

## **Health and Wellbeing Board**

**12 February 2026**

### **Integrated Care Strategy Update**

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#### **Summary**

This report provides an overview of the approach taken by the Integrated Care Partnership (ICP) to monitor the delivery of the Kent and Medway Integrated Care Strategy and the changed context in which the strategy now exists. The ICP reviewed five of the six shared outcomes, with focused discussions on key topics in each outcome.

#### **1. Recommendation**

- 1.1. The Board is asked to note the approach that the Integrated Care Partnership has taken in monitoring and collaborating on the delivery of the outcomes 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..
- 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 in 2024 Medway refreshed its JLHWS. The two strategies are required to take note of each other.

#### **3. Background**

- 3.1. The Integrated Care Strategy consists of six outcomes:

- **Give children and young people the best start in life** - We will make sure the conditions and support are in place for all children and young people to be healthy, resilient and ambitious for the future.
- **Tackle the wider determinants to prevent ill health** - We know that lots of other things impact on health (social, economic and environmental factors), we will address these to improve the physical and mental health of all residents, tackling inequalities and focusing on those most vulnerable.
- **Support happy and healthy living** - We will help people manage their own health and wellbeing and be proactive partners in the care so they can live happy, independent and fulfilling lives; adding years to life and life to years.
- **Empower people to best manage their health conditions** - We will support people with multiple health conditions to be part of a team with health and social care professionals working compassionately to improve their health and wellbeing.
- **Improve health and care services** - We will 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.
- **Support and grow our workforce** - Making Kent and Medway a great place for our colleagues to live, learn and work.

3.2. A Shared Delivery Plan was developed to set out how the lead partners will deliver the Integrated Care Strategy and meet the requirements of the NHS Joint Forward Plan. A suite of indicators was developed to monitor progress on each of the six outcomes of the Integrated Care Strategy.

3.3. A key body supporting the delivery of the Integrated Care Strategy is the Integrated Care Partnership, which is led by Medway Council, Kent County Council and the ICB and includes representatives from some district councils in Kent and the voluntary sector.

#### 4. Advice and analysis

4.1. The Integrated Care Partnership (ICP) has met over the last year to consider the outcomes of the integrated care strategy, with one or two outcomes presented at each meeting. The ICP reviewed the indicators for each theme presented and there was a focussed discussion on a topic that related to one of the outcomes to understand the key issues and determine whether there were opportunities for partners to work together in different ways to improve outcomes.

4.2. Chairing of the meeting first sat with the leader of Kent County Council and subsequently with the leader of Medway Council. The next meeting of the ICP

will be on 31 March, after which chairing of the meeting is due to revert back to the leader of Kent County Council.

- 4.3. There have been a number of important changes in the system over the last year that may have an impact on the integrated care strategy.
  - 4.3.1. The government is requiring the ICB to reduce its operating costs by around 50% and to become a strategic commissioner – this will affect the way in which the ICB will operate, and some functions will transfer to other organisations.
  - 4.3.2. In June 2025, the government published [Fit for the Future: 10 Year Health Plan for England](#). This plan includes a stronger role for the Health and Wellbeing Board and a proposal to remove Integrated Care Partnerships from legislation. The 10-year plan aims to make three big shifts:
    - from hospital to community: more care will be available on people's doorsteps and in their homes
    - from analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
    - from sickness to prevention: we'll reach patients earlier and make the healthy choice the easy choice
  - 4.3.3. An important part of the delivery of the 10-year plan is the development of neighbourhood health, and the plan says that Health and Wellbeing Boards will play the leadership role in the development of Neighbourhood Health Plans for their areas.
- 4.4. While Medway has its own Joint Local Health and Wellbeing Strategy (JLHWS), Kent County Council decided to make the Integrated Care Strategy its JLHWS.
- 4.5. Three ICP meetings were held in 2025 to review the outcomes of the Integrated Care Strategy.
  - 4.5.1. In March 2025, Outcomes 1 and 2 of the integrated care strategy were viewed with a focus on Childhood Obesity and People with Mental Health Issues in Employment, respectively. There are 21 indicators for outcomes 1 and 2, of which nine had improved since the baseline, seven were unchanged and five had got worse. The proportion of children who were a healthy weight in Year 6 increased in Kent and in Medway from baseline to the reporting period, and the proportion that were severely obese remained unchanged. There was no change in the inequalities in overweight and obesity in children in year 6 comparing the top and bottom local quintiles of deprivation. The proportion of people who are in contact with secondary mental health services that are in paid employment was worse than it was at the baseline in both Kent and Medway.
  - 4.5.2. The meeting that was planned for June 2025 was cancelled.

- 4.5.3. In October 2025, Outcomes 3 and 4 were reviewed. There are 20 indicators for these two outcomes, of which seven improved since the baseline, six were unchanged and seven had got worse since the baseline. The focussed discussion in this meeting was on frailty and neighbourhood health. The discussion covered the developing plans around neighbourhood health and demonstrated how a large proportion of emergency hospital admissions come from a relatively small number of patients. The ICP also heard about the Medway Intensive Support Team (MIST) and how this supports individuals with multifaceted needs including mental health, homelessness, substance misuse, house invasion, repeat housing difficulties and hoarding; also, about the strengths-based practice work that is aiming to address hospital discharge delays. There was further discussion about the use of assistive technology and the role of primary prevention, for example, falls prevention.
- 4.5.4. In December 2025, Outcome 5 was reviewed. Five indicators had improved since the baseline, two had got worse and one didn't have data available. The focus of the detailed discussion was on system work to address need, which covered how the Better Care Fund is being used to fund a number of projects to improve discharge planning, address provider challenges, improve assessments and pathways and specialist and community needs. Work on tackling mental health was described and discussed, as was the Home First model.
- 4.6. The indicators in the reporting framework are long-term strategic indicators, not short-term operational indicators, and most have targets for around 2028/29 and the data sources for some are only updated annually. Medway Council led the reporting of the indicators in 2025, and Kent County Council will take over when Kent County Council assumes leadership of the ICP.

## 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
Change in policy context	Diminished partner enthusiasm for the Integrated Care Partnership, the new NHS 10-year plan and neighbourhood health could make the Integrated	Medway has its Joint Local Health and Wellbeing Strategy, and neighbourhood health will be developed in Medway to help deliver the aims of the JLHWS.	BIV

Risk	Description	Action to avoid or mitigate risk	Risk rating
	Care Strategy irrelevant.		

For risk rating, please refer to the following table:

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

5.2. The accompanying report guidance provides assistance in completing this table.

## 6. Consultation

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

## 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 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.

## 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

None

### Background papers

None