Kent Housing Group
The Voice of Housing in Kent

Housing, Health, and Social Care Subgroup Meeting- To Review Purpose.

3rd December 2024

Kent Housing Group
The Voice of Housing in Kent

What, how why - Kent Housing Group?

What; A forum of all the district, borough, city, county and unitary Councils in Kent and Medway and most of the housing associations. Organisations pay to be members.

How; cooperation and partnership working – no hierarchy. Aim to deliver our Kent and Medway Housing Strategy.

Why; because we have shared purpose, challenges and can work better together

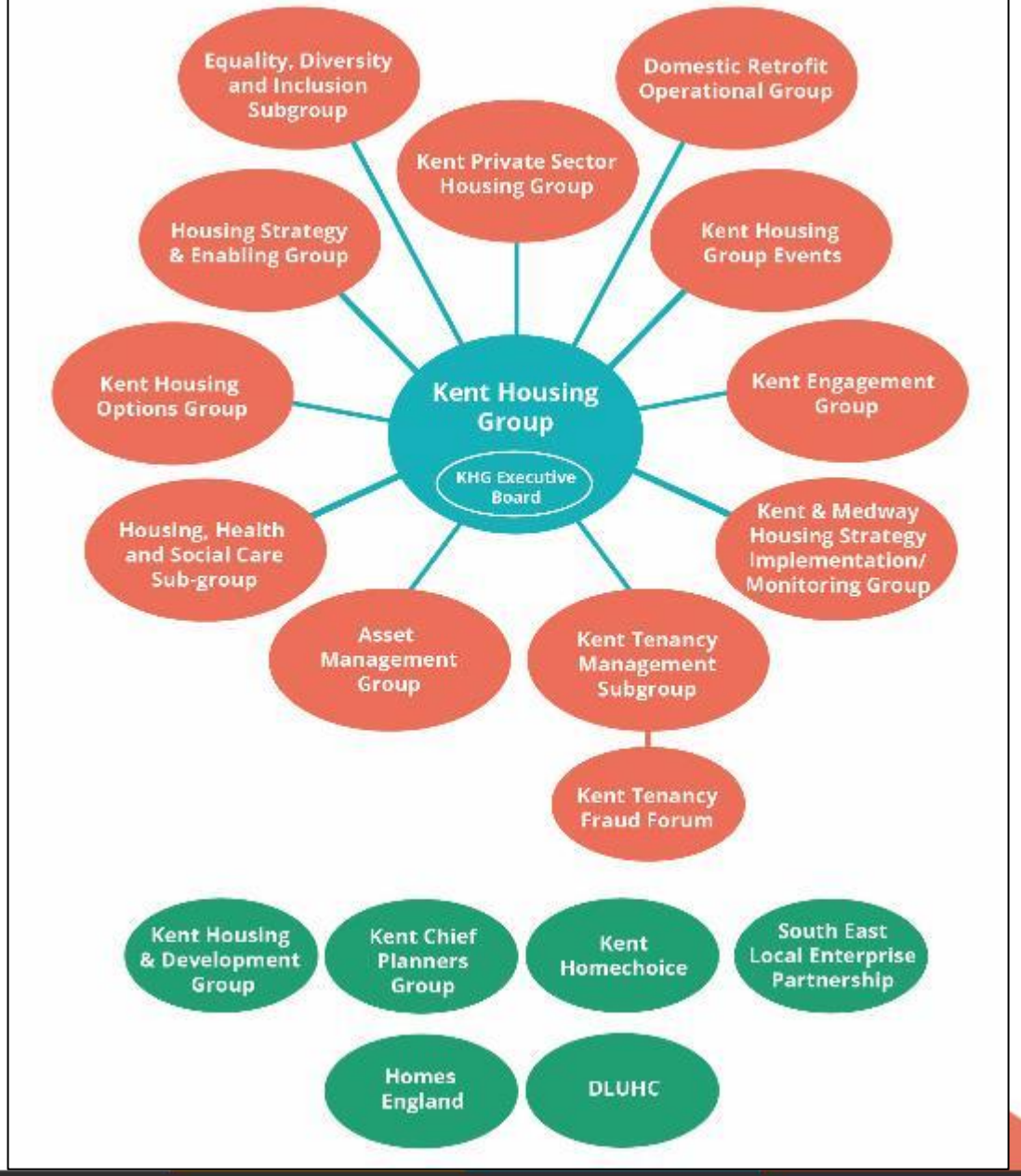
Kent Housing Group
The Voice of Housing in Kent

We have a Board for high level decisions

Main KHG that every organisation attends

10 subgroups where professional working in similar areas cooperate

Housing, Health and Social Care is a subgroup – with reps from housing, health and social care organisations



Kent Housing Group
The Voice of Housing in Kent

Setting The Scene

Thanet District Council

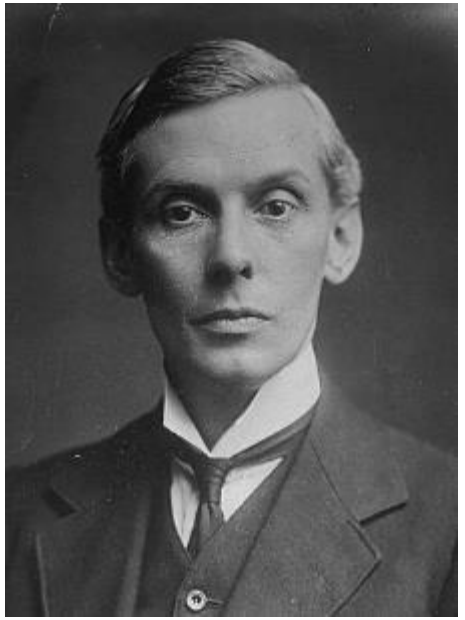
Local Authorities, Housing and Health

KHG Housing, Health, and Social Care Subgroup Meeting
3 December 2024

Overview: History of Local Authorities and Housing

Beginnings

- After the First World War councils began providing public housing en masse. **The Housing, Town Planning &c. Act 1919** provided central government subsidies for local authorities to finance the construction of hundreds of thousand of social homes.
- The aftermath of the Second World War again saw the government of the day embarking on an ambitious social house building programme in response to the need to build new homes and was one of the drivers behind the passing of the ***Town and Country Planning Act 1947***
- 25 years after the end of the Second World War, **3.1 million social homes were built by LAs.**



1980s and the shift in housing policy

- 1979 the new Conservative government desire for a “property-owning democracy”
- The Housing Act 1980 introduced Right to Buy and changes to LA capital financing
- 1988 LAs asked to transfer much of their stock to Housing Associations and steady growth of households in the Private Rented Sector.
- Overall, the period between 1980 and the 2000s can be characterised as a transition from mainly supply-side subsidies to demand-side subsidies to help tenants pay rent.

Overview: Social Housing Today and the Challenge for Local Authorities

- Social Housing delivery has dropped substantially by providers at all levels.
- There is huge demand for affordable housing.
- As of 27 November 2024 there are **1,347 households** on the Thanet housing register, in the 12 months previous to this date around **350 households were allocated social homes.**

- Like many housing authorities in recent years Thanet has experienced huge cost pressures through the provision of **temporary accommodation**. The most significant challenge that our team is facing.
- In July 2023, Thanet council approved an accelerated affordable housing development programme for at least **400 new homes, constructed or acquired by 2027, to be added to the authority's housing stock.**

Affordable Homes Programme Phase 4 :
49nr (EPC A) units across 4nr sites in Margate and Ramsgate

Dane Valley Arms, Margate
17no Affordable Rent Units:
7no. 1 bed 2 person units
6no. 2 bed 4 person units

Staner Court, Ramsgate
11no. Affordable Rent units:
9no. 3 bed 5 person units
2no. 4 bed 6/7 person units

Clements Road, Ramsgate
9no. Affordable Rent Units:
5no. 1 bed 2 person units
4no. 2 bed 4 person units

Tomlin Drive, Margate:
12no. Affordable Rent Units
8no. 3 bed 5 person units
4no. 4 bed 6/7 person units

Types of affordable housing – a.k.a. social housing

By and large there are two types… 'rent' or 'home ownership'

Specifically…

- Affordable rent
- Social rent
- Shared ownership
- First Homes(?)
- Discounted market sale
- Plus other new products and entrants… rent to buy… RentPlus etc…

Challenge… is affordable really affordable?

- Social rent up to 60% of market rate
- Affordable rent up to 80% of market rate
- Challenge of residents finding affordable properties in PRS (where rent rates increasing year-on-year) and in social sector (very low supply)
- Thanet acutely affected as an area with several communities with high levels of economic deprivation

Thanet, LAs and Enabling

- Tackling the crisis of affordable housing is not something a local authority can do alone. The Council helps enable housing projects of registered provider (RP) partners.

- Challenge: RPs are currently not buying up s106 properties (but this does give the council an opportunity to step in…)
- Priority: proactively engage with RP through 1-1 meetings, newsletters and forums.

Riverside

Orbit Homes
New build homes and developments

heylo

Town & Country Housing
Peabody Group

Places for People

LANDSPEED

Sage Homes

Moat

WestKent
Places to live. Space to grow.

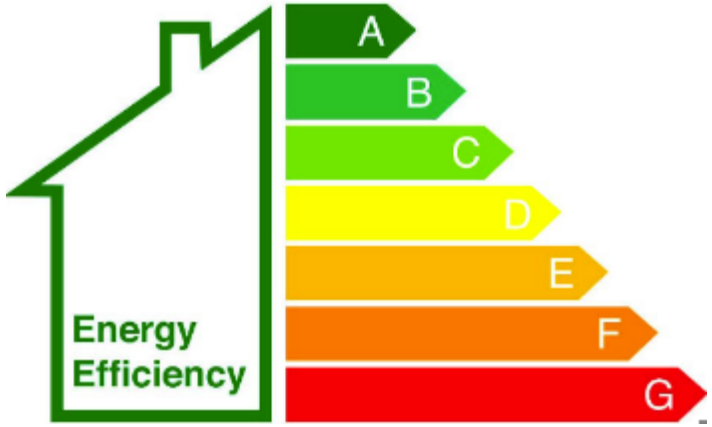
Health and Housing

- The intrinsic link between health and housing is keenly recognised.
- Awaabs Law - Council has policies in place on damp and condensation.
- A Key challenge is that Thanet has the **highest population percentage in Kent with a long term disability** (22.9% compared to national average of 17.5%).
- A disability impacts the type of housing a person needs (is it adaptable for essential equipment?) and disabled people are more likely to experience financial hardship and be in need of affordable housing options.
- Opportunity: Council can provide and enable properties that the market is unlikely to provide e.g., bungalows.

EPC A / Low Carbon New Builds: Fuel Bill Reduction and Positive Health Outcomes

Thanet and EPC A

- All Thanet Council land led developments will be made to EPC A standard



Energy Consumption:

- EPC A homes can reduce energy consumption by up to 50% compared to EPC C homes
- Lower energy consumption directly translates to **lower fuel bills for tenants**
- EPC A homes can save up to **£500 per year** compared to EPC C homes
- Over a 30-year period, an EPC A home can save **up to £15,000** on fuel bills
- Homeowners and tenants in EPC A homes are less vulnerable to energy poverty
- Warm homes and homes that save tenants money on fuel bills contribute to positive physical and mental health outcomes.

Older People's Housing and Social Care

- Need to respond to demographic changes, Thanet already has a higher proportion of those aged over 60 than the Kent average.
- People are presenting with multiple and more complex health and social care needs as they age .

- Challenge: how to meet the demand for housing that is affordable and meets the care needs of the residents?

- Multiple types and names of accommodation: independent living, extra care, sheltered. Is this too confusing and unattractive?

Farrow Court, Ashford

- Example of how we could meet future demand for affordable accommodation that meets health and care needs of a growing older population.
- Care ready, dementia friendly, enhance wellbeing, sense of community to tackle loneliness.

THANK YOU!

KHG Housing, Health, and Social Care Subgroup, 3rd Dec 2024

golding homes

Outstanding Services, Great Homes, Proud Communities

Registered Providers

Today:

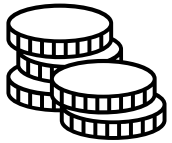
- What Registered Providers do
- Sector's current challenges
- Sector's top priorities

Role of Registered Providers

- Develop, own and maintain affordable housing
- Social, shared ownership, supported, market homes
- Tenant Support Services
- Invest in community services / community development
- Regeneration
- Reinvest income to deliver social purpose
- Collaboration with public services
- Comply with regulations:
  - Regulator for Social Housing
  - Housing Ombudsman

A challenging operating environment

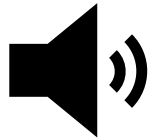
Interest rates and inflation



Income caps

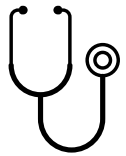
Construction challenges

Cost of living for customers



Reputational challenges

Competing pressures



Pressures on other public services

Labour market

Ageing population

Regulation

Sector's top priorities

Increasing Affordable Housing Supply

- Commitment to building new homes
- Including social rent, shared ownership and affordable rent models.

Investing in homes

- Decent Homes standard
- Sustainability & Decarbonisation

Damp and Mould

- Awaab's Law

Building Safety Management inc. fire safety

Tenant Engagement & Satisfaction

- Listen, Act, Scrutiny, Accountability
- Tenant Satisfaction Measures

Regulatory Compliance

Complaint Handling Code

Addressing Housing stigma

Safeguarding

Equity, diversity and inclusion

Innovation and Digital Transformation:

- Investing in smart technologies for property management.
- Enhancing digital services to improve tenant access and engagement.

Partnership Working

- Sustain tenancies / Homeless prevention
- Health & Wellbeing
- Contributions to neighbourhoods (clean, safe and green)

Summary

- The sector’s vital role in providing safe, affordable housing.
- Recognise of shared challenges across sectors.
- Commitment to collaborative solutions.

- **Call for Partnership:**
  - We’d welcome and encourage collaboration for mutual benefits

  - Some potential topics for collaboration:
    - ❖ Addressing housing need
    - ❖ Sustaining tenancies (partnerships and digital directories)
    - ❖ Health, wellbeing & safety (inc safeguarding and domestic abuse)
    - ❖ Fuel Poverty (affordable warmth)
    - ❖ Property Condition (hoarding and mental health)
    - ❖ Ageing Population
    - ❖ Understanding EDI and fair access to services (neurodiversity, suicide prevention, mental health).

Questions?

KHG Housing, Health, and Social Care Subgroup meeting Tuesday 3rd December 2024

Public Health

Dr Ellen Schwartz
Deputy Director of Public Health

Kent County Council
kent.gov.uk

What is Public Health?

"The art and science of preventing disease, prolonging life and promoting health through the organised efforts of society." World Health Organisation

www.fph.org.uk

Kent County Council kent.gov.uk

Public Health is many things

- A system
- A profession
- A method/ Approach
- Government Service
- The Health of the Public

The Core Domains of Public Health

- Evidence base
- Needs Assessment
- Clinical Effectiveness
- Efficiency
- Service planning and commissioning
- Audit & evaluation
- Clinical governance
- Equity

- Inequalities
- Family/community
- Lifestyles
- Health & wellbeing
- Wider determinants of health (e.g., housing, environment, employment, education)

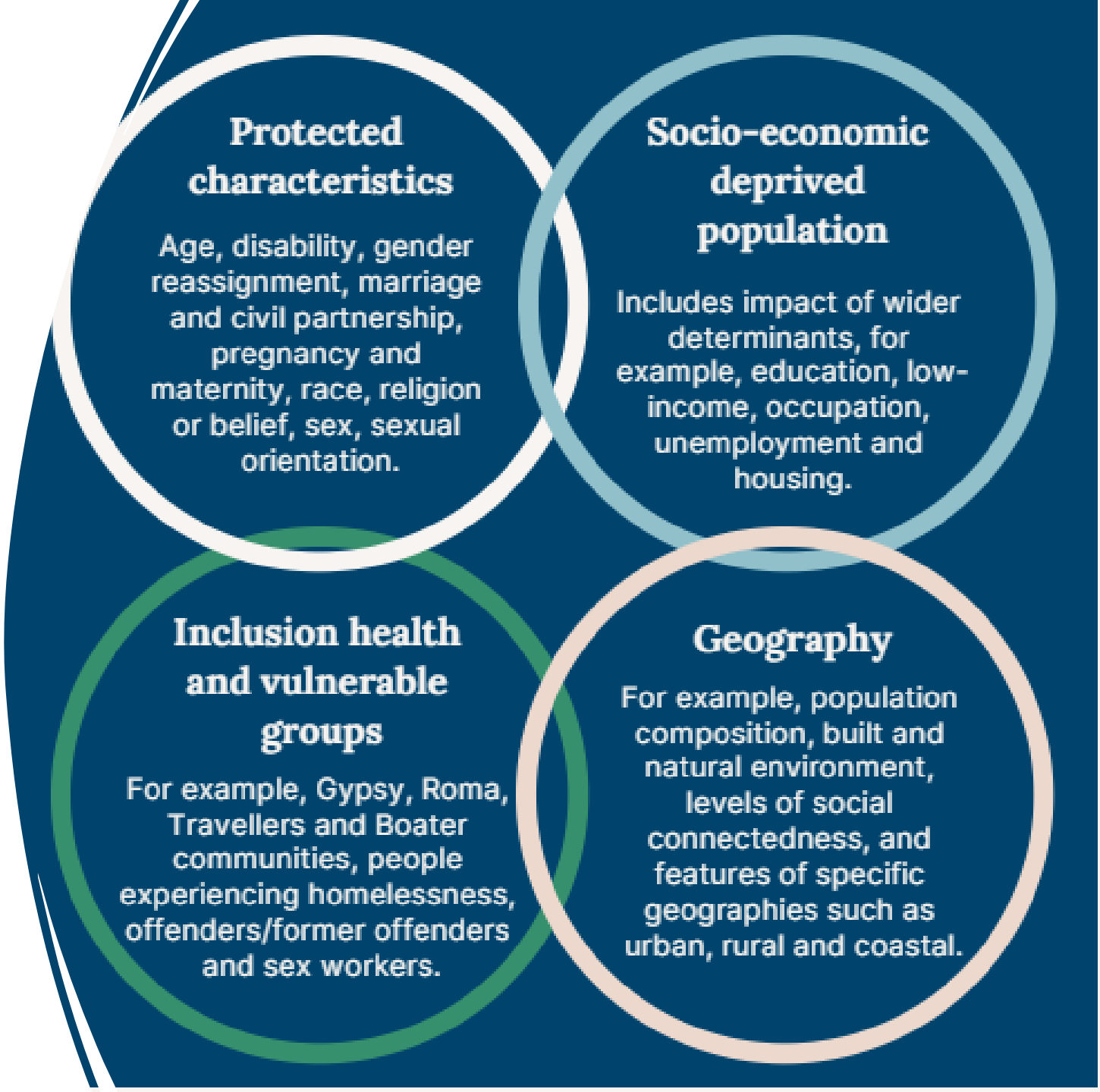
- Infectious diseases
- Immunisation and screening
- Chemicals & poisons
- Radiation
- Emergency response
- Environmental health hazards

Public Health:

- Works with populations, local authority partners, NHS, VCSEs, emergency services, environmental agencies, businesses & workplaces.
- Emphasises collective responsibility for health, its protection and disease prevention.
- Recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinant of health, as well as disease.
- Emphasises partnerships with all those who contribute to the health of the population.

Health Inequalities

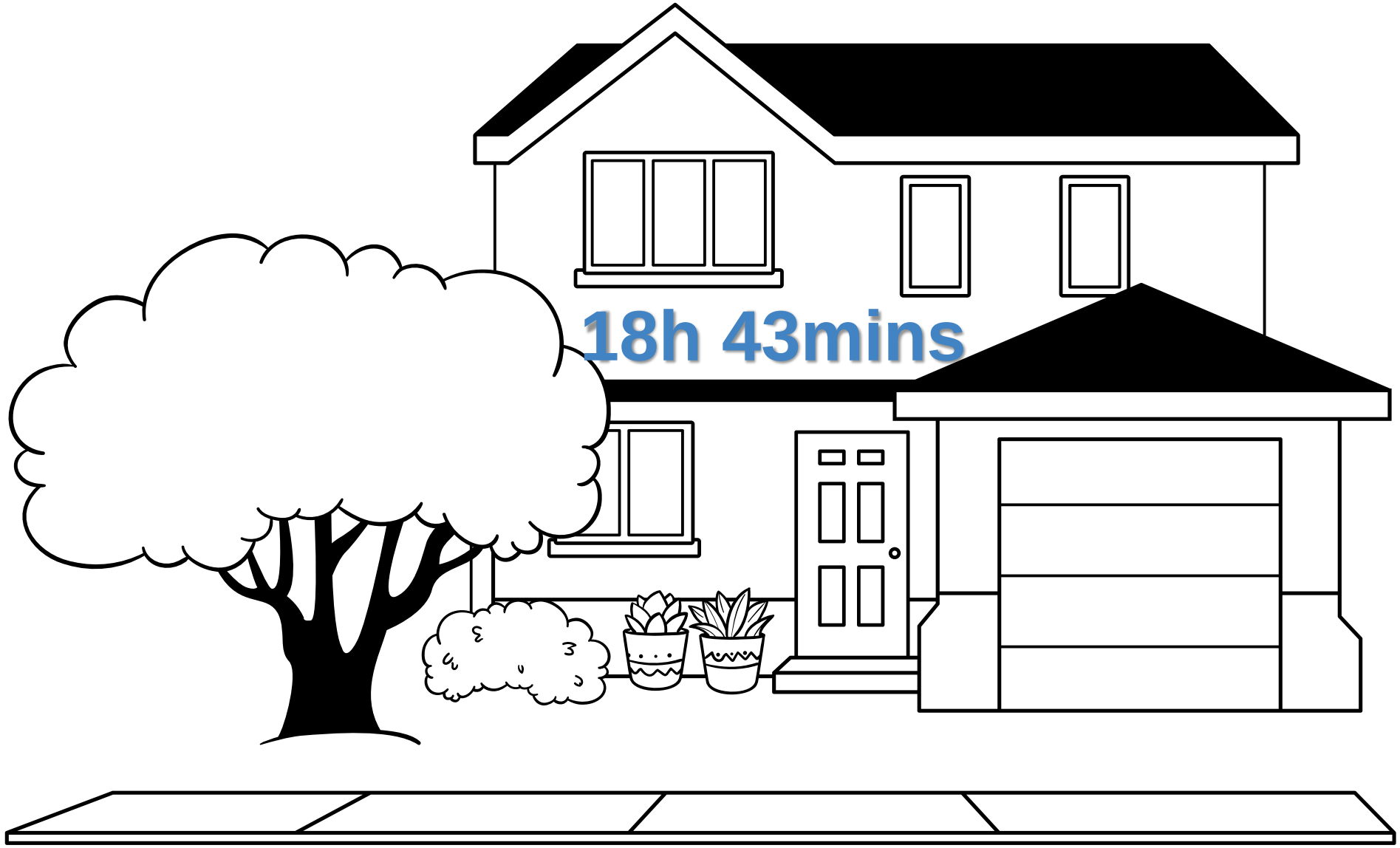
Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age.



Prevention

- **Primordial Prevention**: is about preventing the development of risk factors before their appearance.
- **Primary Prevention**: aims to prevent disease or injury before it ever occurs, even though the risk factors may be present.
- **Secondary Prevention**: aims to reduce the impact of a disease or injury that has already occurred.
- **Tertiary Prevention**: aims to soften the impact of an ongoing illness or injury that has lasting effects.
- **Quaternary Prevention**: are actions taken to avoid the overuse of medical resources by health professionals and patients.

Why Housing Matters to Public Health



Source: IPA Touchpoints 2023

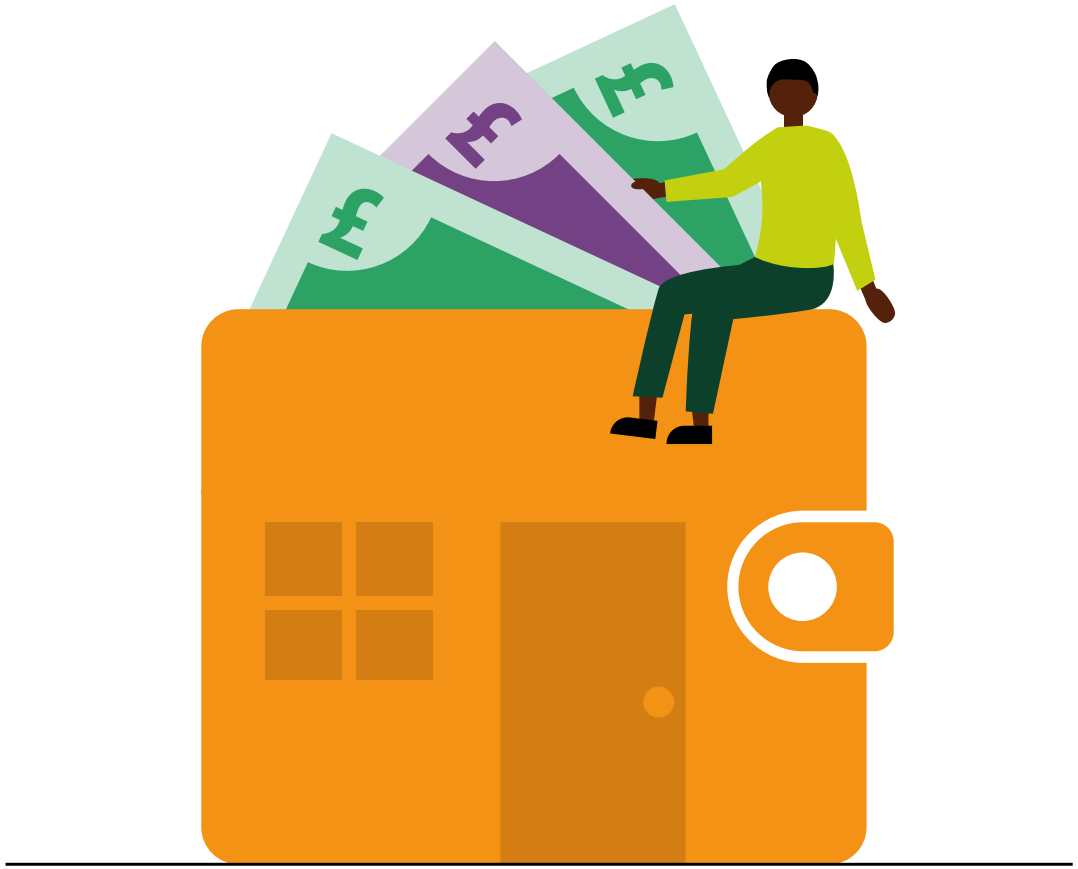
Robert Wood Johnson Model

SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

KCC Public Health commissioned the UCL Institute of Health Equity for the duration of 2 years to support the initial stages of the Kent Marmot Coastal Region Programme.

housing affordability

- Disproportionate impact on people with low incomes
- Overcrowding
- Stress and anxiety
- Less to spend on healthy food and social activities



Source: www.health.org.uk/what-makes-us-healthy

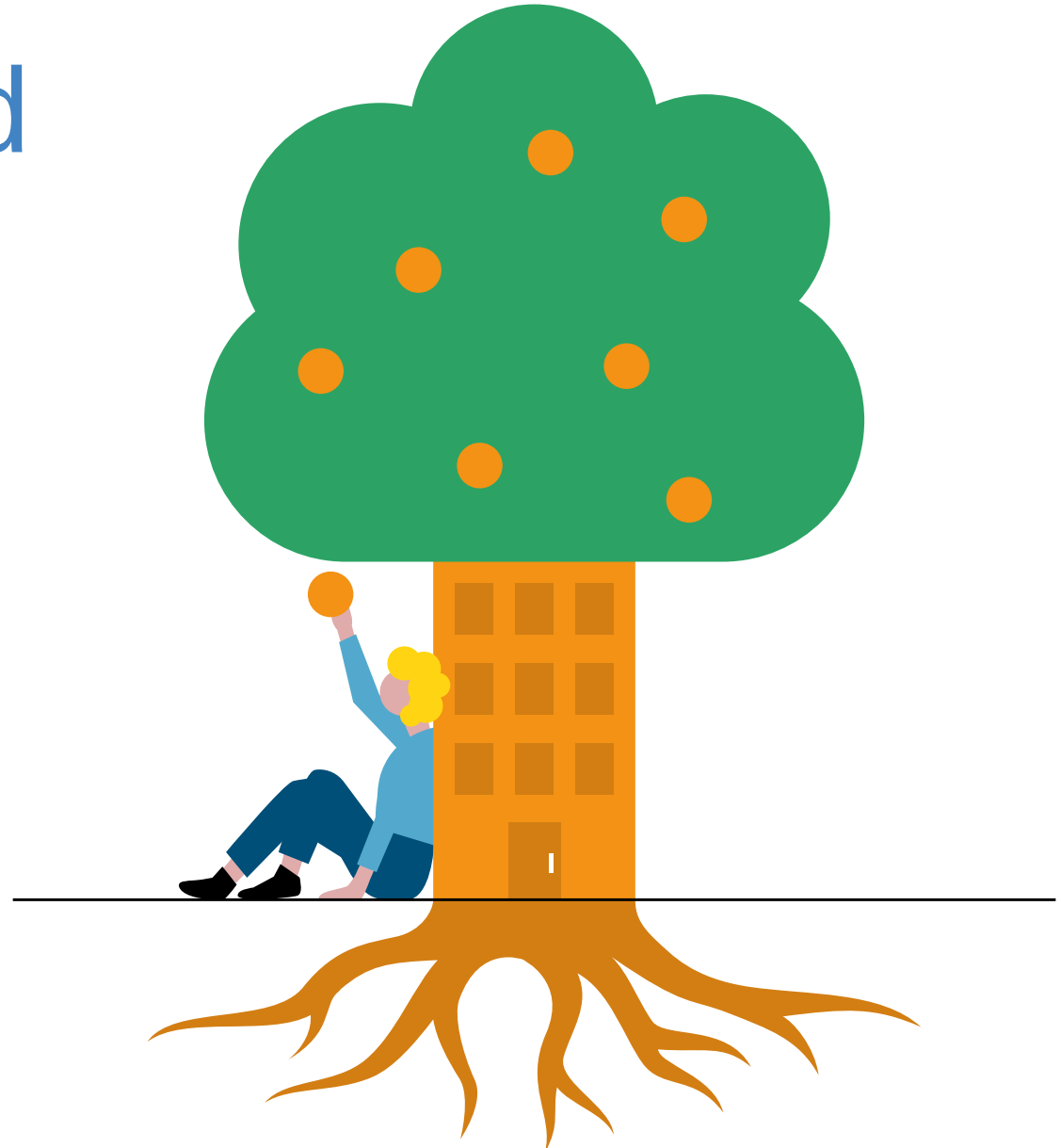
housing quality

- Living in a non-decent home is associated with worse health (particularly for private renters)
- Private renters are more likely to live in non-decent housing
- Cold or hard to heat
- Poor ventilation
- Overheating
- Stress and mental health
- Injuries (e.g. falls)
- Respiratory problems

Source: www.health.org.uk/what-makes-us-healthy

housing stability and security

- Private renters are 4 times more likely to have lived in their home for less than a year than owner occupied or social rented.
- Homelessness
- Stress and mental health
- Social and community networks and relationships
- Engagement with health and local services
- Disruption to education and employment

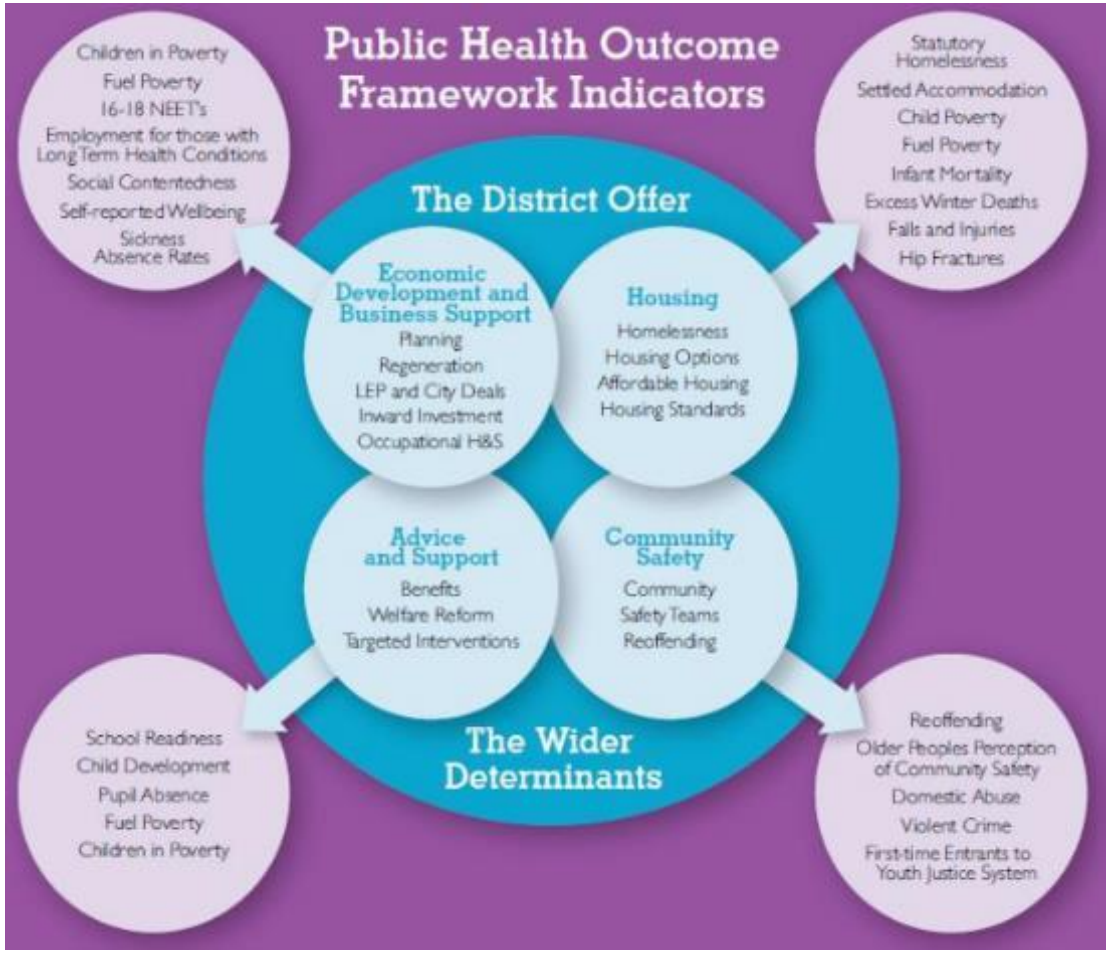


Source: www.health.org.uk/what-makes-us-healthy

UK Public Health Set up

- UK Health Security Agency
- Office for Health Inequalities and Disparities (OHID)
- NHS England
- **Local Authority Public Health**
  - Funded through Public Health Grant https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2023-to-2024/public-health-ring-fenced-grant-2023-to-2024-local-authority-circular
  - Commissioning Prescribed and Non prescribed services for e.g.
    - Sexual Health services
    - National Child Measurement Programme
    - Local Authority support to Health Protection
    - NHS Health Checks
    - Smoking Cessation, drugs & alcohol reduction, Mental Wellbeing, Obesity & Weight management
  - Strengthening the role of the entire local authority on health and wellbeing.
  - Emergency Planning
  - Public Health Intelligence
  - Public Health Advocacy
  - **Advice to NHS commissioners – Integrated Care Board**

District councils have a key role to play



Thank you for listening

With thanks to Paul Clarke (Public Health Specialist) and Bede Uzoegbo (Housing and Health Project Officer)

Making a difference every day

Adult Social Care

Kent Housing Group

Janice Grant, Assistant Director,

West Kent Adult Social Care

03/12/24

Adult Social Care

Kent County Council kent.gov.uk

Key legislation

- The Care Act 2014
- The Mental Health Act 1983
- The Mental Capacity Act 2005
- The Human Rights Act 1998
- The Equalities Act 2010
- The Health and Social care Act 2012
- The Data Protection Act 2018
- Children and Families Act 2014

Teams and services (not exhaustive)

- Approved Mental Health Professionals (AHMP)
- Deprivation of Liberty Safeguards (DOLs)
- Occupational Therapy
- Community Technicians
- Community Teams
- Safeguarding
- Early Discharge (MH discharge)
- Sensory Services
- Enablement Services
- Day Services
- Respite Services – Older People, Physical Disabilities and Learning Disabilities
- Blue Badge
- Technology Enabled Care
- Homes not Hospitals
- Short Term Pathways (Acute discharge)

Strategy - Make a Difference Every Day

Eligibility Criteria (national)

1. Managing and maintaining nutrition
2. Maintaining personal hygiene
3. Managing toilet needs
4. Being appropriately clothed
5. Being able to make use of the adult's home safely
6. Maintaining a habitable home environment
7. Developing and maintaining family or other personal relationship
8. Accessing or engaging in work, training education or volunteering
9. Making use of necessary facilities in the local community
10. Carrying out caring responsibilities for a child.

Occupational Therapy

Most work is preventative and includes front door, work with district and borough councils, NHS partners and equipment provision.

OTs are:

- involved with Hospital discharge, admission avoidance, reducing the dependence on double handed care/tailoring care to need and more.
- support Enablement provision.
- undertake urgent equipment provision
- are the first line of assessment and support for the prison population with an appearance of need.
- Disabled Facility Grant assessments

Challenges

Making a difference every day

- Budget
- Rising costs
- Workforce
- Demography
- Increased needs of those supported
- Safeguarding
- Available provision

Making a difference every day

Thank you for listening

Janice.grant@kent.gov.uk

Adult Social Care

Kent County Council kent.gov.uk

Occupational Therapy and Housing

Mel Miller- Principal OT, Kent County Council

December 2024

What is Occupational Therapy?

'therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation'.

(American Journal of OT, 2020)

In a nutshell:

We find ways to enable the person to do the activities in life that are important to them!

What does an Occupational Therapist In Social Care Do?

- Prevent, reduce and delay needs- under The Care Act (Adults)
- All ages and all conditions
- Reduce falls
- Promote and maximise independence
- Prevent hospital admission and support discharge
- Reduce need for formal care and dependency on formal carers
- Use a holistic and strengths-based approach- looking to maximise the skills
- Assess the environment to establish the barriers to independence and make recommendations to reduce and compensate for these

How do we do this?

- Environmental assessments- minor adaptations and specialist equipment
- Moving and Handling specialists- focus on reduced carer handling
- Reablement to develop/ regain skills- home and community
- Housing Needs recommendations- re-housing
  - ❖ environmental assessments, needs linked to function

How do we do this?

- Recommendations for Disabled Facilities Grants (Owner occupier, private rental, Registered social landlords) and Major Adaptations (Council Properties)
  - ❖Statutory duty under Housing Grants Construction and Regeneration Act (1996)
  - ❖Examples- ramps, lifts, showers, door widenings, wash-dry toilets, extensions
  - ❖Work with Council, client and Agent (Home Improvement Agency) to ensure bespoke for individual's needs

- Minor adaptations- County Technician or liaison with Council/Registered Social Landlords to install
  - ❖Minor Adaptations Without Delay- opportunity for residents to self-request direct to Providers to reduce delays and risks

A system approach to social regeneration.

‘The Art of the Possible’ Housing

Nikki Teesdale
Director of Health and Care Integration.

Medway and Swale
Health and Care Partnership

Social Regeneration

Place Based Action

How do we reduce inequalities?

- The Health and Wellbeing Gap
- The Care and Quality Gap
- The Funding and efficiency Gap

How do we build a place-based ecosystem that bridges relationships between Partners?

- Curiosity
- Generative Listening
- Trust, respect, understanding and appreciation of each other

How do we as a system strengthen our ability as partners to support and advance community driven solutions?

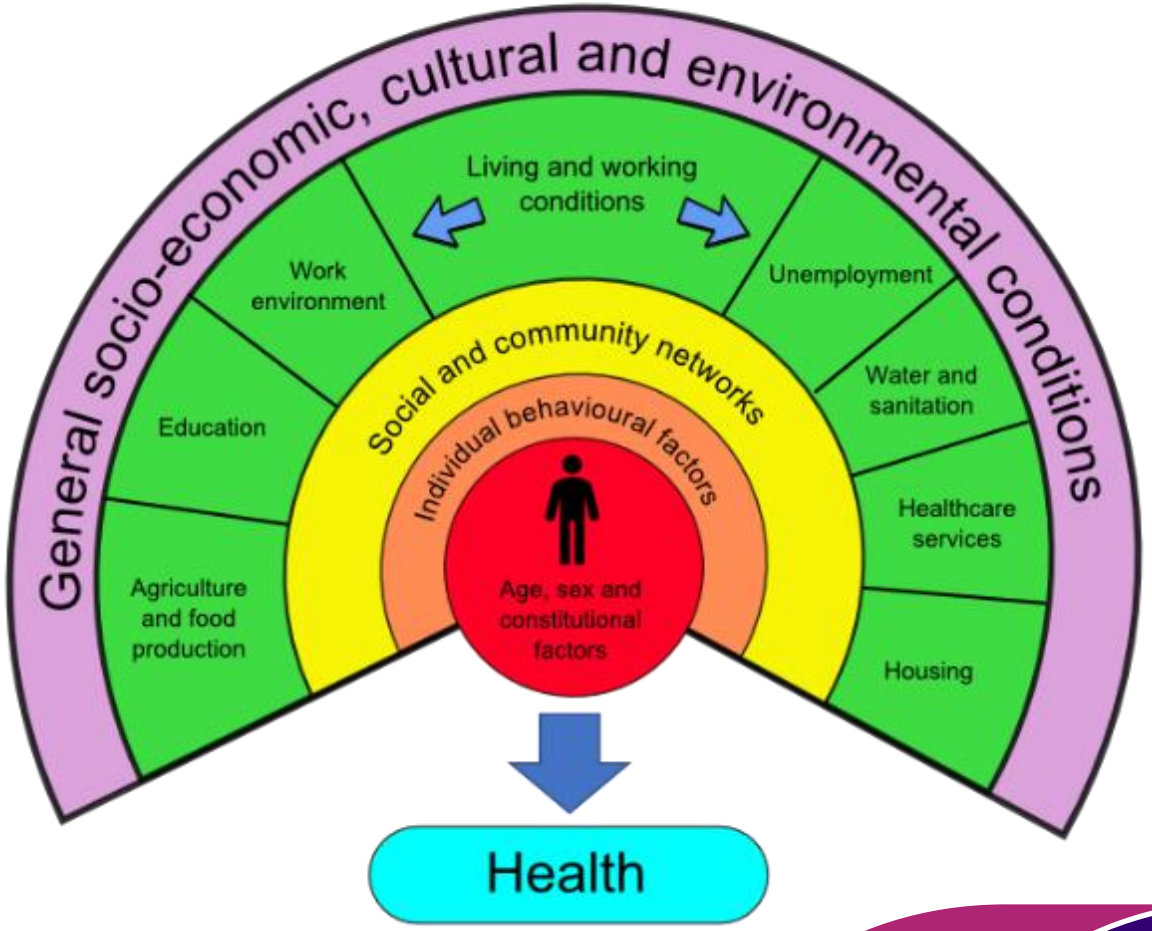
- Expanding partnerships between sectors
- Embracing technology for comprehensive data management
- Advocating for policy changes to support determinant-focused interventions
- Resource allocation and joint funding opportunities

How do we ensure sustainability at Place, outside of the political cycle and not impacted by organisational change?

Medway and Swale
Health and Care Partnership

Funding at Place – the art of the possible

Factors attributing to our health



Medway and Swale
Health and Care Partnership

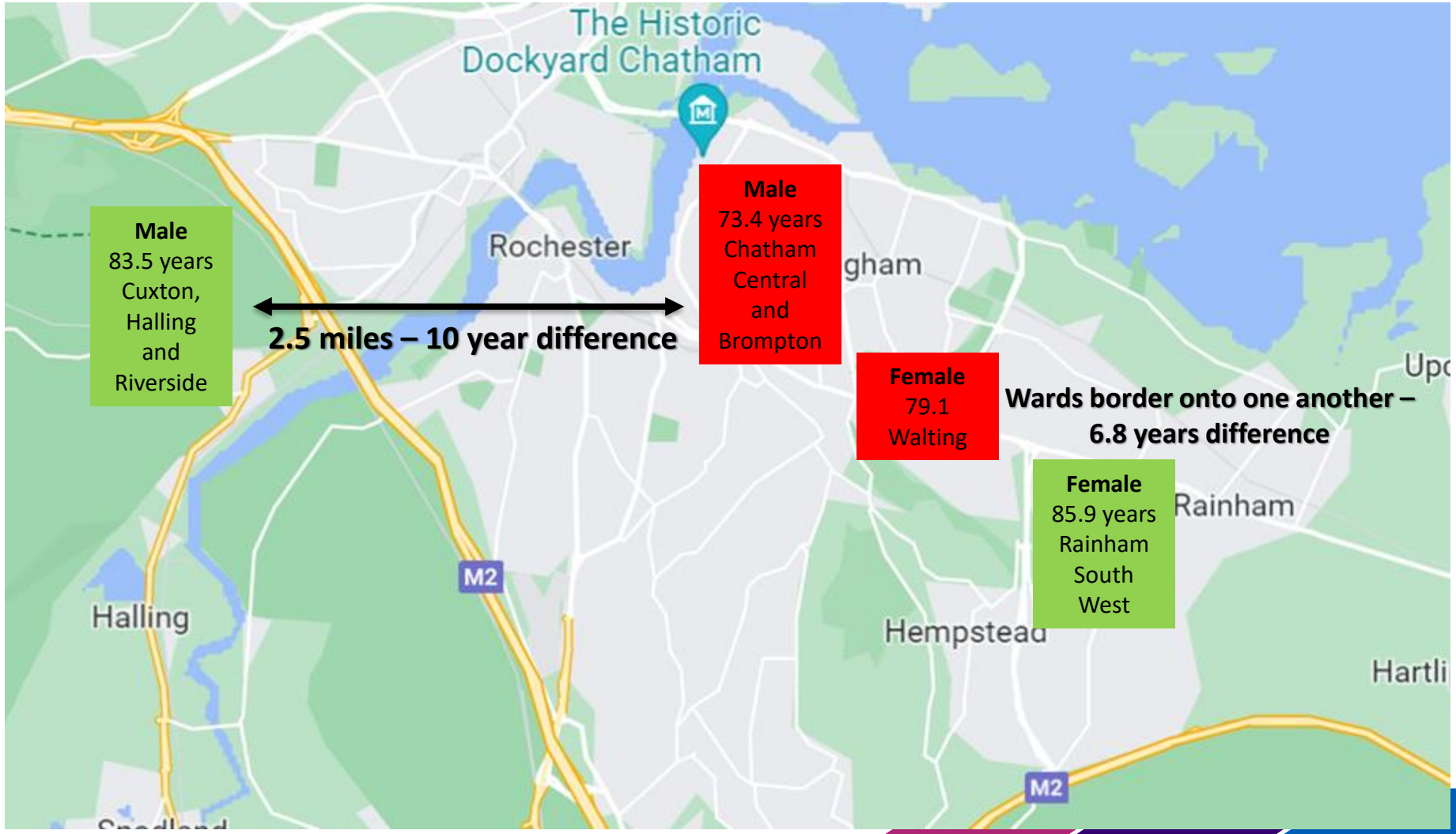
Summary: Medway Central

Compared with England: Better Similar Worse Not compared
Compared with England: Lower Similar Higher

Indicator	Compared to England
Pupil absence primary	Worse
Unemployment	Worse
Fuel poverty	Similar
Life expectancy (Female)	Worse
Life expectancy (Male)	Worse
Smoking prevalence	Higher
Year 6 excess weight	Worse
Obesity prevalence	Higher
Alcohol admissions	Worse
Prescribed antibiotics	Lower
Breast screening	Worse
Cervical screening	Worse
Bowel screening	Worse
Low birth weight	Better
A&E attendances (0-4 years)	Worse
Asthma admissions (<19 yrs)	Similar
Self-harm admissions (10-24 yrs)	Worse
CHD prevalence	Lower

Indicator	Compared to England
Stroke prevalence	Lower
PAD prevalence	Lower
Heart failure prevalence	Lower
AF prevalence	Lower
Hypertension prevalence	Lower
CKD prevalence	Lower
Cancer prevalence	Lower
Diabetes prevalence	Similar
COPD prevalence	Lower
Serious mental illness prevalence	Similar
Depression prevalence	Higher
Dementia prevalence	Similar
ACSC admissions	Worse
All cause mortality (<75 yrs)	Worse
Cancer mortality (<75 yrs)	Worse
Circulatory mortality (<75 yrs)	Worse
Osteoporosis prevalence (>50 yrs)	Similar
Hip fracture admissions (>65 yrs)	Worse

Intra-Borough Disparities – Life Expectancy



Medway and Swale
Health and Care Partnership

Housing and Health

- **Non-decent homes** include problems such as damp and cold which can lead to or worsen pre-existing respiratory disease.
- **Overcrowding** risks close-contact infectious diseases such as gastroenteritis and diarrhoeal diseases. Other impacts include sleep disturbance and mental health, including psychological stress.
- **Poor affordability** can lead to stress and influence mental health. Non prioritisation of health and wellbeing. Estimated 9.6m people living in fuel poverty

Poor housing costs NHS at least £1.4bn annually

Each of these problems can influence health separately. Experiencing more than one of these problems risks further harm to health.

- **Homelessness** - The cost-of-living crisis is pushing more people into homelessness. Becoming homeless and living in temporary accommodation is an extremely stressful experience, linked to multiple mental and physical health problems.

Local context - Medway

- Housing affordability – 8.7 ratio house price to annual wage
- House prices have increased by 23.3% over last 5 years
- 784 households in temporary accommodation
- Many families on housing register will wait many years before they can be offered a home
- 806 children classified as homeless
- 1 in 10 people in our patch live in social housing – direct correlation with high levels of fuel poverty.
- 600 families housed per annum in social housing, 32% previously homeless
- ROUGH sleeping numbers approx. 76 - increase of 56%

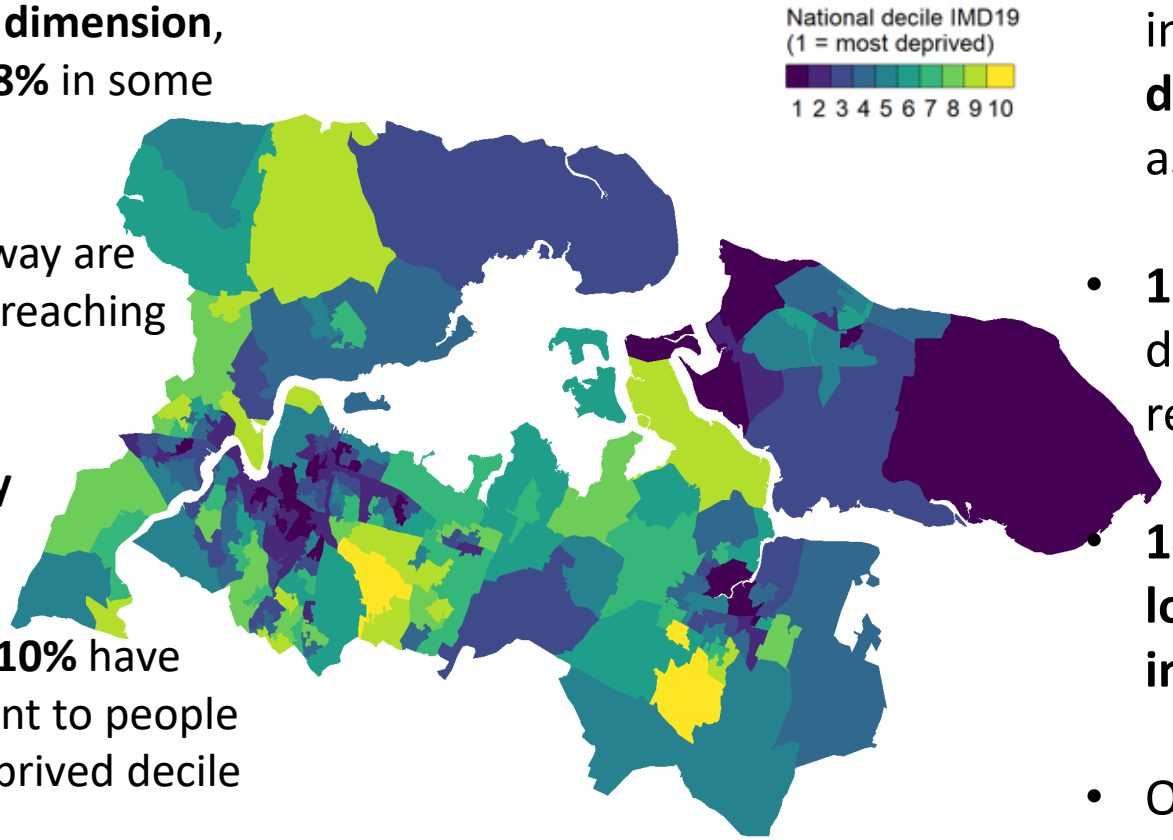
Local context – Swale

- Proportion of rough sleepers in Swale in 2013 was 4.9%, which has increased to 8.8% in 2022
- On average 13.3% of households in Swale are socially rented, however 37% are socially rented in Sheerness West Ward
- 3.6% of households in Sheerness do not have central heating
- 4.7% of households in Swale have an occupancy rating of -1 rooms

Medway and Swale
Health and Care Partnership

Deprivation

- On average 34.5% of households in Medway are **deprived in one dimension**, though this is as much as **47.8%** in some LSOA's
- **14.8%** of households in Medway are deprived in **two dimensions**, reaching as high as **40.0%**
- **13.8% of Children in Medway live in low income families.**
- People in the most **deprived 10%** have multiple morbidities equivalent to people 10 years older in the least deprived decile



Ministry of Housing, Communities & Local Government. English indices of deprivation 2019
Contains National Statistics data © Crown copyright and database right 2019
Contains OS data © Crown copyright and database right 2019
Produced by Medway Public Health Intelligence Team, Medway Council 2023-07-07

- On average **35.2%** of households in Swale are **deprived in one dimension**, though this is as much as **41.6%** in some LSOA's
- **15.8%** of households in Swale are deprived in **two dimensions**, reaching as high as **39.6%**
- **14.1% of Children in Swale live in low income families**
- Of the **85** neighbourhoods in Swale, **21** were among the **20 percent most income deprived in England**

Impactful Solutions: Meet Jaden

Demographics

- Caribbean 6-year-old male
- Lives in a high area of deprivation (which is a national outlier for Childhood Asthma outcomes)

Medical history

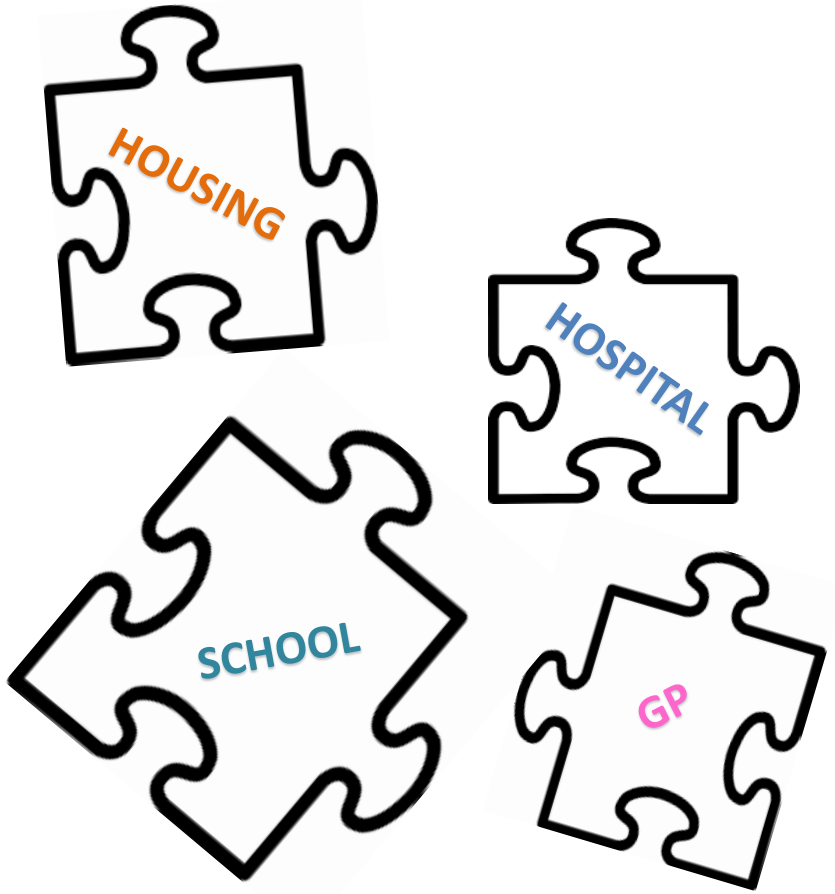
- Regular attendances to A&E
- Excessive use of blue emergency inhaler (salbutamol)
- Repeated emergency GP appointments

Social

- Lives in social, tower block flat with mould on the walls and ineffective electric heating or water system
- Windows are single glazing and have visible cracks in the window frame
- Unable to pay most recent energy bill and is in debt with the energy provider
- Mum attends the local community centre and accesses the foodbank

Home

- Lives at home with his Mum who is a single parent
- Poor school attendance due to parental concerns of the ability of the school to manage Jaden's condition
- Jaden's mother is a smoker but states that she smokes outside



WIDER SUPPORT

ASTHMA FRIENDLY MEDWAY & SWALE

JADEN

- Parent education sessions
- Personal, social, health and economic (PSHE) lessons
- Targeted training for GP's, Practice nurses.
- Training to local charities EG; Green Doctors
- Training offered to Social Care
- Woking with young carers

- Asthma Friendly Schools
- Asthma Friendly Children Centres
- Asthma Friendly Sports Clubs
- Anaphylaxis and Asthma training delivered to Sports Clubs and Schools
- Impacts of poor housing conditions on Asthma training and support delivered to local housing providers

- Collaborative working with the Sheppey food bus to deliver an Asthma service to the most underserved communities in Sheppey
- Supporting Cookham Wood in becoming Asthma Friendly, delivering training, empowering staff
- Launch of Paediatric Asthma prescribing guidelines
- Asthma discharge packs for primary and secondary care (Aimed at Parents)
- Collaborative working with Medway Parent Carer forum to support Children with Special Educational Needs
- Collaborative working with SECAmb (South East Coast Ambulance)
- Nurse attending family events and groups to share asthma key messages
- Supporting and attending Community Development Forum meetings
- Nurse attending food banks to offer Asthma support and education
- Supporting GP practices to identify at risk children
- Collaborative working with Air Quality and Eco Hubs

Housing and Health: Projects in progress

Empowering Respiratory Health

Management of Conditions and Household Energy Advice with Green Doctors
Training for 250 staff including HCRG, MCH and DGS colleagues.

Frailty Training

Co-design and delivery of frailty training for largest social housing provider in Medway's frontline staff to help identify people who are frail.

Household Energy Advice and Support

Working with National Energy Action - Warm Homes Healthy Futures to enable health professionals to refer those in our local community who need help and advice.

Hoarding and Hospital Discharge

Discussions with Housing Associations to look at hospital discharge for residents identified as hoarders.

CYP Asthma Training Awareness

Delivered to 33 employees of the largest social housing provider in Medway to educate how to spot poorly controlled asthma and where to signpost for support.

Medway and Swale
Health and Care Partnership

Transforming health and social care in Kent and Medway

NHS
Kent and Medway

Housing and Health

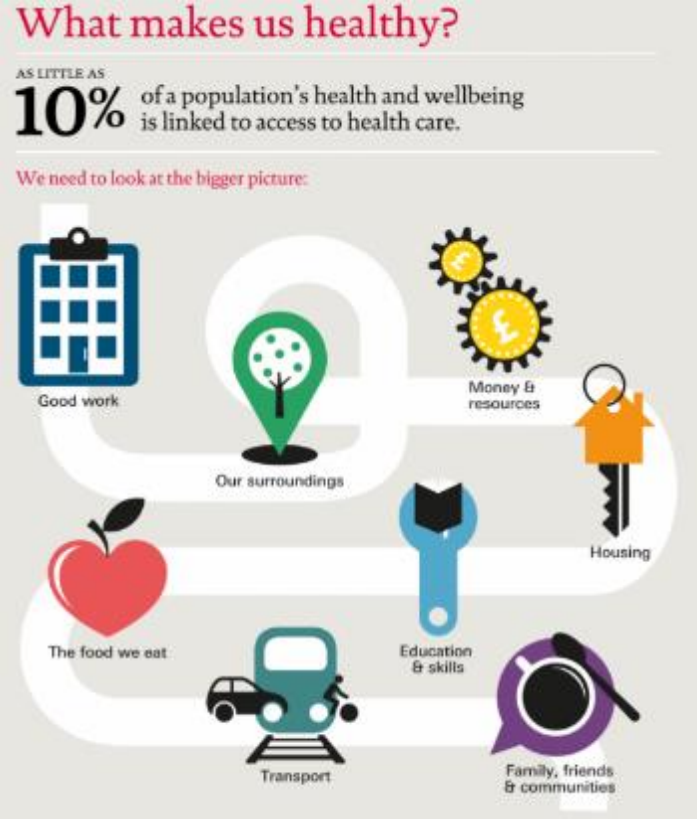
Dr. Malti Varshney
Director of Strategic Change and Population Health
03/12/24

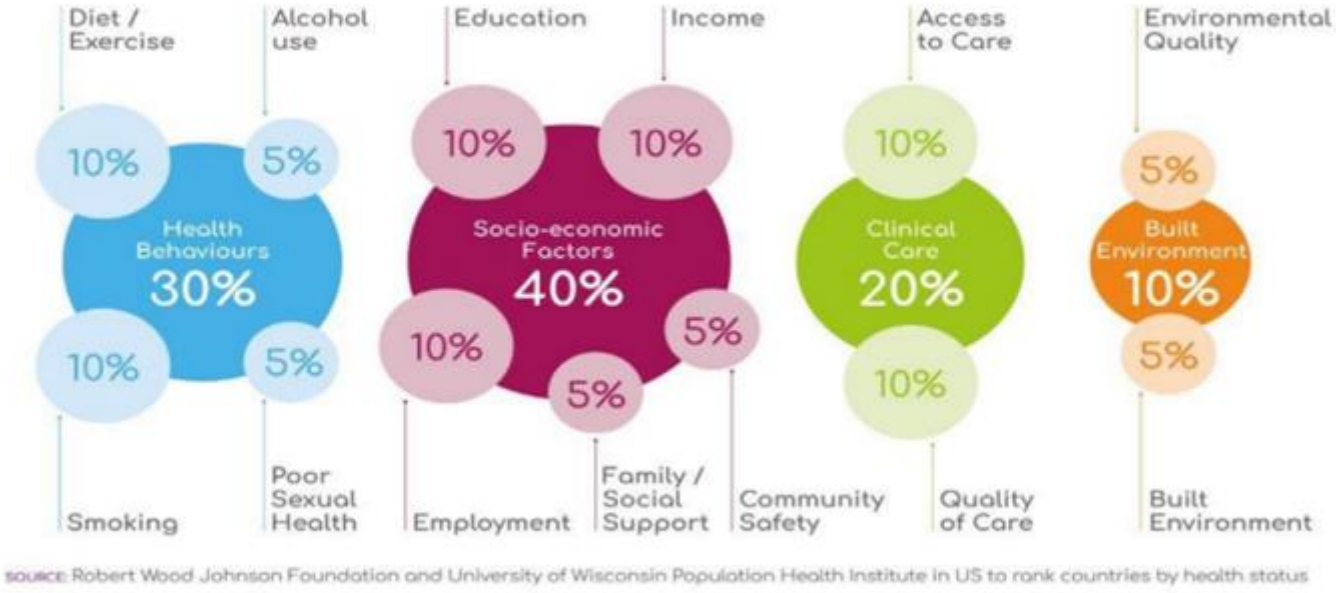
NHSE

[Integrated care systems (ICS) | NHS Confederation]

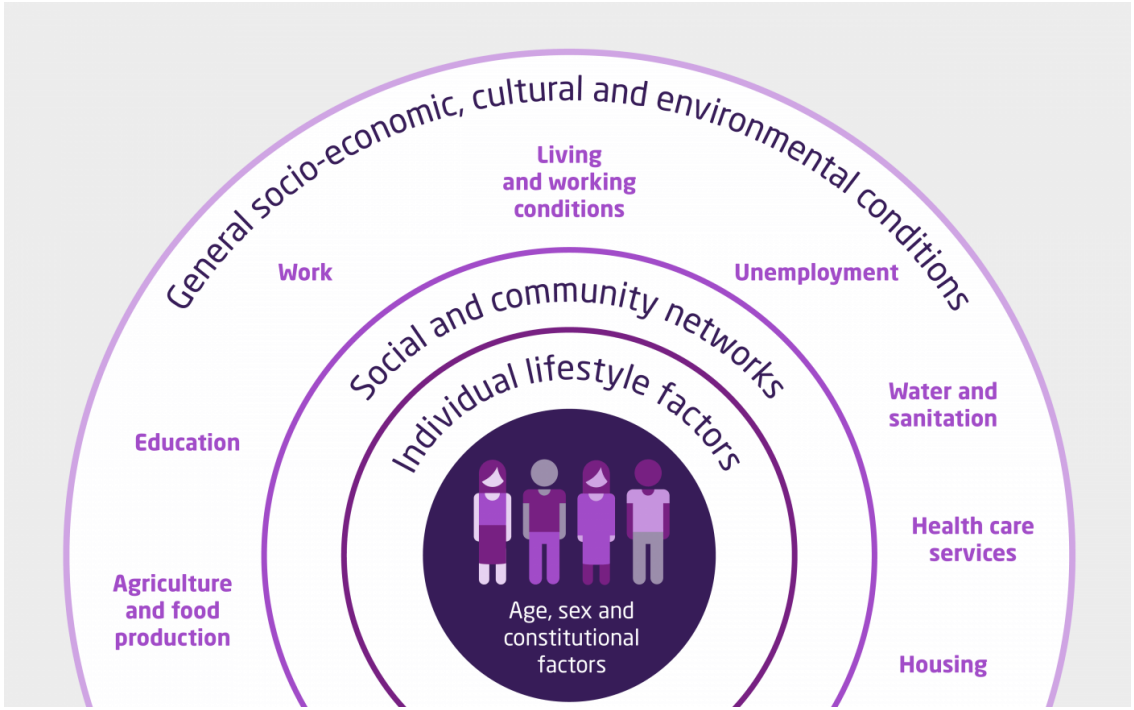
80% of life outcomes are driven by the wider determinants of health

- Health has to be **everyone's business**
- Addressing **health inequalities** is vital
- **Strong partnerships** at local and regional level between the NHS and local government will be essential



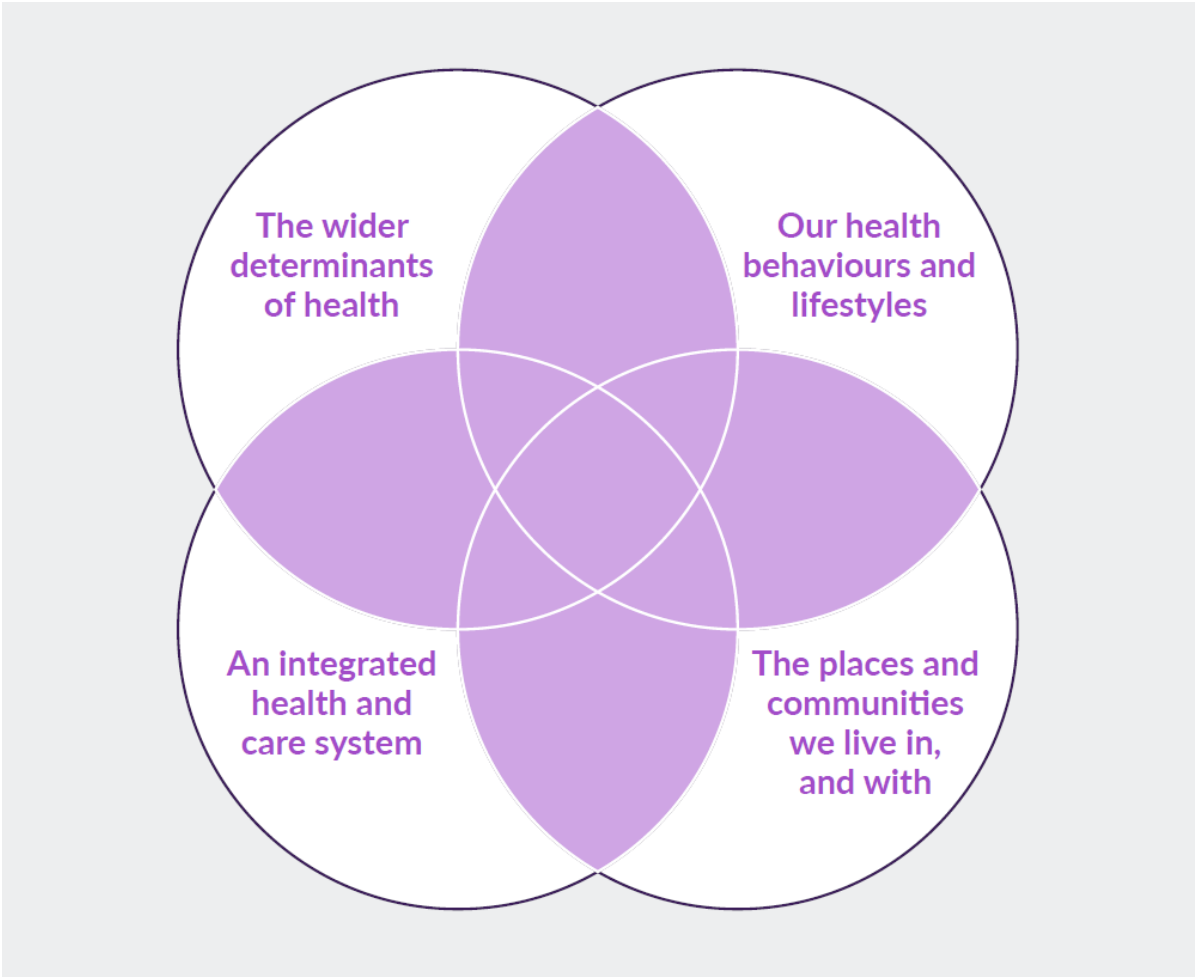


The Health Foundation



Population's Health

Population Health



European strategies for tackling social inequities in health: Levelling up Part 2 (who.int)

A vision for population health | The King's Fund (kingsfund.org.uk)

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Cross-body membership, influence and alignment

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Influence (ICB)

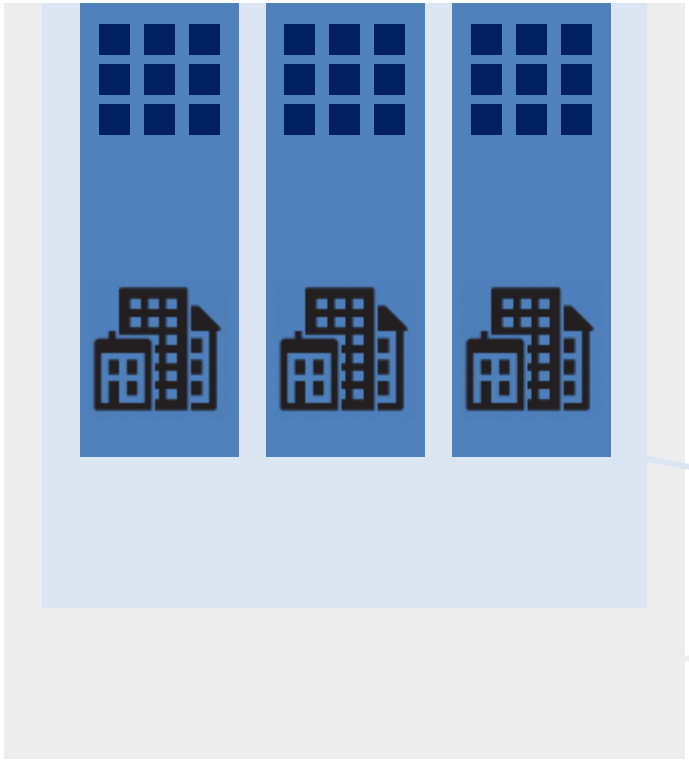
Influence (ICP)

Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Usually covers a population of 1–2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250–500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30–50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

The King's Fund

This will be delivered by breaking down the historic divide between primary, community, social and hospital care



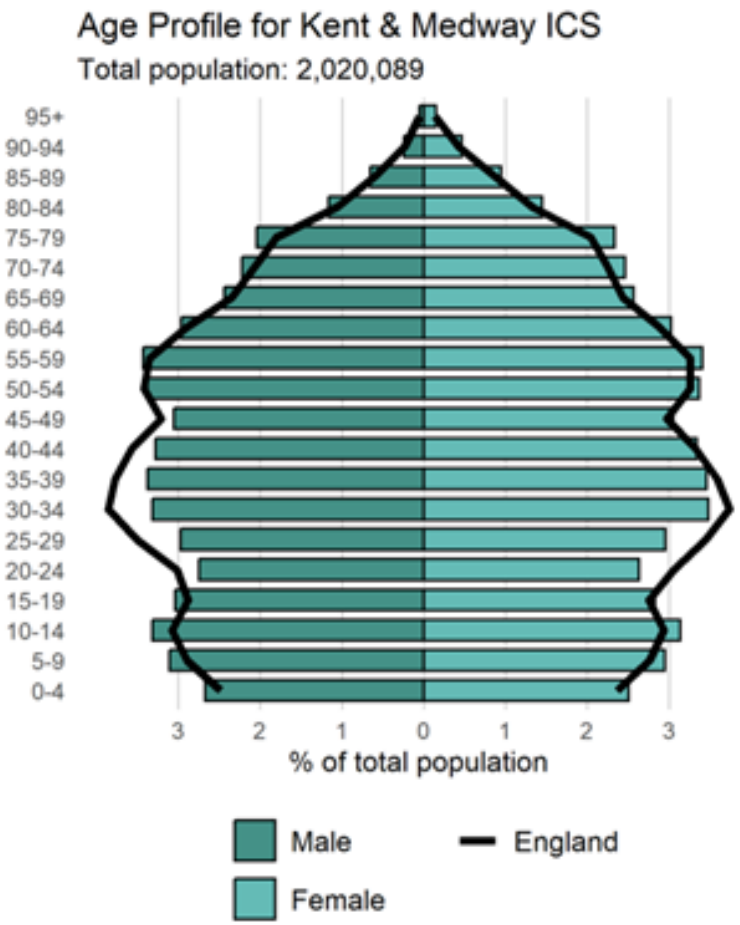
Level	Pop. Size	Purpose
Neighbourhood	**~50k**	• Primary care network • Comprehensive MDT care • Proactive & integrated models for defined population
Integrated Care Partnerships	**~250-500k**	• Typically borough/council level • Integrate hospital, council & primary care teams / services • Hold GP networks to account
Integrated Care Systems	**1+m**	• System strategy & planning • Hold places to account • Implement strategic change • Manage performance and £
Region	**5-10m**	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

Each level performs specific functions under the following common headings

1. Leadership, engagement and workforce
2. Care redesign
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources

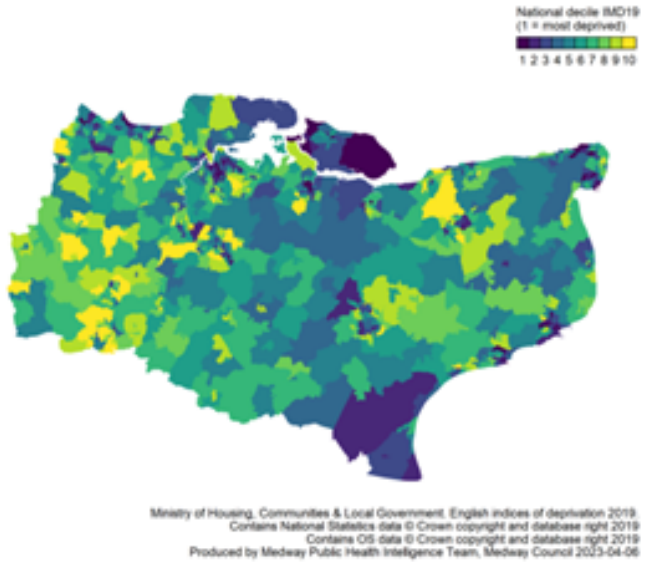
Kent and Medway

NHS
Kent and Medway

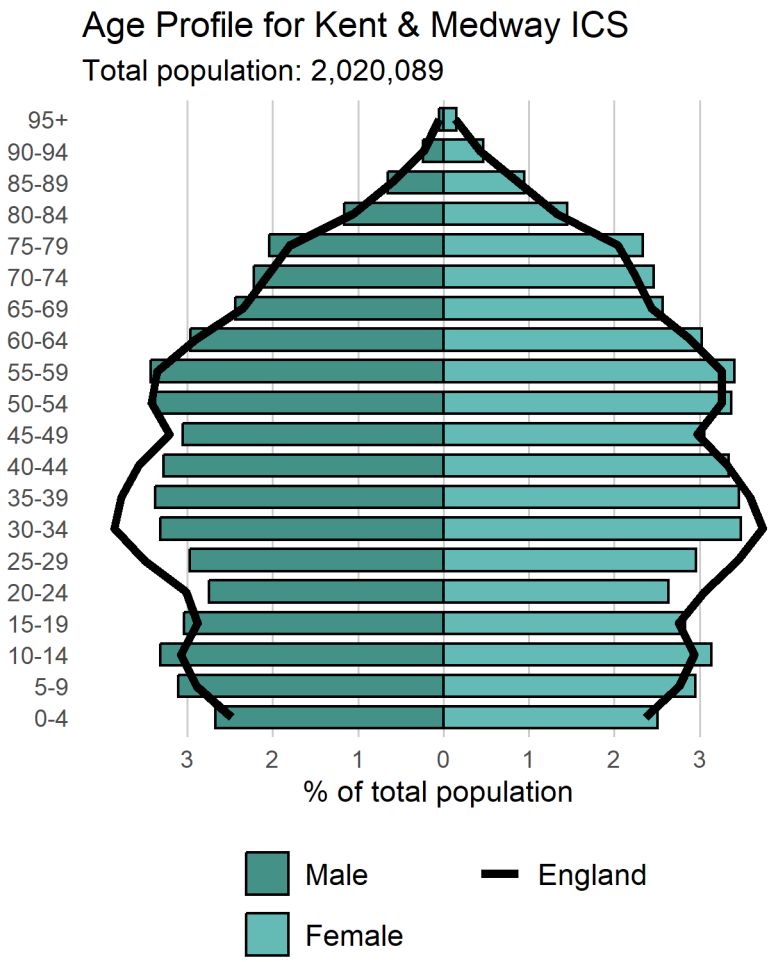


Source: NHS Digital. Patients Registered at a GP Practice. 01Jan2023

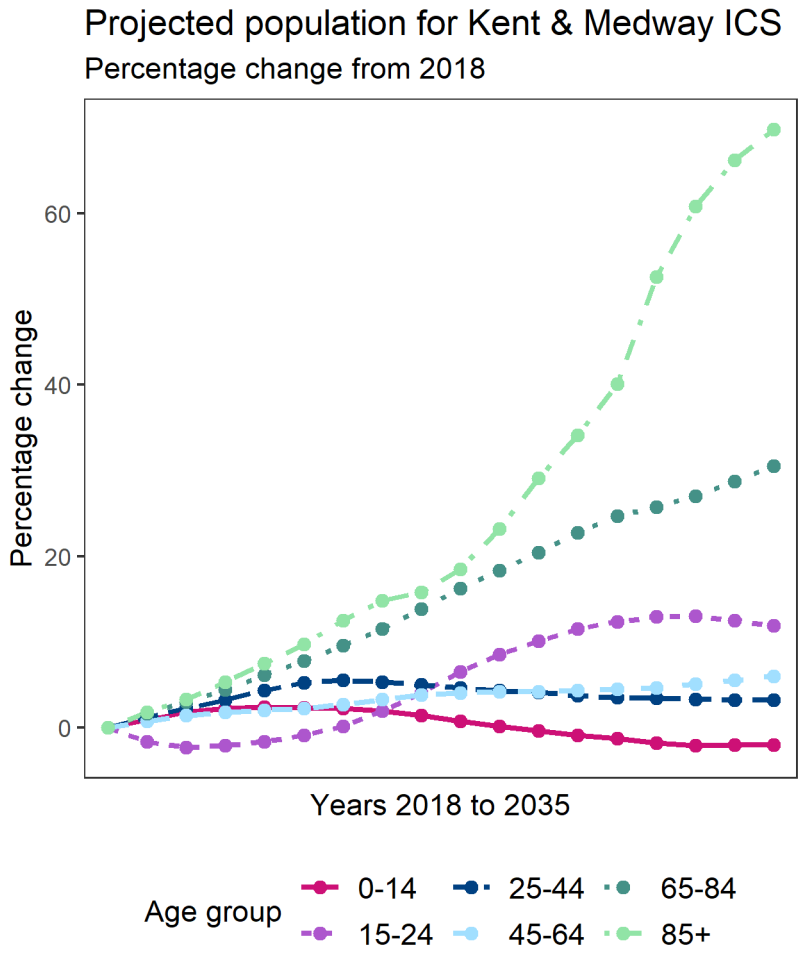
We have some of the most (bottom 10%) socially deprived areas in England. This correlates with the health outcomes achieved.



Population



Source: NHS Digital. Patients Registered at a GP Practice. 01Jan2023



Source: ONS. Population projections for local authorities. 2018 based.

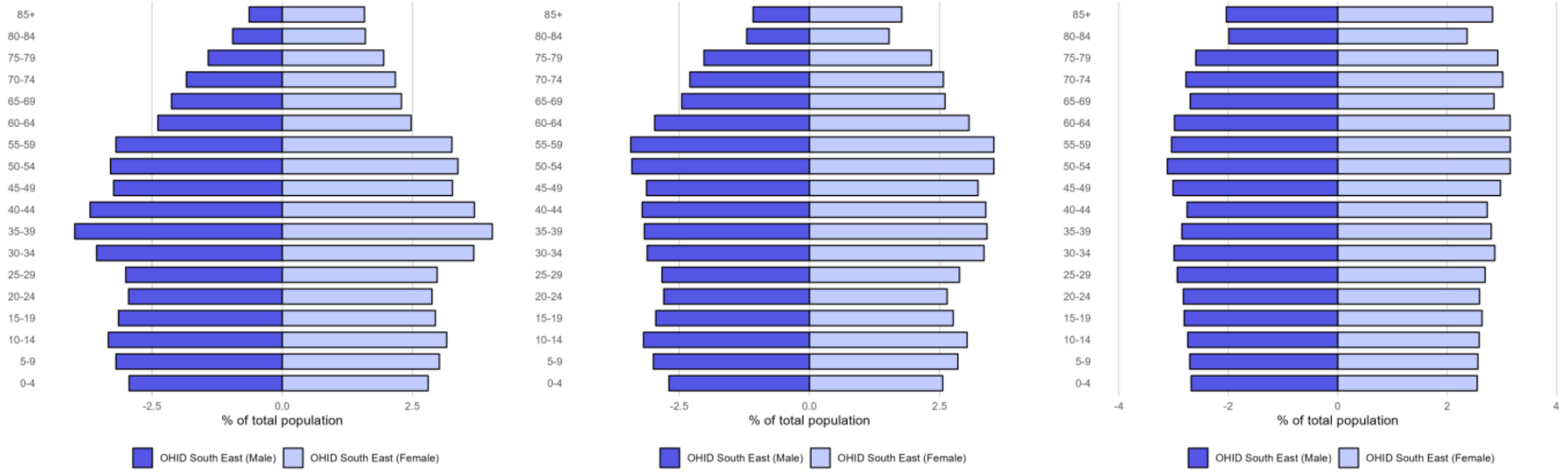
Note: Population projections have been calculated by aggregating the local authority districts in Kent and Medway ICS.

The 75+ population is increasing

2002 All-age pop: 7.8m; 75+ pop %: 8%

2022 All-age pop: 9.1m; 75+ pop %: 10%

2043 All-age pop: 9.6m; 75+ pop %: 15%

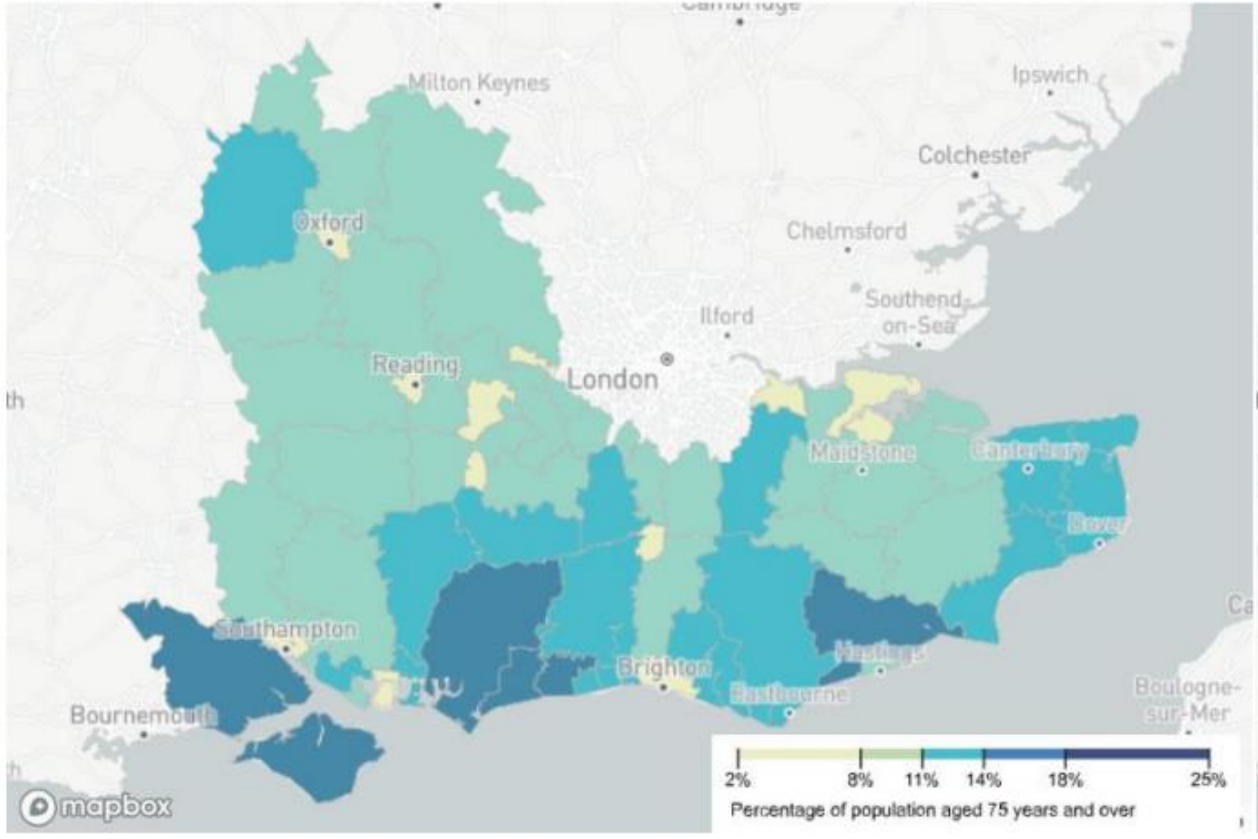


Source data: Office for National Statistics (ONS), 2002 and 2022 mid-year estimates, and 2018-based subnational population projections for 2043

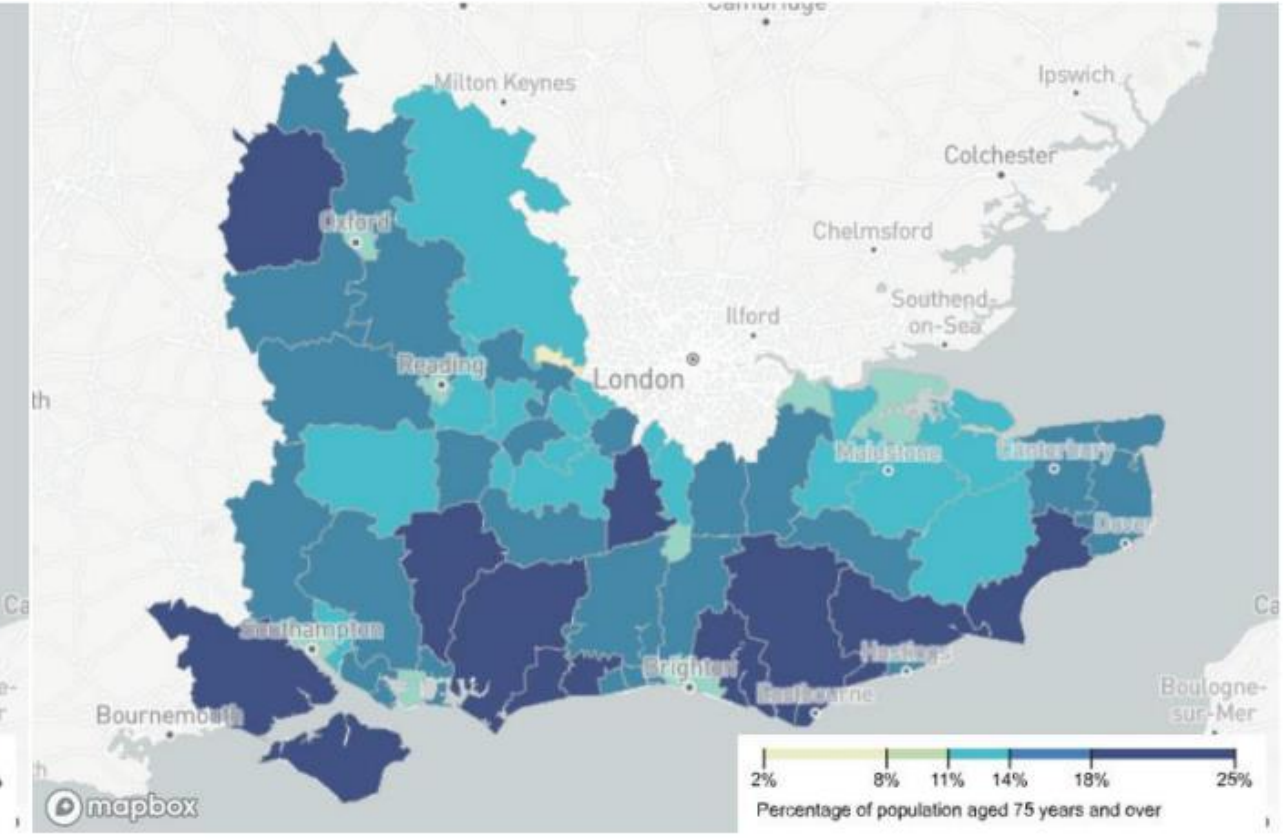
The 75+ population will increase in all areas but some will have much older populations than others

Projected distribution of the 75+ population

2022



2043



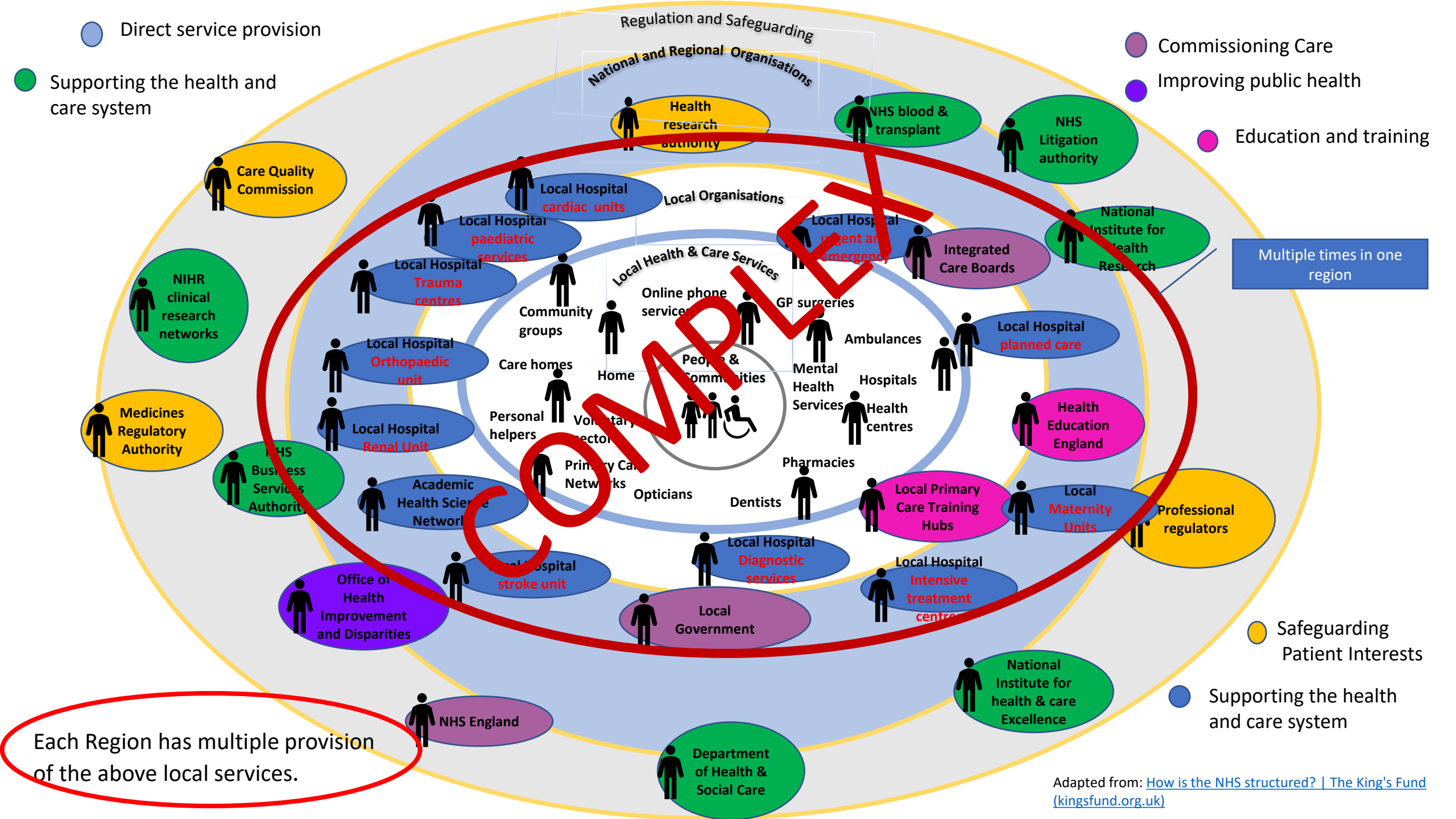
Source data: Office for National Statistics (ONS), 2022 mid-year estimates by local authority, and 2018-based subnational population projections for 2043
Geography: Districts and UAs (from April 2023)

Districts and Boroughs

Source Kings Fund [Driving Better Health Outcomes online version.pdf (kingsfund.org.uk)]

Kent and Medway System

1.9 million people	**2** Healthwatch organisations	Approx **4,000** registered charities	**90,000** staff working across health and care
13 housing authorities	Over **74,000** businesses and enterprises	**14** councils 1 county, 1 unitary, 12 districts	**184** GP practices in **41** Primary Care Networks
694 schools and **1,713** nurseries/early years settings	**4** Health and Care Partnerships	**325** pharmacies	**1** medical school and **3** universities
7 NHS provider trusts and **1** Integrated Care Board	**642** care homes	**321** parish and town councils	**1** Police Force and **1** Fire and Rescue Service


Direct service provision
Supporting the health and care system
Commissioning Care
Improving public health
Education and training
Regulation and Safeguarding
National and Regional Organisations
Health research authority
NHS blood & transplant
NHS Litigation authority
Care Quality Commission
Local Organisations
Local Hospital cardiac units
Local Hospital paediatric services
Local Hospital Trauma centres
Local Hospital urgent and emergency
Integrated Care Boards
National Institute for Health Research
Multiple times in one region
NIHR clinical research networks
Local Health & Care Services
Community groups
Online phone services
GP surgeries
Ambulances
Local Hospital planned care
Local Hospital Orthopaedic unit
Care homes
Home
People & Communities
Mental Health Services
Hospitals
Health centres
Medicines Regulatory Authority
Personal helpers
Local Hospital Renal Unit
Health Education England
NHS Business Services Authority
Primary Care Networks
Pharmacies
Academic Health Science Network
Opticians
Dentists
Local Primary Care Training Hubs
Local Maternity Units
Professional regulators
Local Hospital stroke unit
Local Hospital Diagnostic services
Local Hospital Intensive treatment centres
Office of Health Improvement and Disparities
Local Government
COMPLEX
Safeguarding Patient Interests
Supporting the health and care system
National Institute for health & care Excellence
NHS England
Department of Health & Social Care
Each Region has multiple provision of the above local services.
Adapted from: How is the NHS structured? | The King's Fund (kingsfund.org.uk)

Kent and Medway Integrated Care System

System
1.9m people

- At system level we come together at scale to set overall system strategy, manage resources and performance, share research and good practice, plan specialist services, and drive strategic improvements. **All** partners constitute the system. System-wide partners include NHS Kent and Medway, Kent County Council and Medway Council.

Places
260,000 – 720,000 people

- Alliances of health and care partners working together to design and deliver services to improve outcomes for the population of Kent and Medway, within delegated responsibilities and budgets. We have four place-based health and care partnerships in Kent: Dartford Gravesham and Swanley, East Kent, Medway and Swale, and West Kent.

Neighbour-hoods
Typically 30,000-50,000 people

- Local decision making and integrated teams to meet the unique needs of their populations – including local health and care organisations and the voluntary, community and social enterprise (VCSE) sector, primary care networks, community groups and community assets.

Kent and Medway Integrated Care System

Kent and Medway Integrated Care Partnership (ICP)

Members include: Kent and Medway Integrated Care Board (ICB), Kent County Council, Medway Council, health and care partnerships, district councils, VCSE representative.

Owns this integrated care strategy.

NHS Kent and Medway Integrated Care Board
Responsible for the joint forward plan.

Kent County Council and Medway Council.

NHS England.

Four place-based health and care partnerships.

12 district and borough councils.

Provider collaboratives.

41 primary care networks.

Individual providers including voluntary and community services, independent sector, NHS trusts and NHS foundation trusts.

Overview of the Integrated Care Strategy

Our vision:
We will work together to make health and wellbeing better than any partner can do alone

Together we will…

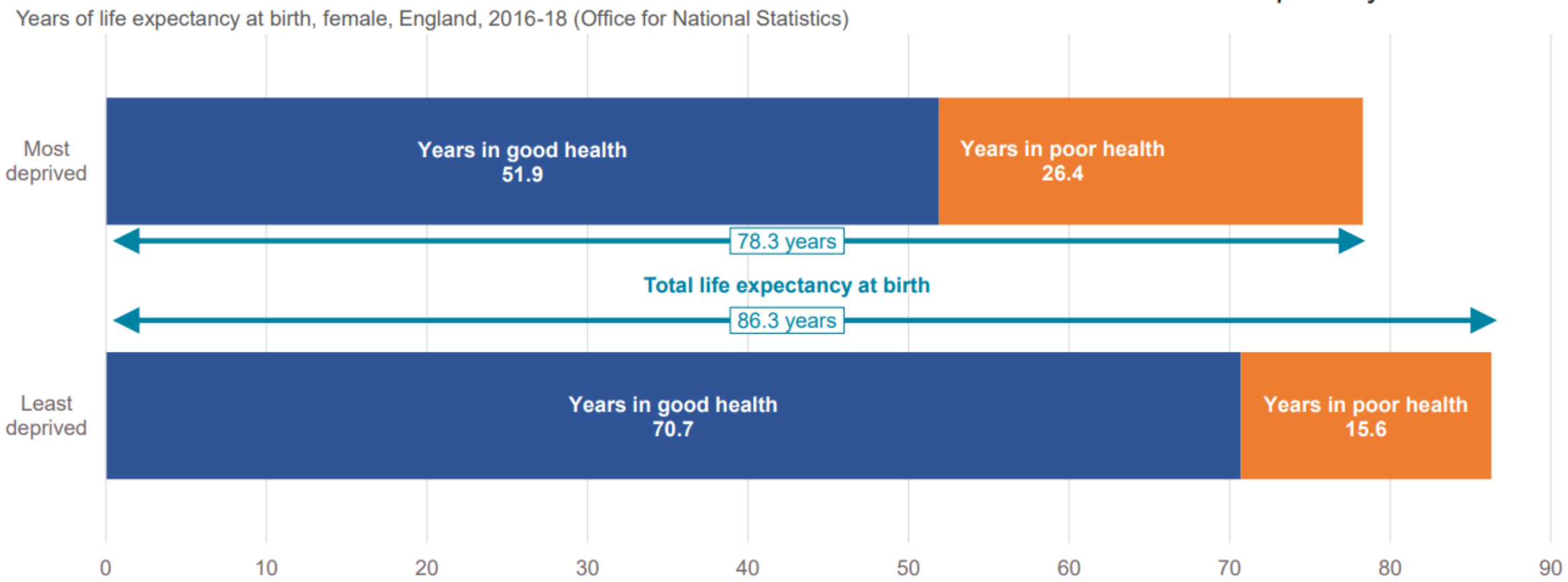
Give children and young people the best start in life	Tackle the wider determinants to prevent ill health	Support happy and healthy living for all	Empower patients and carers	Improve health and care services	Support and grow our workforce
What we need to achieve					
• Support families and communities so children thrive • Strive for children and young people to be physically and emotionally healthy • Help preschool and school-age children and young people achieve their potential	• Address the social, economic and environmental determinants that enable people to choose to live mentally and physically healthy lives • Address inequalities	• Support people to adopt positive mental and physical health • Deliver personalised care and support centred on individuals providing them with choice and control • Support people to live and age well, be resilient and independent	• Empower those with multiple or long-term conditions through multidisciplinary teams • Provide high quality primary care • Support carers	• Improve equity of access to services • Communicate better between our partners when changing care settings • Tackle mental health issues with the same priority as physical illness • Provide high-quality care to all	• Grow our skills and workforce • Build ‘one’ workforce • Look after our people • Champion inclusive teams

Enablers:
We will drive research, innovation and improvement across the system
We will provide system leadership and make the most of our collective resources including our estate
We will engage our communities on our strategy and in co-designing services

The Case for Compressing Years Lived in Poor Health

The proportion of major conditions attributable to behavioural risk factors is:

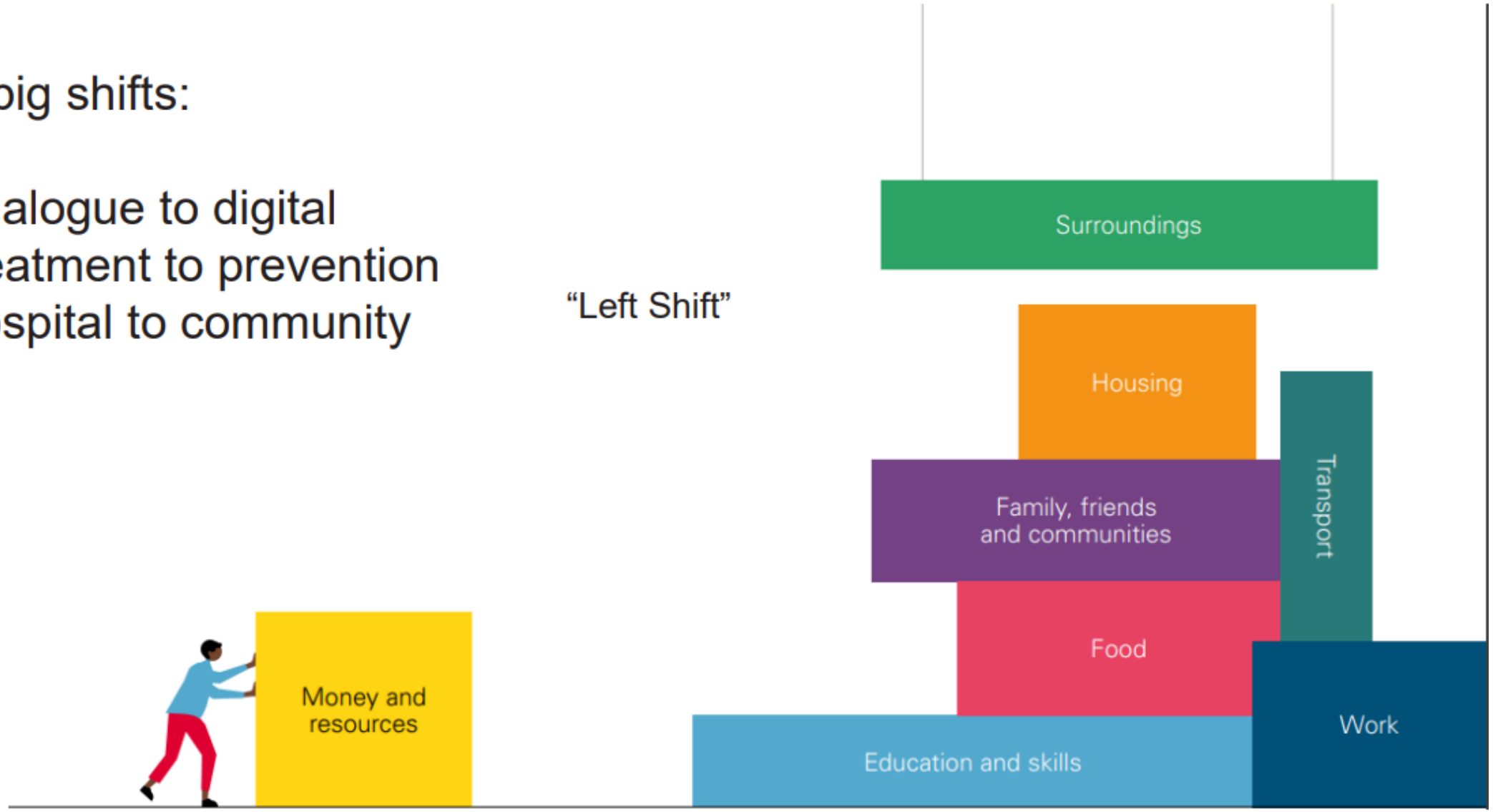
- 46% for CVD
- 43% for Diabetes + CKD
- 43% Chronic respiratory diseases



Opportunity to do things differently: policy context

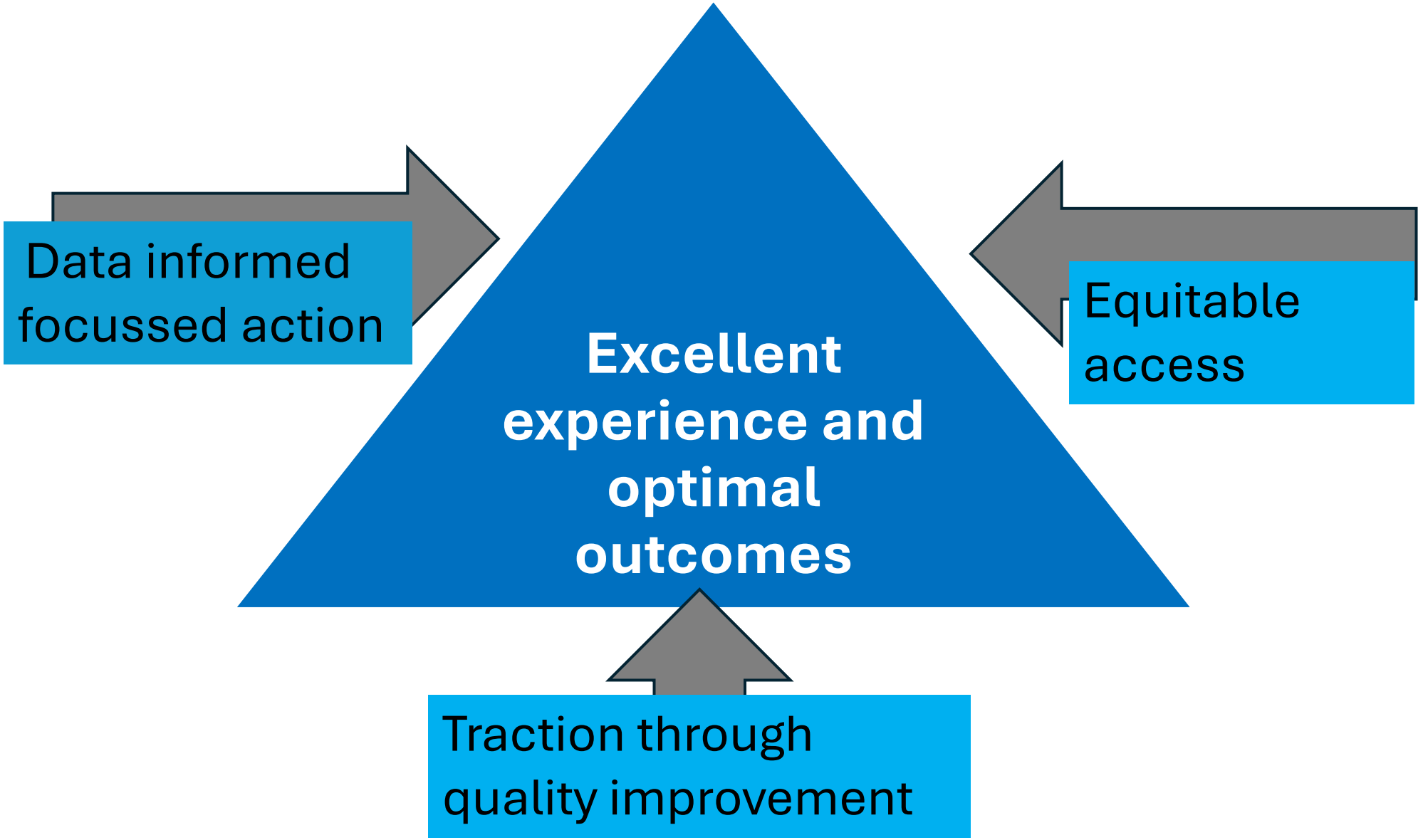
The three big shifts:

1. From analogue to digital
2. From treatment to prevention
3. From hospital to community



Source: Health Foundation

Sustainable services through prevention



Integrated Neighbourhood Teams

Integrated Care System (c. 1-2 million population

Health Care Partnership (c. 250-500,000 population)

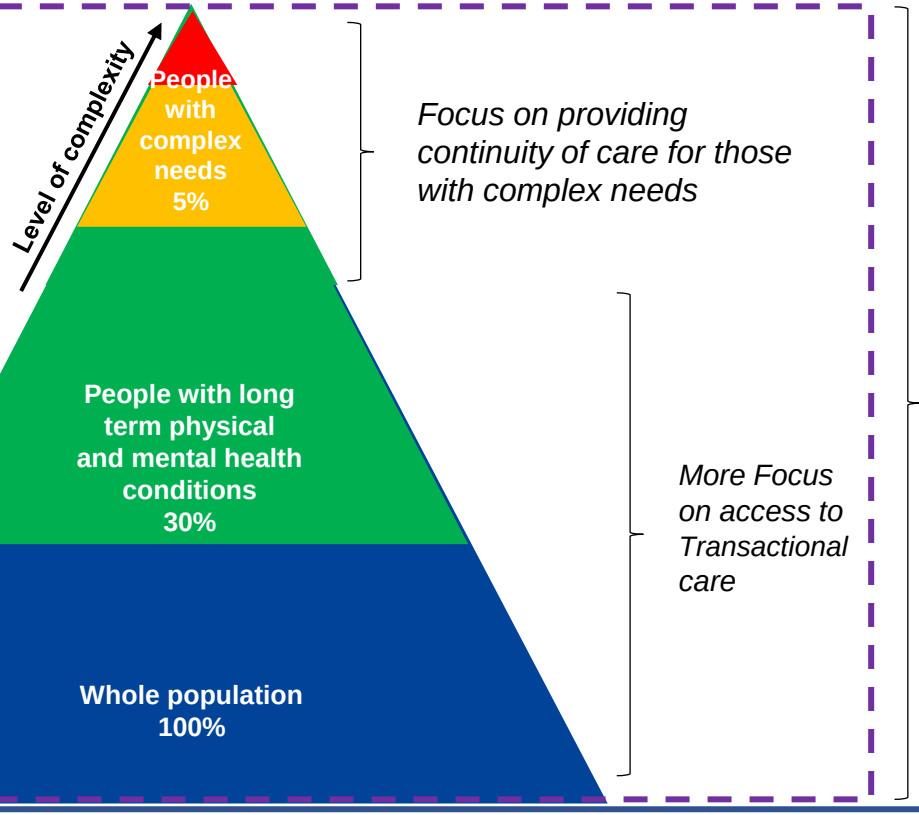
Neighbourhoods (30,000 to 50,000 population)

Elective and Non-elective secondary care Inpatient, crisis and specialist mental health, learning disability and autism

Community Health Community Mental Health ‘Front door’ acute Social care

Integrated Neighbourhood Team

Primary care Public health and wellbeing Prevention Community Health Social care

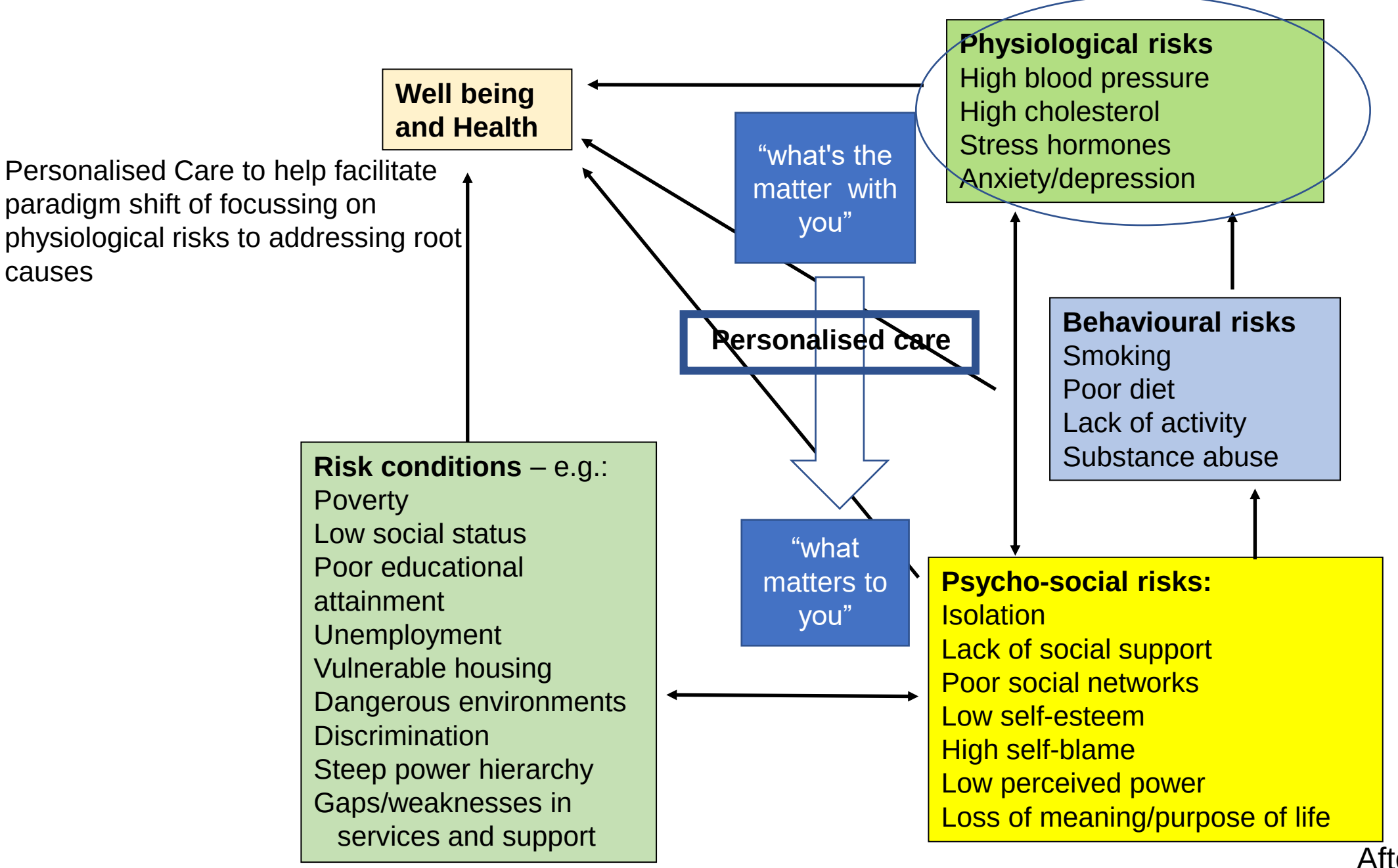


Focus on providing continuity of care for those with complex needs

More Focus on access to Transactional care

Universal prevention offer to stay well for longer

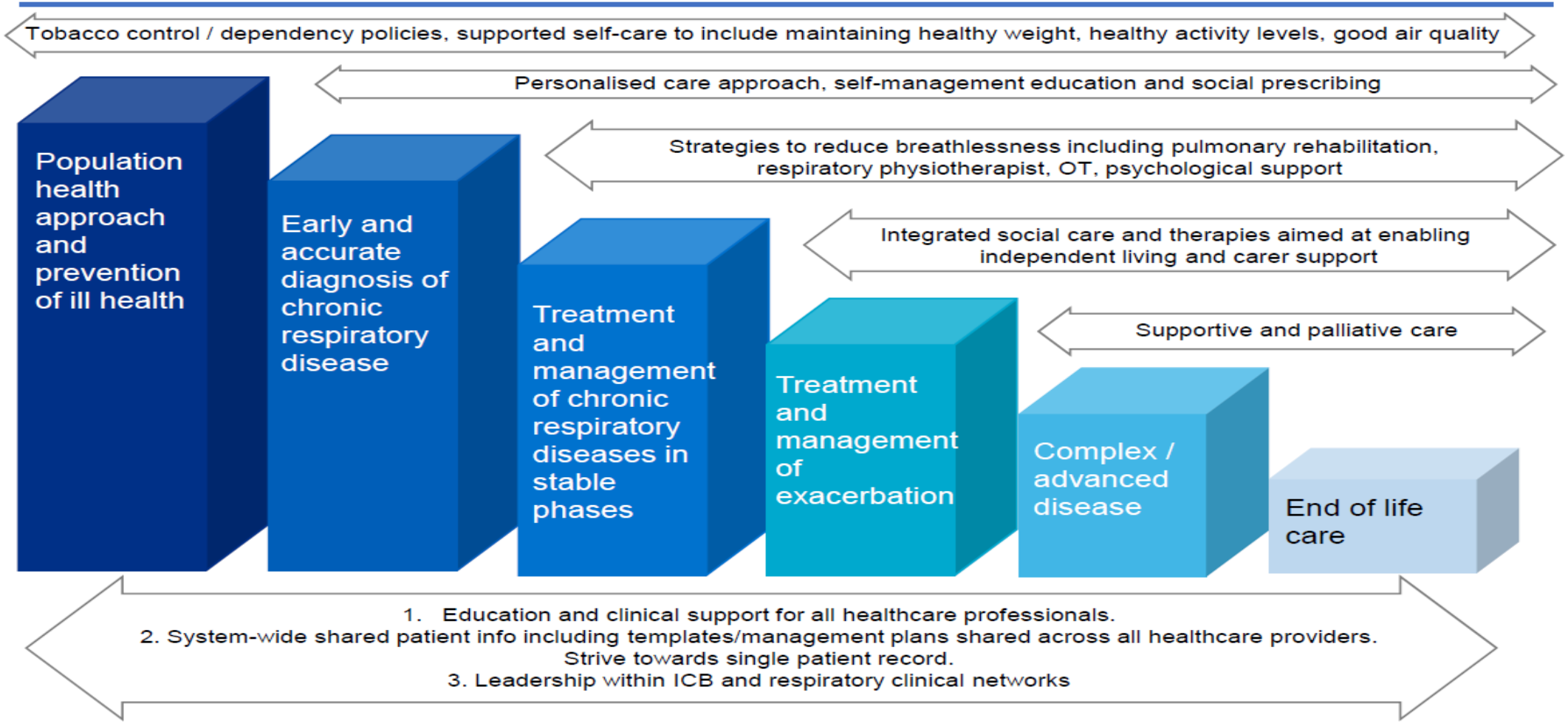
Pharmacy, optometry and dental services



After Ronald Labonte

Making it real for people: implementing Fuller Stock take https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report

Integrated respiratory care tier model overview



Reference: Outpatients respiratory workstream Outpatient Recovery and Transformation Programme (OPRT): https://future.nhs.uk/connect.ti/OutpatientTransformation/view?objectId=168019397

Thank you

Contact details : malti.varshney@nhs.net