

Health and Adult Social Care Overview and Scrutiny Committee

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Integrated Care Strategy Update

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Summary

This report provides the baseline logical framework matrix report that shows the current position for indicators for each of the outcomes and goal of the Integrated Care Strategy. The report also outlines the approach that will be taken going forward to provide assurance to the Integrated Care Partnership regarding the delivery of the outcomes and the way in which specific topics will be explored in more detail.

1. Recommendations

1.1. The Committee is asked to note the Integrated Care Strategy baseline report and the approach that the Integrated Care Partnership will be taking to review progress across each of the six themes over each year.

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 (ICS) should create an integrated care strategy.

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

2.3. The NHS organisations and upper-tier local authorities in each ICS run a joint committee called the Integrated Care Partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing.

3. Background

- 3.1. 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.
- 3.2. The Integrated Care Strategy was brought to this committee in December 2023. The Shared Delivery Plan, presented to the Health and Adult Social Care Overview and Scrutiny Committee (HASC) in June 2024, sets out key strategies and activities that partners will lead that will contribute to delivering the Integrated Care Strategy. The plan incorporates the requirements of the NHS Joint Forward Plan.
- 3.3. The 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.
- 3.4. The Integrated Care Strategy is a joint strategy across Kent and Medway and the Shared Delivery Plan represents the joint work across Kent and Medway. Medway also has its Joint Local Health and Wellbeing Strategy that complements the Integrated Care Strategy and is the primary mechanism for delivery in Medway.
- 3.5. To support monitoring of whether the high-level outcomes of the Integrated Care Strategy are delivered, a logical framework (“logframe”) matrix has been developed. Monitoring progress against the measures in the logframe matrix will allow partners to understand overall system success in delivering our shared outcomes.
- 3.6. The baseline logframe matrix report was taken to the Integrated Care Partnership committee meeting on 2 December. The cover report that explains how the logframe matrix report works and should be interpreted is found at Appendix 1 and the baseline report itself at Appendix 2.
- 3.7. Going forward, two of the six outcomes in the Integrated Care Strategy will be reviewed at each of three quarterly Integrated Care Partnership (ICP) meetings. The review will include inviting subject matter experts to the ICP meeting to facilitate a discussion on how we can work better or differently together to deliver the outcomes.

4. Advice and analysis

- 4.1. The logframe matrix indicators are strategic indicators that tell the Integrated Care Partnership whether or not the outcomes of the Integrated Care Strategy are progressing – they are not operational indicators. Some of the sources of information for the indicators are external, such as life expectancy, and may only be reported annually.

- 4.2. When viewing the logframe, it's important to remember that the objective is to deliver the outcomes, not the indicators – the indicators help us to know if we have delivered the outcomes.
- 4.3. The baseline logframe report makes the link between the outcomes we want to achieve to deliver the goals of the Integrated Care Strategy and the indicators that will be used to provide evidence for having delivered the outcomes (and the sources of the evidence). The System Leadership Group, which include the Leaders of Medway Council and Kent County Council, the Chair of the Integrated Care Board, and the Chief Executives of Medway Council and Kent County Council, will decide which topics will be examined in more detail at the next Integrated Care Partnership meeting.

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
Financial	NHS and local authority funding constraints limit the capacity of the system to make the required changes and to improve services	One of the aims of the Integrated Care Partnership is to enhance productivity and value for money	BII
Assurance	The ICP needs to be able to show evidence of progress towards the delivering the shared outcomes.	The logframe will provide monitoring of the delivery of the outcomes of Integrated Care Strategy	CII
Partnership working	The Integrated Care Strategy requires all partners to play a role and work together. Lack of or poor partnership engagement will reduce the likelihood of delivery the outcomes of the strategy	Engagement in the creation of the Integrated Care Strategy and on-going engagement with partners through the ICP committee meeting, System Leaders Group meeting, other meetings and events.	CII
Devolution	Devolution is likely to create a considerable amount of work for many partners in the system, but	There are several leadership groups, such as the Integrated Care Partnership; System Leaders Group; Strategic	BII/BIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
	especially the upper and lower tier councils, which may draw on resources that would otherwise be directed to delivering the outcomes of the Integrated Care Strategy	Oversight Group; IC Strategy Project group; and other operational groups that are co-ordinating the work to deliver the IC strategy and many of the same people will be involved in the devolution work to varying extents. System leaders will be keeping oversight of the delivery of both devolution and the IC strategy and will manage issues as they arise.	

For risk rating, please refer to the following table:

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

6. Consultation

- 6.1. The logframe matrix indicators were developed over a number of months with consultation with relevant stakeholders and experts in each of the areas covered by the six outcomes.

7. Climate change implications

- 7.1. There are no direct climate change implications arising from this report. However, sustainability and actions to address climate change are woven throughout the Integrated Care Strategy:
- Shared outcome 2: Tackle the wider determinants to prevent ill health— We will explore how we can help people adopt sustainable ways of living and working and make best use of all our resources.
 - Shared outcome 3: Support happy and healthy living—We will work with communities to develop community-led approaches and local active and sustainable travel to support this.
 - 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 that improves quality, safety and sustainability.

- Enablers: We will embed sustainability in everything we do through our green plan by making sure our strategies and decision-making support social, economic and environmental prosperity now and for future generations.

8. Financial implications

- 8.1. There are no direct financial implications arising from the Integrated Care strategy delivery plan. There may, however, be potential benefits or costs arising from future commissioning or place-based service decisions that could impact on Medway. 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: Cover paper for the baseline logframe matrix report to the Integrated Care Partnership on 2 December 2024.

Appendix 2: Baseline logframe matrix report.

Background papers

None