so partners can **track progress towards** each outcome. Examples of these indicators are included for each outcome.



















Based on: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014
https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR_2014_Key_Findings.pdf

Delivering together as an Integrated Care System

The Kent and Medway Integrated Care System is made up of many organisations who play a role in supporting the health, care and wellbeing of people in our area.

To improve health and wellbeing, we must tackle the wider determinants of health and address increasing health inequalities. We can only do this if we all play our role and work together to maximise our collective impact. We can all contribute using the assets and opportunities we already have to promote health and wellbeing and prevent ill-health. This includes acting as anchor institutions to support the social and economic development of our local communities enabling individuals to achieve their potential, promoting health and wellbeing in every contact so that people are able to make healthy choices and through initiatives such as the “Daily Mile” to build physical activity into the school day.

We also know that local communities, supported by the vital role of the local voluntary and community sector, are best placed to know their needs and to play a full role in improving health and wellbeing by involving and empowering them.

 1.9 million people	 2 Healthwatch organisations	 Approx 4,000 registered charities	 90,000 staff working across health and care
 13 housing authorities	 Over 74,000 businesses and enterprises	 14 councils 1 county, 1 unitary, 12 districts	 184 GP practices in 41 Primary Care Networks
 694 schools and 1,713 nurseries/early years settings	 4 Health and Care Partnerships	 325 pharmacies	 1 medical school and 3 universities
 7 NHS provider trusts and 1 Integrated Care Board	 642 care homes	 321 parish and town councils	 1 Police Force and 1 Fire and Rescue Service

How we listened to develop the strategy

Work with system partners e.g. district councils, Kent Association of Local Councils, voluntary sector, Kent Housing, Police and Crime Commissioner

Online platform
'Have your say in Kent and Medway'
Over 350 responses

Nearly 9,000 clicks on social media links

Over 1,000 responses in total

Newsletters, staff bulletins, residents' news, social media promotion and paid advertising reached 1.5 million people

32 events
Family fun days, shopping centres, leisure centres, health bus, conferences

Focus groups led by community and voluntary sector organisations reaching over 300 people

Thank you!

What we heard...

The strategy needs to set a vision and enable local delivery

Focus on the wider determinants of health and health inequalities strongly supported

Need to recognise the financial challenges and difficulties of partnership working

Local partners, people and communities are best placed to lead development, delivery and evaluation

Communication between services needs to improve

Access to GPs, social care and mental health services needs to improve

Digital services are good but not accessible for everyone, there should be alternatives

More support for carers

Further detail is included for each of the outcomes on the following pages.

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

- 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 outcome 1: Give children and young people the best start in life

We will ensure that the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for their future.

What we heard:

- Improve support for those with Special Educational Needs and Disabilities (SEND) and their families
- Support families with all aspects of the wider determinants of health including mental wellbeing, finance and childcare
- Safeguarding particularly the most at risk children
- Accessible Evidence Based Parenting support
- Ensure local access to support for families

Everyone plays a role in keeping children safe. Across the system we bring together our collective information, skills and resources to strengthen our early help and safeguarding arrangements and work together to identify and tackle safeguarding priorities in our communities.

Priorities to deliver this outcome:

Together we will...

Support families and communities so children thrive

We will take a whole-family approach, coproducing with children, young people and families, and looking at all elements that families need so their children can thrive, with support in safe, strong communities that addresses poverty, housing, education, health and social care. We will use our Family Hub model, bringing together universal children's services to include midwifery, health visiting, mental health, infant feeding, early help and safeguarding support for children and their families, including children with Special Educational Needs and Disabilities (SEND). We will transform how we help families access the right support, in the right place at the right time, and ensure the support they receive is joined up across organisations. We will improve the transition to adult services.

Strive for children and young people to be physically and emotionally healthy

We will set high aspirations for the health of children and young people and make this everyone's responsibility. This will include a preventative approach to keep children physically healthy, promoting healthy eating, high levels of physical activity and improving air quality. We will address health inequalities including smoking in pregnancy, breastfeeding, immunisation and childhood obesity. Children who are more likely to experience poorer outcomes, including children in care and care leavers, refugees and those who have offended, will receive more support. We will work together to help individuals, families, communities and schools build emotional resilience, tackle bullying and loneliness and provide opportunities for children, young people and families to form supportive networks and take part in social and leisure opportunities. Children and young people at most risk of significant and enduring mental health needs will receive timely and effective interventions. We will protect young people from criminal harm and exploitation, tackle the challenges caused by domestic abuse and support victims.

Help preschool and school-age children and young people achieve their potential

We will support families so that children are ready for school through co-produced, evidence-based support, including parenting support, and high-quality early years and childcare. With families we will tackle low school attendance, provide equal access to educational opportunities and ensure that young people are skilled and ready for adult life. We are committed to working with families on our collective responsibility to support children with SEND. We will strengthen the capability of mainstream early years and education settings and universal services to ensure children with SEND are included, their needs are met and they can thrive. Where specialist help is required, this will be identified early and seamlessly coordinated.

Indicators for this outcome could include:

By 2028/29, the proportion of mothers smoking at time of delivery will have reduced from 10.2% to no more than 6%.

By 2028, the % 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%.

By 2028 pupil absence rates will have fallen from 7.9% to below 5%.

By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% to at least 70%.

By 2028/29, the average attainment 8 scores for both SEN and non-SEN pupils will have increased, and the gap between the two groups will be 5 points lower than the national average.

I am happy and secure at school and at home

I am working hard to get the qualifications I need to achieve my ambitions

Shared outcome 2: Tackle the wider determinants to prevent ill health

Address the wider determinants of health (social, economic and environmental), to improve the physical and mental health of all residents, tackle inequalities, and focus on those who are most vulnerable

What we heard:

- Target prevention activities for each community group, making the most of VCSE expertise and community assets
- Longer duration for prevention programmes
- Support for cost of living – housing, transport, food
- Extend use of social prescribing
- Improve transport access to services, jobs and social opportunities

Priorities to deliver this outcome: Together we will...

Address the economic determinants that enable healthy lives including stable employment

We will attract and support new businesses and encourage all large employers to develop as anchor organisations within their communities including all public sector organisations, procuring and employing locally in a way that optimises social value. We will support people and small businesses with the cost-of-living crisis. We will help individuals fulfil their potential by achieving secure employment through education and skills development and by supporting businesses.

Address the social determinants that enable healthy lives including social networks and safety

We will build communities where everyone belongs. We will work with communities, building on their assets to empower people to address key health and social issues including loneliness, community safety and the economic burdens from misuse of drugs & alcohol. We will further develop social prescribing and local voluntary and community capacity to meet these challenges. The importance of Active Travel, access to services, work and leisure, and best use of local Libraries, Community Hubs, Arts and Heritage opportunities are recognised. In partnership we will promote community safety, tackling crime and preventing and reducing serious violence, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

Address the environmental determinants that enable healthy lives including housing, transport and the natural and built environment

We will plan, develop and regenerate in a way that improves quality of life for new and existing communities – across built and natural infrastructures including housing, transport and the local environment. We will incorporate the impact of climate change in all planning. We will explore how we can help people adopt sustainable ways of living and working and make best use of all our resources. We will work to provide accessible homes for life and services for all, through planning and with housing providers. We will plan to improve safety, air quality and promote physical activity.

Address inequalities

We will ensure people who need them will have access to benefits, housing, services and support through identification, signposting and a directory of local support as well as opportunities to access work through skills development and local transport. We will focus on prevention and help people, including those with mental health issues, learning disabilities and neurodiversity, to enter, re-enter and be retained in the workplace, to have secure homes, benefits and social networks and opportunities, maximising their independence.

Indicators for this outcome could include:

By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% to no more than 5% across Kent and Medway.

By 2028/29, the percentage of the population who are in contact with secondary mental health services that are in paid employment (aged 18 to 69) will increase from 8% to above 10% in Kent and Medway.

All NHS organisations and local authorities will make progress towards their net-zero targets.

By 2028/29, the percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64) is similar to, or better than, the national average.

There is lots to do around here and I feel safe

I have been diagnosed with depression. My employer has been great working with services so I can still manage work

Shared outcome 3: Supporting happy and healthy living

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.

18

What we heard:

- Improve the transition between services – communication, user experience, timeliness
- Engage with communities to tailor communication and support for each community
- Joined up services to support people who are at risk including survivors of domestic abuse and people who are homeless
- Support veterans
- Focus on adult safeguarding

Priorities to deliver this outcome: Together we will...

Support people to adopt positive mental and physical health behaviours

We will deliver evidenced based support to individuals at an appropriate scale to enable them to choose healthy weight, healthy diet choices, physical activity, good sexual health, and minimise alcohol and substance misuse and tobacco use to prevent ill health. We will work with communities to develop community led approaches and local active and sustainable travel to support this. We will increase the use of 'making every contact count' and social prescribing to signpost and offer bespoke support where needed to help tackle inequalities using a proportionate universal approach. Additionally, by addressing socioeconomic determinants and aiding mental wellbeing we will help people adopt healthy lifestyles. We will improve health through a system wide approach to crime reduction with victim and offender support, tackling drugs, domestic abuse, exploitation, harm and violence against women and girls.

Deliver personalised care and support centred on individuals providing them with choice and control

We will use data to identify those most at risk and ensure all care is focussed on the individual with seamless transition between services, good communication, timely care and understanding of user needs and experience so they remain in control of their health and wellbeing. People living with dementia will be supported to live as well and as independently as possible with high quality, compassionate care from diagnosis through to end of life. We will improve the support we offer for women's health issues such as menopause. We will develop joined up holistic support for at risk groups including survivors of domestic abuse, people who are homeless, who misuse substances, who have mental health issues, who are veterans or who have offended.

Support people to live and age well, be resilient and independent

We will promote people's wellbeing to prevent, reduce or delay the need for care, focussing on the strengths of people, their families, their carers and their communities, enabling people to live independently and safely within their local community including by using technology. We will ensure accessible joined up multi agency working between services across health, social care, housing, criminal justice, the voluntary sector and others. With clear pathways and ongoing support for those with complex needs and overcoming barriers to data sharing. We will ensure people receive the care they need to preserve their dignity and wellbeing, to keep them independent for as long as possible and to be comfortable, dying in a place of their choosing. Further we will as a system work to ensure people, especially those who are most at risk are safe in their homes and communities.

Indicators for this outcome could include:

By 2028, the % of adults in Kent and Medway who are physically inactive will have fallen from 22.3% to 20%.

By 2028, the % of adults in Kent and Medway who are overweight or obese will have fallen from 64.1% to 62%.

By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 to 395 per 100,000.

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.

By 2028, diabetes complications such as stroke, heart attacks, amputations, etc., will have reduced by at least 10%.

By 2028, we will increase the proportion of people who receive long-term support who live in their home or with family.

I lost weight with peer support from a local group I learnt about when I visited the hospital for something else

I have care and support that enables me to live as I want to

Shared outcome 4: Empower people to best manage their health conditions

Support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.

What we heard:

- Increase involvement of patients and carers in care plans
- Improve access to and consistency of primary care including general practice, dentistry and pharmacy provision.
- Increase offer of support and provide flexibility for carers

“We are not always superhuman. Someone to support us to support our child.”

Priorities to deliver this outcome: Together we will...

Empower those with multiple or long-term conditions through multidisciplinary teams

We will support individuals to holistically understand and manage their conditions (such as cancer, cardiovascular disease, diabetes, dementia, respiratory disease and frailty) by using Complex Care Teams and Multi-Disciplinary Teams. This will help reduce or delay escalation of their needs. We will use a model of shared information and decision-making to empower individuals to only have to tell their story once and make informed choices about how, when and where they receive care, which will support individuals to achieve their goals. We will utilise developing technologies including telecare and telehealth, direct payments, personal health budgets, care packages and social prescribing where appropriate to support people to achieve their goals and live the life they want in a place called home.

Provide high quality primary care

We will work towards a system focused on prevention, health protection and early intervention to reduce the need for hospitalisation through ensuring people can readily access the services they need to manage their health. We will ensure all pharmacies are supporting people with health care, self-care, signposting and healthy living advice. We will improve and increase access to dentist and eye health services. We want general practice to offer a consistently high-quality service to everyone in Kent and Medway. This means improving timely access to a health care professional with the skills and expertise to provide the right support and guidance, this could be a physiotherapist, doctor, nurse, podiatrist or other primary care health and care professional. We will work across the system to support the provision of primary care, responding to the needs of new, and growing, communities and making the most of community assets.

Support carers

We will value the important role of informal carers, involve them in all decisions, care planning and provide support for their needs. We will make a difference every day by supporting and empowering carers with ready access to support and advice. We recognise the potential impact of their responsibilities on young carers and commit to reducing these challenges.

Indicators for this outcome could include:

By 2025, the rising trend in the percentage of days disrupted by hospital care for those with long term conditions will have reversed.

By 2028, the people describing their overall experience of making a GP appointment as good will have increased from 49% to at least 60%.

By 2027 we will have implemented our organisational carers strategies

By 2028, the proportion of carers who report that they are very satisfied with social services will have improved from 32.3% to at least 45%.

I can access the healthcare I need and know what options are available to me

I know what my rights as a carer are and can get timely information that is accurate, carer training and education and advice on all the possible options for my health and wellbeing, support needs and finance and housing

Shared outcome 5: Improve health and care services

Improve access for all to health and care services, providing services as locally as possible and creating centres of excellence for specialist care where that improves quality, safety and sustainability

What we heard:

- Broaden to incorporate all aspects of health care not just hospital services
- Timely access to all parts of health care particularly primary care services
- Improve communication and transition between all parts of health and care services
- Increase the services offered in the community and by social care

Priorities to deliver this outcome: Together we will...

Improve equity of access to health and care services

We will seek to improve the accessibility of all our services. We will ensure the right care in the right place providing care closer to home and services from a broader range of locations by making better use of our collective buildings and community assets. By taking services to individuals and continuing to offer digital help and advice, we hope to mitigate some of the social and economic reasons (such as travel costs, time off work and time out of education) why individuals do not seek (or attend) health and care services.

Communicate better between our partners especially when individuals are transferring between health and care settings

We will improve flow through the system by utilising end to end care and support planning, minimising hand offs and ensuring safe discharges by better supporting individuals leaving acute care settings when transferring to another location, sure that all partners (including individuals, carers and families) are aware of the care plan and by working as a team to minimise delays. We aim to ensure people are discharged to their home as a priority and linked to timely appropriate reablement, recovery and rehab services. Our ambition is that system partners jointly plan, commission, and deliver discharge services that maintain flow and are affordable pooling resources where appropriate and responding to seasonal pressures.

Tackle mental health issues with the same energy and priority as physical illness

We will support people of all ages with their emotional and mental wellbeing. We will improve how we support those with mental health conditions with their overall health and wellbeing, providing the integrated support they need from the right partner (such as housing, financial, education, employment, clinical care and police) when they need it and in a way that is right for them. We will work with VCSE partners to creatively support those at risk of suicide.

Provide high-quality care

We will continually seek to provide high quality of care by working in a more integrated way; expanding the skills and training of our staff; reducing the time waiting to be seen and treated and supported; streamlining our ways of working; improving the outcomes achieved; ensuring advocacy and enriching the overall experience of individuals, their carers and their families.

Indicators for this outcome could include:

By 2028, waits for diagnostics will meet national ambitions.

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% and in Medway to be in line with the national average.

By 2025 we will meet national expectations for patients with length of stay of 21+ days who no longer meet with criteria to reside.

Inappropriate out of area mental health placements will be at or close to zero.

My family/carers and I knew when I was being discharged from hospital and what my care plan was

My appointment was by video call but there was an option to attend in person if I needed to

Shared outcome 6: Support and grow our workforce

Make Kent and Medway a great place for our colleagues to live, work and learn

What we heard:

- Improve volunteering opportunities for staff
- Benefits for staff:
 - financial support
 - offers with local businesses
 - health and wellbeing support for example leisure facility membership offers
- Strengthen links and opportunities with education – schools, colleges and universities

Priorities to deliver this outcome: Together we will...

Grow our skills and workforce

We will work as a system to plan and put in place a workforce with the right skills, values and behaviours to keep our services sustainable. We will attract people to live, study and work in Kent and Medway, promoting all that our area has to offer. We will work with education and training providers to develop and promote exciting and diverse career and training opportunities, provide talented and capable leadership and offer flexible and interesting careers to reduce long-term unemployment and support people to return in work.

Build 'one' workforce

We will implement a long-term workforce plan which supports integration across health and care services, enabled by digital technology, flexible working and cross sector workforce mobility. We will work in true partnership with our vital and valued volunteer workforce by seeking their input to shape, improve and deliver services.

Look after our people

We will be a great place to work and learn, with a positive shared culture where people feel things work well and they can make a real difference. We will ensure staff feel valued, supported and listened to. We will support our workforce, including helping them as their employer, to proactively manage their health and wellbeing.

Champion inclusive teams

We will foster an open, fair, positive, inclusive and supportive workplace culture that promotes respect. We will grow and celebrate diversity to be more representative of our communities, empower and develop colleagues from underrepresented groups.

Indicators for this outcome:

Shared workforce indicators will be developed by partners working across the system and are likely to include measures around:

- Vacancies
- Staff wellbeing
- Sickness absence
- VCSE workforce
- Supporting employment in under-represented groups

I feel valued by my team and believe my employer cares about my health and wellbeing

I hadn't realised how many opportunities there were in health and social care, and I've been able to complete further qualifications since joining

Enablers and approach to delivering the strategy

Enabler: We will drive research, innovation and improvement across the system

We will empower our workforce to use research evidence and develop and test innovative approaches to their work, both to improve services and to develop new knowledge. We will establish better ways to collaborate between all partner organisations and with academia for service improvement, research and innovation. This will include safely sharing data and embracing digital innovation.

Enabler: We will provide system leadership and make the most of our collective resources

We will embed sustainability in everything we do through our green plan by ensuring our strategies and decision-making support social, economic and environmental prosperity now and for future generations. We will make the most of our collective resource including our estate and play our role as ‘anchor institutions’. The principle of subsidiarity will ensure our places and neighbourhoods lead the development and implementation of delivery plans for this strategy.

Enabler: We will engage our communities on our strategy and in co-designing services

In developing this strategy we sought to engage with our residents and as partners and we will continue to do this as we implement plans to meet these aims and improve health and wellbeing.

Delivering the strategy

The priorities set out have been agreed by the partners in the Kent and Medway Integrated Care System. We recognise that each place and neighbourhood is different, and delivery of the priorities will need to respond to specific needs and circumstances.

Local partners including districts have developed local alliances and networks that will deliver actions to tackle their key local health issues and which increasingly both recognise the challenges the local system faces and the need to tackle the wider determinants of health. The Medway Joint Local Health and Wellbeing Strategy outlines the similar approach for Medway.

This Integrated Care Strategy will help align system objectives and actions to support these endeavours.

Monitoring the delivery of the strategy

Each Health and Care Partnership and the organisations that comprise these will monitor their progress in supporting the delivery of the strategy. NHS Kent and Medway, Kent County Council and Medway Council will each monitor the delivery of their actions to deliver this strategy.

The Integrated Care Partnership will receive quantitative updates on the progress in achieving the outcomes through the logframe matrix. Themed meetings will also provide qualitative information on progress.



Conclusion

Thank you to everyone who helped us develop our final Integrated Care Strategy.

We recognise that change will not happen without our concerted, collective effort. We are determined to lead by example and create a culture of collaboration and trust, putting the health and wellbeing of the people of Kent and Medway at the heart of everything we do.

We will continue to use multiple channels to listen to our people and communities as we locally develop our delivery plans.

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