

Cabinet

26 August 2025

Kent and Medway Integrated Work and Health Strategy

Portfolio Holder: Councillor Teresa Murray, Deputy Leader of the Council

Report from: David Whiting, Director of Public Health

Authors: Aeilish Geldenhuys, Strategic Head of Service, Public Health
Jacqui Moore, Kent and Medway Integrated Care System
Prevention Lead

Summary

This report provides an overview of the development of the Kent and Medway Integrated Work and Health Strategy developed between May 2024 and June 2025. It sets out the process, engagement and feedback. The report is for approval by Cabinet.

The report was due to be considered by the Health and Adult Social Care Overview and Scrutiny Committee on 20 August 2025, the comments of which will be set out in an addendum to the Cabinet report.

1. Recommendations

- 1.1. The Cabinet is asked to note the comments of the Health and Adult Social Care Overview and Scrutiny Committee, as set out in the addendum report.
- 1.2. Cabinet is asked to approve the Kent and Medway Integrated Work and Health Strategy 2025 -2030, as set out in Appendix 3 to the report.

2. Suggested reasons for decisions

- 2.1. The Kent and Medway Integrated Work and Health Strategy has been developed collaboratively by partners in Medway Council, Kent County Council and NHS Kent and Medway ICB in conjunction with a wider range of partners across the Kent and Medway Integrated Care System (ICS). It is a key contributor to national policy of supporting people into meaningful work which plays an important part in good physical and mental health and wellbeing along with being key to economic development in Kent and Medway.

3. Budget and policy framework

- 3.1. The Kent and Medway Integrated Work and Health Strategy is consistent with the Council's policy framework. Leadership capacity for this programme is funded through the joint Department of Work and Pensions (DWP) and Department of Health and Social Care (DHSC) Programme via the NHS Kent and Medway Integrated Care Board (ICB). Therefore, approval of the Strategy is a matter for Cabinet.

4. Background

- 4.1. *"There has been a 'recent sharp rise in the number of people out of the workforce due to long term sickness. This has significant impacts on the individuals' wellbeing as well as large fiscal and economic costs'¹".* The number of people out of work in the UK due to long-term health conditions is at the highest level since 2008². The '[Towards a Healthier Workforce](#)' report (October 2024) highlights that:
- More than 8 million people (20% of 16 to 64 year olds) now have health conditions that restrict the type or amount of work they can do, up from 6 million in 2013.
 - Of the 4 million people currently not participating in the labour market due to a work-limiting condition, 2.6 million cite long-term sickness or disability as their main reason for being out of the workforce.
 - There has also been a significant increase in the number of people with ill health who are in work. In 2023, there were 3.9 million workers aged 16 -64 years with a work limiting condition up by 1.5 million, or 64%, from a decade ago.
 - Workers with a work limiting health condition face a much higher risk of exiting the labour market (1 in 9 compared to 1 in 30 of those without a long-term health condition).
- 4.2. As demonstrated above, unemployment and economic inactivity due to long term health conditions are significant across England. The phenomenon is higher in Kent than elsewhere in the South East although slightly lower in Medway. In Kent 27% of economic inactivity among 16 - 64 year olds is due to long term sickness compared to 20% in Medway, 22.7% in the wider South East and 27.3% nationally³. In response to this growing challenge, various national initiatives are underway, and this is a clear agenda for the current Government. The Kent and Medway Integrated Work and Health Strategy will identify local opportunities to deliver improvements in the support available for employers and employees.
- 4.3. Apart from the impacts upon the health and wellbeing of individuals, these high levels of economic inactivity present significant economic challenges and

¹ 'Improving our Nation's Health: A Whole-of-Government Approach to Tackling the Causes of Long-Term Sickness and Economic Inactivity' - BCG Centre for Growth and NHS Confederation (September 2024)

² Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics (ons.gov.uk)

³ <https://www.nomisweb.co.uk/>

most notably for local employers. In the 2023 'Kent and Medway Employer Skills Survey', 35% of the 900 business respondents confirmed that they had gaps within their existing workforce capabilities and half of them highlighted that recruitment was a problem. [The Kent and Medway Local Skills Improvement Plan](#) confirms that many of Kent and Medway's most significant industry sectors are all impacted by critical skills gaps which results in lower productivity and slower business growth. Identifying ways to support economically inactive people into work could play a significant role in meeting labour market demand. People in work also benefit from higher levels of personal income and are therefore able to contribute more to the local economy as consumers through, for example retail, leisure and hospitality businesses.

- 4.4. In response to the growing number of people out of work, the previous Government introduced the Back to Work plan⁴ in 2023 to support those facing long-term conditions, disabilities, or long term unemployment. In the Spring Budget of 2023, resource was made available nationally to support people with disabilities and long term health conditions to start, stay and succeed in work. The Autumn Statement in 2023 built on this by setting out plans to expand employment support and treatment available.
- 4.5. The opportunity for systems to bid to be a [WorkWell Vanguard](#) was part of delivering those plans. WorkWell is described as an early-intervention, work and health assessment service, providing holistic support to overcome health-related barriers to employment, and a single, joined up gateway to other support services. Kent and Medway Integrated Care System submitted a bid in January 2024 to become one of the 15 WorkWell Vanguard areas, and although assessed as good, the bid was not successful.
- 4.6. However, Kent and Medway were successful in receiving Department of Work and Pensions (DWP)/Department for Health and Social Care (DHSC) WorkWell funding to build leadership capacity for Work and Health. The scope of work associated with this funding was:
 - Establishing an ICS-wide Work and Health Partnership, which should include LAs, GPs and the primary care system, wider NHS, DWP/JobCentre Plus, voluntary and community organisations and employers.
 - Mapping existing work and health provision gaps and assets, and opportunities for greater integration.
 - Developing a service integration delivery plan, including the work and health measures announced in the Spring Budget and making links with other opportunities.
- 4.7. The Strategic Partnership for Health and Economy⁵ (SPHE) was instigated in October 2024 to act as the ICS-wide partnership. The SPHE is a Sub

⁴ <https://www.gov.uk/government/news/employment-support-launched-for-over-a-million-people>

⁵ The SPHE includes representation from local government including economic development, public health and social care, the NHS, businesses and business representative organisations, skills providers, voluntary groups and the Department for Work and Pensions.

Committee of the Integrated Care Partnership (ICP), reporting to the ICP and also the Kent and Medway Economic Partnership (KMEP).

- 4.8. There was strong local support by system leaders for the development of an Integrated Work and Health Strategy for Kent and Medway, to be co-owned by the Kent and Medway Integrated Care Partnership (ICP), via the SPHE, and the Kent and Medway Economic Partnership (KMEP). The focus of the strategy will be to integrate work and health to support the people of Kent and Medway with long term conditions and disabilities, to start, stay and succeed in work. The Kent and Medway Integrated Work and Health Strategy has been developed by a partnership of colleagues from across the Kent and Medway ICS.
- 4.9. In November 2024, building on the previous Government's back to work plan, the government produced the [Get Britain Working White Paper](#). The Kent and Medway Integrated Work and Health Plan and other relevant programmes and initiatives are closely linked with the development of the Local Get Kent and Medway Working Plan which is required to be submitted by July 2025. Figure 1 shows the connection between a range of relevant pieces of work.
- 4.10. A Core Working group of colleagues including Kent County Council, Medway Council and NHS Kent and Medway ICB come together regularly to ensure strong interconnection between the Local Get Kent and Medway Working Plan, the Kent and Medway Integrated Work and Health Strategy, Connect to Work, Kent and Medway Marmot [place programmes](#) and a range of other relevant initiatives. Opportunities to share learning and resource are maximised through the Core Working Group with the Kent and Medway Integrated Work and Health Strategy forming a key element of the more holistic Local Get Kent and Medway Working Plan.

Embedding the LGBWP into the Kent & Medway Context

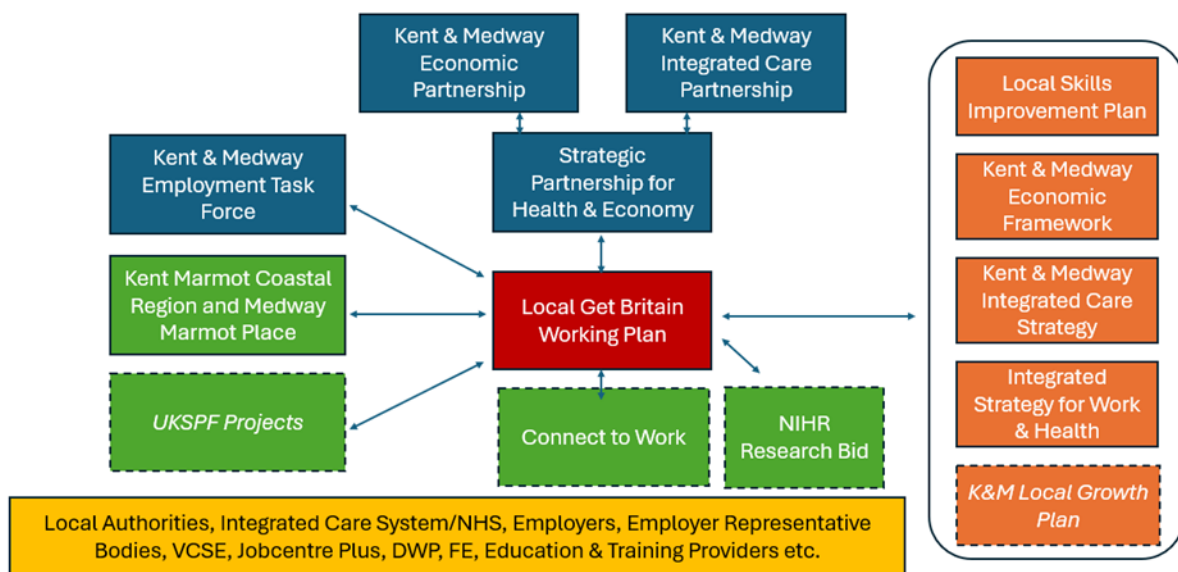


Figure 1 Embedding Local Get Britain Working Plan in Kent and Medway

5. Advice and analysis

- 5.1. The Kent and Medway Integrated Work and Health Strategy has the aim of integrating and improving support for people and employers with the goal of helping people with long-term health conditions and disabilities to start, stay and succeed in work.
- 5.2. The development of the Kent and Medway Integrated Work and Health Strategy started in April 2024 with an ICP workshop focused on work and health. This workshop brought together stakeholders including Kent & Medway Employment Taskforce, KMEP, the K&M Business Advisory Board, NHS Kent and Medway ICB, Kent County Council, Medway Council, Public Health, the Department for Work & Pensions and the Office for Health Improvement and Disparities. Themes explored included Skills Development, Employer Perspectives, Mental Health, Community Support, In-Work Support for People & Employers.
- 5.3. The **Intelligence Gathering Phase** followed between May 2024 and September 2024. During this phase over 115 stakeholders (employers and employees) from across the Kent and Medway Integrated Care System were engaged in interviews or focus groups to provide intelligence from which to develop the first draft of the Kent and Medway Integrated Work and Health Strategy. Views were gained on the challenges of engaging with meaningful work for people with long-term health conditions and disabilities. Views were also gained on what was already in place and what changes they would like to see.
- 5.4. During this time national, regional and local policy, strategies and planning were reviewed and this continues as an ongoing process. Health, economy and employment data is being brought together from the perspective of supporting people with long-term health conditions and disabilities to start, stay and succeed in work. Existing provision was also taken into account.
- 5.5. A diversity impact assessment was started in October 2024 and this has been updated as the development of the strategy has progressed. Further information is provided in paragraph 5.21.
- 5.6. The **Development of the Draft Strategy** took place between October 2024 and December 2024. During this time a range of presentations were undertaken to socialise the draft strategy and incorporate feedback as it was being developed. These included, but not exclusively, the SPHE, Kent and Medway Learning Disability and Autism Board, ICP Inequalities and Prevention Sub Committees, Medway Health and Social Care Skills Board, East Kent Wider Health Improvement Partnership. ICS Symposium 2024, Kent County Council Growth, Economic Development and Communities Cabinet Committee and Kent County Council Health and Health Reform and Public Health Cabinet Committee, Kent and Medway System Leadership Group and Kent and Medway System Oversight Group. Feedback from these groups has been used to inform the development of the draft strategy.

- 5.7. Between January 2025 and March 2025 **Public Consultation on the Draft Strategy** via an online survey took place. The survey was accessed through the NHS Kent and Medway ICB '[Have your say in Kent and Medway](#)' site. The opportunity to contribute to this consultation was proactively shared with partners across Kent and Medway. Further engagement via presentations and briefing notes took place at this point, including the Kent and Medway Better Mental Health Network, a Kent County Council all member briefing and a Medway Health and Adults Scrutiny Committee briefing note. Further information is included in paragraph 5.16 onwards.
- 5.8. Involve Kent were commissioned to undertake **Engagement with People with Lived Experience** to inform the final strategy. The final report for this engagement has been received and further detail can be found in paragraph 5.19.
- 5.9. **Development of the Final Strategy** was started in April 2025, based on a 'You said, we did' approach using the analysis of survey data and feedback from the lived experience engagement to inform the amendments to the strategy. The engagement report and 'You said, we did' report are attached as Appendices 1 and 2 respectively.
- 5.10. The Kent and Medway Integrated Work and Health Strategy can be found in Appendix 3. The strategy is built on the structure in Figure 2.

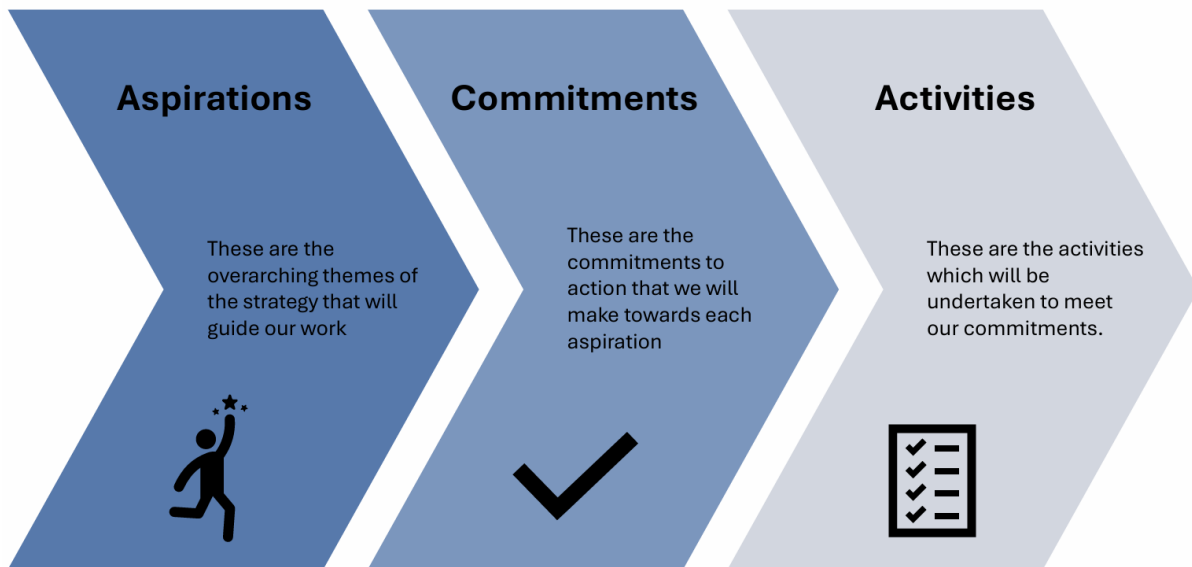


Figure 2: Kent and Medway Integrated Work and Health Strategy Structure.

- 5.11. The strategy is set out across 4 Aspirations as shown in Figure 3 which are the overarching themes which will guide the work of the strategy. Each Aspiration is comprised of 2 or 3 Commitments, these are the commitments to action towards each Aspiration. Bolded elements in the text of the strategy identify key areas for focused action. The strategy will be underpinned by activities set out in an action plan.



Figure 3: Kent and Medway Integrated Work and Health Strategy Aspirations and Commitments

- 5.12. Employer concerns in their confidence to support people with long-term health conditions and disabilities in the workplace were heard through engagement. Employers welcomed support in fully understanding and applying legislation and in sharing practice through case studies and examples. **Aspiration A** addresses this aspect and also drives a culture of a collaborative approach to business and employer needs.
- 5.13. **Aspiration B** responds to the strong case that was made during engagement for quality training and development across a number of aspects. Providing opportunity for those who are out of the workplace to gain sufficient training to enter the workplace and to have appropriate training to progress to higher paid roles which provide meaningful work. Training and development in appropriate areas also provides opportunity for employers to fill known skills gaps. This Aspiration also seeks opportunity for people with long-term health conditions and disabilities to access guidance for career change where exacerbations prevent continuation with current career or employment.
- 5.14. It was heard that there are multiple factors which can make management of long-term health conditions and disabilities difficult to manage whilst at the same time engaging in meaningful work. It was also heard that there are a range of wider factors which can influence the ability of a person with a long-term health condition or disability to start, stay or succeed in work, these may include transport, housing and other building blocks of health. **Aspiration C** takes a holistic view of the individual and the support that they may need to engage in work whether that is clinically based or via the social determinants of health.

- 5.15. People engaged told us that it was important to ensure that all workplaces were conducive to good physical and mental health and wellbeing for employees. This maybe in the leadership and management practices with respect to workload and expectations, remaining active during the working day or the flexibility to achieve a good work life balance. This is captured in the preventative approach of **Aspiration D** which also recognises the need for additional support at particular times of life transition such as menopause, pregnancy or nearing retirement where working environment and timeframes adaptation can be advantageous.
- 5.16. There was strong support for the draft Kent and Medway Integrated Work and Health Strategy which was circulated widely as part of the Public Consultation Survey in January 2025. Details of proactive circulation routes can be found in Appendix 1. The survey received 336 responses which comprised as follows (full figures can be seen in Appendix 1):
- A higher proportion of female than male: 65.2% female compared to 25% male
 - 82.7% White British, slightly lower than the 2021 Census for Kent at 89.4%
 - 39.6% of respondents considered themselves to have a disability
 - 58.9% considered themselves to have a long-term health condition
 - Of those respondents who considered themselves to have a long-term health condition or disability, 36.9% responded that they were working and 21.1% responded that they were not, for the remaining respondents the status was unknown.
- 5.17. Respondents to the survey were asked to what level they agreed or disagreed with the Aspirations in the draft Kent and Medway Integrated Work and Health Strategy.
- **Aspiration A** was strongly supported with a total of 69.9% respondents strongly agreeing or agreeing, 1.8% of respondents strongly disagreed.
 - For **Aspiration B**, 71.1% of respondents selected strongly agree with a further 22% selecting agree.
 - **Aspiration C** received a strongly agree from 72% of respondents with an additional 18.8% of respondents selecting agree. 1.5% of respondents selected strongly disagree.
 - For **Aspiration D**, 70.2% of respondents selected strongly agree with a further 21.4% of respondents answering agree. 1.8% strongly disagreed.
- 5.18. There was strong approval for the Aspirations set out in the draft strategy. Free text comments for those respondents who strongly disagreed have been reviewed and themes extracted from the remaining free text responses to the survey. These comments have been incorporated via a 'You said, we did' approach.

- 5.19. Involve Kent engaged 42 people between May 2025 and June 2025 who had lived experience of a long term health condition and/or disability in the context of the workplace. 33 participants took part in interviews and 9 participants took part in focus groups, participants selected their preferred means, either face to face, remotely or through written form. Participants were selected to complement the age and demographics of those that responded to the public consultation survey. There was strong agreement with the Aspirations along with helpful suggestions for development of the strategy. These have been incorporated via the 'You said, we did' document. Full details of both stages of engagement can be found in Appendix 1.
- 5.20. An action plan has been drafted to take forward the aims of the strategy in a tangible way. The action plan is in two sections, Section 1 comprises actions which can be taken forward in the short and medium term and Section 2 comprises actions which are of a developmental nature prior to action. The starting point from which the baseline and measures will be developed is the Kent and Medway Integrated Care Strategy outcomes and indicators.
- 5.21. The diversity impact assessment has been updated throughout the process. For some protected characteristics there is limited data which explicitly links the employment status related data to long-term health conditions and disabilities. Where this is so, as a starting point relevant data relating to employment status for the protected characteristic has been used to guide thinking to minimise any risk of a negative differential impact.
- 5.22. The Kent and Medway Integrated Work and Health Strategy has been written to be inclusive and support people with long-term health conditions and disabilities to start, stay and succeed in work. It takes a focus on supporting employers to build their confidence in supporting employees, minimising stigma and in building trusted relationships that enables employer and employee to reach their potential. It takes into account the development needs of individuals to enter meaningful work and also to progress to higher paid roles. Through a person centred approach it aims to take the broadest view of an individual taking account of health needs and also wider determinants that affect their engagement in work. Finally, it takes a view that a preventative approach should be in place to facilitate good mental and physical health and wellbeing in the workplace. This provides opportunity, for the strategy to support the workforce and have a positive differential impact across all protected characteristics. The diversity impact assessment can be found at Appendix 4.
- 5.23. However, a monitoring focus is suggested in three areas for the first year of the strategy:
- Gender reassignment: In carrying out the diversity impact assessment it was noted that this protected characteristic experiences a range of interconnecting work and health challenges and the effectiveness of the strategies for this group should be monitored over the first year of the strategy.
 - Marriage/Civil Partnership: It was noted that there was limited data and intelligence relating to this protected characteristic and therefore

over the first year of the strategy this should be reviewed for further information that could help ensure that interventions were meeting the needs of this group.

- Seldom heard groups: It was noted that for religious, cultural or other reasons, there may be groups that are reticent to come forward for support and that over the first year of the strategy care should be taken that there is opportunity to reach out proactively to these groups.

5.24. Consultation and engagement to date has shown very strong agreement with the draft Kent and Medway Integrated Work and Health Strategy, from a 'You said, we did' perspective feedback has been reviewed and incorporated as appropriate.

6. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Engagement	There is a risk of limited engagement from organisations across Kent and Medway resulting in minimal change arising from implementation of the strategy.	The strategy has been developed collaboratively and close attention paid to the concerns of stakeholders, partners and the public. Along with strong communication, this will inform the implementation of the strategy.	CIII
System change	The current change ongoing across the system may limit the ability to gain traction with action.	Actions are designed to be practical to implement. The status of the system will be kept in mind as the actions are reviewed and updated.	BIII
Resource	There is limited additional funding for this programme which may limit the ability to take action forward.	The strategy has been developed through a collaborative, partnership approach joining up to make best use of resource and funding across the system. This	BIII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		will continue to avoid duplication and make the most of joint working.	

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

7. Consultation

7.1. Details of the process of consultation have been set out in the main sections of the report. Consultation included stakeholder engagement prior to development of the draft strategy, public consultation via an online survey when the draft strategy had been developed and interviews and focus groups with people with lived experience of long term health conditions and disabilities in the context of the workplace. Opportunities have been taken where possible to socialise the strategy across the Kent and Medway ICS throughout all stages of development.

8. Climate change implications

8.1. There are no implications for climate change arising directly from this report.

9. Financial implications

9.1. There are no financial implications arising directly from this report.

9. Legal implications

10.1. There are no legal implications arising directly from this report

Lead officer contact

Jacqui Moore, ICS Prevention Lead, Gun Wharf, 01634 338570

Appendices

Appendix 1: KM Work and Health Strategy – Engagement Report v1.2

Appendix 2: KM Integrated Work and Health Strategy – You said We Did Report v0.1

Appendix 3: Kent and Medway Integrated Work and Health Strategy v3.3

Appendix 4: Medway KM IWHS DIA WCAG v1.0

Background papers

[Towards a healthier workforce: Interim report of the Commission for Healthier Working Lives](#)