

HEALTH AND WELLBEING BOARD

23 NOVEMBER 2023

KENT AND MEDWAY INTEGRATED CARE STRATEGY

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Summary

This paper presents the Kent and Medway Integrated Care Strategy. The interim strategy was approved by Cabinet in December 2022 and this version is an update that incorporates extensive feedback from consultation.

1. Recommendations

1.1. Members of the Health and Wellbeing Board are asked to comment on the Kent and Medway Integrated Care Strategy and consider how the Health and Wellbeing Board will help to deliver the strategy.

2. Budget and policy framework

2.1. On 29 July 2022, the Department of Health and Social Care (DHSC) published guidance setting out how integrated care systems should create an integrated care strategy. There was a requirement for an interim strategy to be published by the 31 December 2022.

2.2. The strategy development guidance included a requirement to engage with the wider public as well as key stakeholders within the area. Given the short deadline for strategy production, the DHSC acknowledged that the December deadline did not allow sufficient time for the desired level of in-depth engagement with the community and stakeholders. The guidance emphasised that the December 2022 version of the Integrated Care Strategy was an interim strategy that will be developed and refined further over the subsequent months.

2.3. The Inequalities Prevention and Population Health Committee (IPPHC) of the Kent and Medway Integrated Care Board (ICB) was tasked with developing the Integrated Care Strategy. It formed a steering group to develop the strategy, led by colleagues from the NHS, with representation from Public Health in Medway Council and Kent County Council.

- 2.4. Upper tier local authorities are still required to produce a place-focussed Joint Local Health and Wellbeing Strategy (JLHWS) and Medway is refreshing its JLHWS in 2023. The two strategies are required to take note of each other.
- 2.5. The interim Integrated Care Strategy was approved by all three statutory partners in December 2022, with the condition that there would be a refresh published in late 2023 after consultation with the public and other partners.

3. Background

- 3.1. Engagement on the Integrated Care strategy took place from March 2023 and the Medway Council Public Health team began engagement on the JLHWS for Medway in January 2023. Engagement activities included online surveys, focus group discussions with groups representing different disadvantaged communities (e.g., homeless people, sex workers, people with mental health problems, older people, people living in rural areas, etc.) and workshops with senior leaders across the system, including strong representation from the voluntary sector. Hundreds of comments have been taken into consideration as the strategy has been revised by the strategy project team.
- 3.2. The Strategy is now making its way through the governance processes of the three statutory partners in parallel: Kent County Council, Medway Council and the NHS Integrated Care Board (ICB). This three-way governance journey creates some complexity with ensuring that each statutory partner has sufficient time to review and comment on the strategy. In Medway Council, the final sign-off will happen at Cabinet on 19 December 2023.
- 3.3. The Strategy has been approved by Public Health DMT and Children and Adults DMT and will be going to the Health and Adult Social Care (HASC) Overview and Scrutiny Committee on 7 December 2023.

4. Advice and analysis

- 4.1. The coming together of the Kent and Medway NHS, Kent County Council and Medway Council in the form of the Integrated Care System with an Integrated Care Strategy provides an important opportunity for system partners to work together to improve health and wellbeing across the Kent and Medway area. The strategy helps to ensure that organisations across Kent and Medway have a clear and common understanding of the priorities on which they must work together. The Medway Joint Local Health and Wellbeing Strategy (JLHWS) provides an additional opportunity for Medway to put additional focus on issues that are important in Medway.
- 4.2. A key driver in the strategy is the focus on the wider determinants of health and the role that all organisations can play in preventing ill health and creating the conditions in which people in Kent and Medway can thrive.
- 4.3. The strategy also recognises the financial challenges that all organisations are facing and seeks opportunities to work together more efficiently. This includes seeking ways to deliver services in a more sustainable way.

4.4. An equality impact assessment has been undertaken (see Appendix 2).

5. Risk management

5.1. Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community. Using the following table this section should therefore consider any significant risks arising from your report.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to approve the strategy	One or more of the three statutory partners rejects the strategy	All partners have been involved extensively in the refresh of the strategy, with many opportunities to comment on the strategy	C-III

For risk rating, please refer to the following table (please **retain** table in final report):

Likelihood	Impact:
A Very likely	I Catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	IV Minor

6. Consultation

6.1. Consultation took place using a variety of different approaches, notably:

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

6.3. The online platform 'Have your say in Kent and Medway' had over 350 responses.

6.4. There were nearly 9,000 clicks on social media links.

6.5. Surveys with over 1,000 responses in total (more than half of the responses were from Medway).

- 6.6. Newsletters, staff bulletins, residents' news, social media promotion and paid advertising reached 1.5 million people.
- 6.7. Engagement at 32 events: family fun days, shopping centres, leisure centres, health bus, and conferences.
- 6.8. Focus groups led by community and voluntary sector organisations reaching over 300 people.

7. Climate change implications

- 7.1. There are no direct climate change implications from this report, however, part of the approach of the strategy includes normalising sustainable ways of working, developing active and sustainable travel, and one of the three enablers says that the Kent and Medway ICS will embed sustainability in everything it does through its green plan.

8. Financial implications

- 8.1. There are no direct financial implications arising from the Integrated Care strategy. There may, however, be potential benefits or costs arising from future commissioning or place-based service decisions that could impact on Medway. These will be scoped out in the development of the ICB five year forward plan over coming year. The financial impact of any such decisions will be taken through the appropriate governance route.

9. Legal implications

- 9.1. Under the Health and Social Care Act, 2022:

- 9.1.1. An integrated care partnership must prepare a strategy (an “integrated care strategy”) setting out how the assessed needs in relation to its area are to be met by the exercise of functions of— (a) the integrated care board for its area, (b) NHS England, or (c) the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

- 9.1.2. The responsible local authority and each of its partner integrated care boards, must prepare a strategy (“a joint local health and wellbeing strategy”) setting out how the assessed needs in relation to the responsible local authority’s area are to be met by the exercise of functions of— (a) the responsible local authority, (b) its partner integrated care boards, or (c) NHS England.

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Appendices

Appendix 1 Integrated Care Strategy

Appendix 2 Equality, Diversity and Inclusion Impact Assessment

Background papers

None