

## **CABINET**

**13 DECEMBER 2022**

### **KENT AND MEDWAY INTERIM INTEGRATED CARE STRATEGY ADDENDUM REPORT**

Portfolio Holder: Councillor David Brake – Portfolio Holder for Adults’ Services

Report from: James Williams, Director of Public Health

Author: Dr David Whiting, Deputy Director of Public Health

#### **Summary**

The report was considered by the Health and Adult Social Care Overview and Scrutiny Committee and its comments will be set out in an addendum report.

1. **Health and Social Care Overview and Scrutiny Committee**
  - 1.1. The Health and Social Care Overview and Scrutiny Committee considered the report at its meeting on 1 December 2022. Its comments are set out below.
  - 1.2. The Director of Public Health emphasised that the Strategy was an interim document and due to national timelines, there had not been as much time for engagement as they would have liked. However, there would be substantial engagement in the new year. Further guidance was expected in June 2023 and a revised version of the Strategy would be prepared in the autumn.
  - 1.3. This represented the first time partners, as a system, had worked together on a document of this scale, which was very much a prevention led strategy and not a health led one.
  - 1.4. In response to a comment that there was no reference to children leaving care, the Director of Public Health advised that the key principle had been a light touch approach. Moving forward, issues such as this would be included in the next version of the Strategy.
  - 1.5. Reference was made to the importance for Medway of focusing on health inequalities and whether the Strategy would make a difference here was questioned. The Director of Public Health commented that the Strategy presented the system with an opportunity to make a real difference. 40% of what drove health outcomes is related to education, skills, housing. The focus of the Strategy was on how to reduce inequalities and narrow this gap for people whose voice

was not being heard. Guidance had been published last week which said the Integrated Care Board needed to take account of local factors identified through the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy and how resources were allocated to meet these needs.

- 1.6. A comment was made that the GP Task Group had heard that 85% of GP appointments were socially rather than clinically determined. GPs were open to working with partners to help change this. While the Strategy promoted integration it did not address the partnership working and joint resourcing needed so that GPs had the ability and resources to make a difference.
- 1.7. The Director of Public Health commented there was a need to empower people on the front line to make a difference. An example of this was the resources that had been allocated to social prescribing and the benefits of this could be seen. The Integrated Care Board had received significant funding to address inequalities and had devolved 80% of that into the local Health and Care Partnerships. This funding had been allocated based on deprivation levels rather than simply by population headcount so that more resources would be available in the areas that needed it most. Interventions to tackle inequalities needed to be evidence-based.
- 1.8. In response to a comment that Section 3 of the Equality, Diversity and Inclusion Impact Assessment was incomplete, it was agreed that the final version of the Strategy would be circulated to Members after it had been approved by the partners.
- 1.9. The Committee agreed to note the report and forward its comments to Cabinet.

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#### Appendices

None

#### Background papers

None