

Health and Wellbeing Board

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Integrated Care Strategy Delivery Plan

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Summary

This report provides an update on the progress and proposed work in development of the shared delivery plan for the Integrated Care Strategy

1. Recommendations

1.1. The Health and Wellbeing Board is asked to:

1.1.1. Note the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy.

1.1.2. Consider the role of all partners in delivering the strategy and how this could be reflected in the developing plan.

1.1.3. Support the continued development of the Shared Delivery Plan, alongside the logframe matrix, to support assurance on delivery of the Integrated Care Strategy.

2. Budget and policy framework

2.1. The Department of Health and Social Care (DHSC) published guidance setting out how integrated care systems should create an integrated care strategy. The strategy development guidance included a requirement to engage with the wider public as well as key stakeholders within the area.

2.2. 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.

2.3. Upper tier local authorities are still required to produce a place-focussed Joint Local Health and Wellbeing Strategy (JLHWS) and Medway has recently refreshed its JLHWS. The two strategies are required to take note of each other.

3. Background

- 3.1. When the Integrated Care Strategy refresh was approved there was agreement that a mapping exercise would need to be completed to ensure delivery of the priorities and to provide assurance on this delivery. A Draft Shared Delivery Plan has therefore been developed to set out how the lead partners will deliver the Integrated Care Strategy (recognising that it is also the Kent Joint Health and Wellbeing Strategy) and meet the requirements of the NHS Joint Forward Plan. The draft plan is being developed in conjunction with the logframe matrix (Appendix 1).
- 3.2. The Draft Shared Delivery Plan is attached as Appendix 2. It is still in development and this paper outlines the approach that will be taken to continue this development and agree a delivery plan for our Integrated Care Strategy.

4. Options

- 4.1. It is very important that all reasonable options are set out clearly in this section of the report. All the advantages and disadvantages of each option need to be clearly and fairly expressed.

5. Advice and analysis

5.1. Shared Delivery Plan

- 5.1.1. The Draft Shared Delivery Plan spans two years (2024–26), after which it will be refreshed to take account of progress and any national or local changes.
- 5.1.2. The plan follows the format of the Integrated Care Strategy. For each outcome it highlights key areas of joint working and then signposts to existing or developing strategies and plans, and who is leading them, which will deliver the commitments made in the strategy. This is not an exhaustive list but aims to include significant or appropriate areas of work.
- 5.1.3. Ensuring delivery of these plans, and monitoring of progress towards this, will remain with the identified lead partners. Progress towards the measures in the logframe will allow partners to understand overall system success in landing our outcomes.
- 5.1.4. The final section of the plan focuses on the conditions for successful delivery of the strategy, such as partnership working, commissioning infrastructure, governance and system led oversight, and states our ongoing commitment to financial sustainability.

5.2. Joint Forward Plan

- 5.2.1. Updated NHS England guidance was published in December 2023 on the production of Joint Forward Plans (JFP). The guidance still encourages systems to “use the JFP to set out a shared delivery plan for the Integrated Care Partnership (ICP) integrated care strategy”.

5.2.2. The guidance also lists a number of legislative duties the JFP must meet, which are either in the remit of the Shared Delivery Plan or readily addressed through the addition of a short appendix and links to supporting documentation such as the NHS Operational Plan.

5.3. Development

5.3.1. The small project group that coordinated the Integrated Care Strategy refresh has been re-purposed to focus on the Shared Delivery Plan. Following discussions with stakeholders the following areas have been highlighted for development:

- Health and Care Partnership (HCP) input. Health and Care Partnerships are developing plans which both deliver the Integrated Care Strategy and respond to their local population need. Some of these plans have been included in the draft and more information will be added as it becomes available.
- District and borough health and wellbeing plans. These are in development with a likely high level of progress by the of May and will need to be reflected in the draft as soon as they are available.
- Voluntary sector services. Discussions will be had with voluntary sector representatives and HCP VCSE alliance leads on how their contribution to the delivery of the strategy will be reflected in the plan.
- Kent County Council divisional business plans for 2024/25 are in development and significant relevant activity that will contribute to delivery will be reflected in the draft.
- Further work is ongoing with Police and Crime Commissioner, Kent Housing Group and the Kent Association of Local Councils (KALC) to capture their plans that will help delivery of the Strategy.
- Kent Joint Local Health and Wellbeing Strategy reporting. Since the Integrated Care Strategy is also the Kent JLHWS the reporting routes for this will be reflected in the plan.
- Medway Joint Local Health and Wellbeing Strategy alignment. Whilst there is clear alignment between the Medway JLHWS and the draft plan, as the plan for JLHWS develops it will need to be clearly referenced.
- NHS Operational Plan links. This is in development, with a May deadline. Information will be included as it becomes available.

5.3.2. The project team will continue to share the draft with a wide range of stakeholders to seek input, feedback and support for the plan. The aim is to complete the plan by the end of May.

5.4. Monitoring delivery

5.4.1. Guidance on ICPs states that ICPs will create a forum in which partners should hold each other mutually to account for delivering the priorities set out in their integrated care strategy, including over the longer term. A number of mechanisms are being set up to support the ICP in this role:

- The ICP will receive updates on the strategic indicators developed through the logframe matrix, this is likely to be annually. The current draft of the logframe matrix is attached for information.
- Following the governance review recommendations, the ICP will receive regular updates from the IPPHC which will cover a significant amount of the activity across the system to deliver the shared outcomes.
- Thematic discussions/deep dives on particular areas of interest within the shared outcomes are being proposed as part of the new approach for ICP meetings.

5.4.2. The Shared Delivery Plan will be a useful tool for the ICP to coordinate and provide oversight and assurance of delivery across the system and will be useful for the Health and Wellbeing Board to see how system-wide action is contributing to improving health and wellbeing in Medway. However, in a large and complex system, there is a balance to be struck between providing information to demonstrate progress and having capacity to meaningfully discuss and add value to an area of the strategy delivery. Each organisation will wish to monitor the delivery of their contributing strategies/activities set out in the Shared Delivery Plan through their own established governance routes.

5.4.3. As noted above the Draft Shared Delivery Plan aims to include significant and appropriate areas of joint working, rather than an exhaustive list of activities. It is intended to provide assurance on progress alongside the logframe matrix.

6. Risk management

6.1. Tables of risks:

Risk	Description	Action to avoid or mitigate risk	Risk rating
Change in policy context	Government policy with respect to the organisation of NHS and council services changes, e.g., as a result of another NHS reorganisation, resulting in the	On-going careful review of government policy	CIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	need to create a different plan		

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

7. Consultation

7.1. Extensive consultation took place in the development of the Integrated Care strategy, as noted in previous reports. No consultation required for this report.

8. Climate change implications

8.1. 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.

9. Financial implications

9.1. There are no direct financial implications arising from the Integrated Care strategy delivery plan document. There may, however, be potential benefits or costs arising from future commissioning or place-based service decisions that could have an impact on Medway.

10. Legal implications

10.1. Under the Health and Social Care Act, 2022:

10.2. 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.

10.3. 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 Logframe matrix (logic model)

Appendix 2 Draft Integrated Care Strategy Delivery Plan