HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 9th October, 2025

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 9th October, 2025, at 10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Gaetano Romagnuolo**

Telephone: **03000 416624**

Membership

Reform UK (9):	Mr O Bradshaw (Chair), Mr R Mayall (Vice-Chair), Mr J Baker, Ms I Kemp, Mr T Mole, Mrs B Porter, Mrs S Roots and Dr G Sturley
Liberal Democrat (2):	Mr M Brice and Mr A Ricketts
Conservative (1):	Ms C Russell
Green (1):	Mr S Jeffery
District/Borough Representatives (4):	Councillor K Tanner, Councillor H Keen and Councillor K Moses.

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item

1. Apologies and Substitutes

2. Declarations of Interests by Members in items on the Agenda for this meeting.

3. Minutes of the meeting held on 15 July 2025 (Pages 1 - 8)

4. Faversham Cottage Hospital - temporary pause to inpatient ward (Pages 9 - 12)

5. Structural Changes to NHS Kent and Medway Integrated Care Board (Pages 13 - 28)

6. Integrated All-Age Mental Health Services (Pages 29 - 46)

7. Maidstone and Tunbridge Wells NHS Trust - Clinical Strategy (Pages

47 - 52)

8. Maidstone and Tunbridge Wells NHS Trust - Fordcombe Hospital (Pages 53 - 58)

9. Work Programme (Pages 59 - 62)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

1 October 2025

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 15 July 2025.

PRESENT: Mr O Bradshaw (Chair), Mr R Mayall (Vice-Chair), Mr J Baker, Mr M Brice, Mr S Jeffery, Miss I Kemp, Mr T Mole, Mrs B Porter, Mr A Ricketts, Mrs S Roots, Mrs C Russell and Cllr K Tanner.

IN ATTENDANCE: Ms N Davies (Chief of Staff, ICB), Dr C Rickard (Medical Director, Kent LMC, Mr E Waller (Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, ICB) and Mr G Romagnuolo (Research Officer, Overview and Scrutiny, KCC).

UNRESTRICTED ITEMS

224. Election of Chair
(Item 1)

1. Mr J Baker proposed, and Mr T Mole seconded, that Mr Oliver Bradshaw be elected Chair of the Health Overview and Scrutiny Committee.
2. RESOLVED that Mr Oliver Bradshaw be elected Chair of HOSC.

225. Election of Vice-Chair
(Item 2)

1. Mrs S Roots proposed, and Mrs B Porter seconded, that Mr Robert Mayall be elected Vice-Chair of the Health Overview and Scrutiny Committee.
2. RESOLVED that Mr Robert Mayall be elected Vice-Chair of HOSC.

226. Substitutes
(Item 3)

Apologies were received from Cllr H Keen, Cllr K Moses and Dr G Sturley. There were no substitutions.

227. Declarations of Interests by Members in items on the Agenda for this meeting.

(Item 4)

1. Mr A Ricketts declared that he was a Public Governor of the East Kent Hospitals University NHS Foundation Trust.

228. Minutes of the meeting held on 12 March 2025
(Item 5)

RESOLVED that the minutes of the meeting held on 12 March 2025 were a correct record and that they be signed by the Chair.

229. Carr-Hill Formula
(Item 6)

Dr Caroline Rickard, Medical Director, Kent Local Medical Committee was in attendance for this item.

1. Dr Caroline Rickard (Medical Director, Kent Local Medical Committee) introduced herself. She said that she worked as a GP two days a week and was a Medical Director of the Kent Local Medical Committee (LMC). Two of her colleagues were also Medical Directors at the Kent LMC. The organisation had a committee of 40 elected GP representatives and had a statutory duty to represent all GPs across Kent and Medway. The organisation was funded directly by practices through a statutory and national levy.

2. Dr Rickard presented her report. She said that general practice funding was quite complex, and there had been some inherent issues with the way that it was calculated nationally. The reason why the Car-Hill formula was called for widely for reform was because the way it was calculated did not adjust for deprivation effectively and accurately. This had led to practices in the most deprived areas having almost 10% less funding than those in the least deprived areas.

3. The Car-Hill formula was developed in 2002. Since then, there had been the digitization of GPs records which had led to a much greater understanding of the impact of deprivation on the local population's health. The impact of the loss of funding as a result of the adoption of this formula was that GP practices were closing.

4. The local population had been increasing and the number of GPs has not kept up. In Kent, there was an average of one full-time equivalent GP to 2 ,702 patients. National data suggested that 142 more full-time GPs were needed to meet effectively the demand in Kent and Medway.

5. The impact was not just about patients' visits; GP's practice workload involved also checking patient's results, examining hospital letters, ensuring that the prescriptions were signed and that they were correct, and producing medication reviews.

6. According to a Kent LMC's survey of local GP practices in 2023, GPs reported that they were feeling more stressed as a result of this increased pressure. GPs and contractors were all working significantly above their core contracted hours.

7. This was not just a trend in Kent and Medway. Nationally, 60% of GPs had reported significant stress, and 30 % of practices had ceased recruitment due to financial uncertainty. So practices had to cease recruiting because they did not have enough core funding to be able to recruit sufficient staff.

8. Dr Rickard said that the GP practices that they represented were advocating for a guaranteed, long-term funding plan for general practice that would give them assurance that they could recruit staff.

9. The ten-year plan outlined the shift from hospital to community, and GP practices were already very experienced at delivering hospital-type care. They already delivered dermatology and urology services, cardiology clinics, eye surgeries and eye clinics. For every pound that was spent in community or primary care, there was up to a £14 return into the economy.

10. In order to keep that continuity of care, investment in core general practice was needed so that newly recruited GPs could be retained.

11. In answer to a question about whether local GP practices were using AI, Dr Rickard said that GP practices were already using digital tools in a number of ways. AI Scribe typed up the consultation automatically and enabled GPs to listen to the recording. Online consultations would become another point of access to general practices.

12. A Member asked how the plan for GPs to cover larger areas would reconcile with the current model.

    a. Dr Rickard replied that it was essential that general practices were equipped so that they could provide their services to wider areas. It was crucial to support them so that they could recruit GPs into long-term posts.

13. A Member asked Dr Rickard to comment on the impact of the national insurance annual increase of £38,000 for the average practice.

a. Dr Rickard replied that GP practices were small businesses, and such an increase would have a significant, negative impact on them.

14. A Member asked Dr Rickard whether she knew if becoming a GP was still a good career choice for young people.

    a. Dr Rickard said that many young people were still choosing this profession. However, she cautioned that, nowadays, newly qualified doctors would look for job opportunities in the global market. Also, aside their salary, their working conditions and work-life balance were also important to them.

15. The Chair thanked Dr Rickard for her informative presentation and for answering questions.

16. RESOLVED that the Committee consider and note the report.

230. Winter Plan Review 2024/25
(Item 7)

Ed Waller, Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, ICB, was in attendance for this item.

1. The Chair welcomed Ed Waller (Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, ICB) to the meeting. Mr Waller explained that the creation of a winter plan was a statutory requirement for Integrated Care Boards. The Kent and Medway ICB produced a comprehensive plan which linked to national priorities and combined lessons learned from previous years.

2. This ‘whole-system’ winter plan mixed various elements of care service provision, including primary, community, acute, mental health and social care. It used public health information and data to predict demand, particularly in busy periods during winter, and identify the areas most impacted. The plan included surge plans, capacity and demand predictions, improvements to mitigate demand, urgent emergency care assurance and localised Health and Care Partnership (HCP) plans.

3. The reason for the development of the Winter Plan was that there was a surge of demand in the winter season which was driven, for example, by winter viruses and falls. One of the main aims was how to avoid congestion at A&E departments; often hospitals were not the best place to meet the health needs of the population.

4. Another aim was to examine hospitals’ operational mechanisms to make sure that they run smoothly - for instance by ensuring shorter waiting times

in emergency departments. Much depended on putting in place packages of care, in partnership with KCC's Adult Social Care services, that allowed patients who were fit to leave the hospital to return home or to the most appropriate setting for their post-hospital care.

5. Mr Waller said that, this winter, NHS Kent and Medway's performance was relatively strong against several of the national indicators, including ambulance handover times into emergency departments. Efforts were being made to reduce the occurrence of waiting times of more than 12 hours in Emergency Departments.

6. In answer to a question on whether the Discharge to Assess system (where assessments takes place outside hospital in order to speed treatment) was still operational, Mr Waller confirmed that this was still the case.

7. A Member asked about the extent to which the capacity and agility of KCC's Social Care services was able to support this system.

    a Mr Waller said that the challenges that existed in social care and in the discharge pathways out of hospital were common to all NHS services across England. The NHS had a good working relationship with KCC. The ten-year plan set out a very clear vision for creating a range of opportunities and systemic support in the community, when these best met the health needs of the population. For example, there was a joint appointee whose main role was to put together packages of care that included services from both organisations to best serve those with learning disabilities and autism.

    b Mr Waller added that neighbourhood health service provision would ultimately be best delivered if Health and Social Care services worked together in a more integrated way.

RESOLVED that the Committee note the report.

231. Wellbeing Support for NHS Staff during and after Covid
(Item 8)

There were no guests available to present this item.

1. The report outlined the measures that were in place to support the wellbeing of NHS staff in Kent and Medway during and after Covid.

2. During Covid, general safety measures included the use of Personal Protective Equipment (PPE), staff vaccinations and national wellbeing apps. In addition, local NHS organisations offered their staff wellbeing support including Employee Assistance Programmes, access to counselling and trained Trauma Risk Management Practitioners, leadership support circles

(equipping leaders with evidence-based wellbeing interventions), coaching and mentoring.

3. The Talking Wellness service, provided by the Kent and Medway NHS & Social Care Partnership Trust (KMPT), offered therapeutic support for mental health challenges. This included a Mental Wellbeing Information Hub and 24-hour helpline which offered resources and urgent support to all NHS staff.

4. After the Pandemic, support in the county included the continuing provision of Covid clinics, national wellbeing apps and wellbeing support until December 2025. All NHS staff in Kent and Medway were still able to access therapeutic support through Employee Assistance Programmes (EAPs) and counselling services. Leadership support circles, and some formal wellbeing groups, had remained in some organisations.

RESOLVED that the Committee note the report.

232. Urgent Treatment Centre Review Update
(Item 9)

Ed Waller, Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, ICB, was in attendance for this item.

1. This paper provided an update on the review of Urgent Treatment Centres (UTCs) in Kent and Medway. The main aim of the review was to provide a consistent urgent treatment offering to reduce variation in access and outcomes, support the reduction of emergency department attendances for minor conditions and deliver effective services to drive value for money.

2. UTCs were established to provide accessible services for treating non-life-threatening conditions, aiming to reduce pressure on A&E departments and ensure that patients received the most appropriate care.

3. It was recognised that there was inconsistency in local service provision, with UTC services using diverse providers and offering different opening hours. National standards for UTC services included: being open 7 days a week for at least 12 hours a day; seeing both booked and walk-in patients; treating minor injuries and ailments, and; having a named senior clinical leader supported by a multi-disciplinary workforce. They also needed to have access to patient records, accept appropriate ambulance conveyance, and report daily on the Emergency Care Data Set (ECDS).

4. One of the areas that were being explored was whether some of the UTCs which were co -located next to emergency departments needed to increase their hours of operation in order to avoid people remaining in these departments unnecessarily through the night. This was now common practice around the country.

5. The other area was the future of minor injuries units, and whether they should be provided with the same specifications as those in Urgent Treatment Centres, so that they would all are operate on a similar basis.

6. In answer to a question about when this model would become operational, Mr Waller replied that, while some activities would be relatively easy to implement rapidly, others would require more time. The intention was to complete them in the course of 2026.

7. In answer to a question about the integration of the GP out-of-hour services with UTCs, Mr Waller explained that there were some parts of the county where, in effect, patients were undergoing two lots of triage. It was the ICB's view that the NHS did not have the resources for this, and for the patients it was frustrating to repeat the same process twice. Wherever possible, it was important to streamline mechanisms so that patients would undergo a single triage process to determine their needs.

8. In reply to a question about the need to refresh some of the UTCs' infrastructure, Mr Waller acknowledged that, while there were some high-quality facilities in Kent and Medway, there were others which needed replacing or improving. The main constraint was the limited amount of capital funding available to the NHS in order to do so. There was a very large national backlog on capital maintenance and replacement, and in Kent and Medway this was greater than the national average.

9. It was crucial to consider how best to invest to make sure that facilities were in the right place to deliver the clinical services that the population needed. There had to be close collaboration between organizations that were not co-located to enable this vision.

RESOLVED that the Committee note the report.

233. Community Services Procurement and Engagement Update
(Item 10)

Ed Waller, Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, ICB, and Natalie Davies, Chief of Staff, ICB, were in attendance for this item.

1. This report provided an update on the Kent and Medway Integrated Care Board (KMICB) Community Services procurement. It also outlined the next steps to contract sign-off and service 'go live', and described the communication and engagement plans which were employed.

2. The Kent and Medway ICB's Community Services procurement followed the decision by the ICB Board in February 2023, in line with its legal obligations, to re-procure for a period of 5 years the three main Community Services provider contracts:

- the HCRG Care Group (HCRG), which is a private provider of community health and social services
- Kent Community Health NHS Foundation Trust (KCHFT) and
- Medway Community Healthcare.

3. A Community Services Review (CSR) was developed to support the procurement and ensure the long-term delivery of community health services, while addressing health inequalities.

4. Further to challenge in September 2023 that the proposed procurement represented a Substantial Variation of service provision, the procurement was paused while the ICB worked with HOSC and its equivalent HASC in Medway to clarify their position.

5. The CSR was then re-launched in February 2024 and progressed, in line with the Programme Plan, to ensure a full and transparent procurement of the services to be in place by 27 October 2025.

6. Natalie Davies (Chief of Staff, ICB) explained that this re-procurement received particular media coverage because of the value of the contract, which was in the region of £1.8 billion. The contract effectively brought together the community service provision across Kent and Medway into a single contract. It made provision for the ICB to work closely with the Kent Community Health NHS Foundation Trust **(**KCHFT), in order to transform and improve such provision.

7. As part of the submission process, providers were asked to set out their plans for engaging with service-users and their staff. A Community Services Transformation and Improvement Group, which comprised providers, Voluntary and Community sector groups, Kent's Health Advisory and Scrutiny Committee, Healthwatch and HOSC, would work together to determine how best to fulfil this initiative's ambitions.

RESOLVED that the Committee consider and note the briefing.

234. Work Programme
(Item 11)

1. A Member commented that it was important to ensure that, in its future meetings, the Committee explored issues that were current and forward-looking.

a. The Chair endorsed this view.

RESOLVED that the Committee note the Work Programme.

Item 4: Faversham Cottage Hospital

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 9 October 2025

Subject: Faversham Cottage Hospital – temporary pause to inpatient ward

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent Community Health NHS Foundation Trust.

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1) Introduction

a) The decision to pause inpatient admissions at Faversham Cottage Hospital was made on the grounds of patient safety, due to ongoing staffing challenges, particularly within registered nursing and leadership roles.

b) Despite efforts to bolster staffing - by transferring colleagues from alternative hospitals, recruiting to vacant posts, supporting staff to return to work and using bank and agency workforce - the situation became unsustainable and was placing pressure on other services.

c) In considering whether services' changes constitute substantial variations of service, the NHS is not required to consult with the Committee where the NHS has acted because of a risk to patient safety or to ensure the welfare of patients or staff. Nonetheless, the Committee has to be informed as soon as possible.

2) Recommendation

a) RECOMMENDED that the Committee note the report.

Background Documents

None.

Contact Details

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03000 416624

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Thursday, 11 September

Temporary pause to inpatient ward at Faversham Cottage Hospital

The purpose of this paper is to provide Kent Health Overview and Scrutiny Committee (HOSC) members with an update on the decision to temporarily pause the 16-bed inpatient service at Faversham Cottage Hospital (FCH), due to safety.

Background

As you are aware, this decision to pause was made on the grounds of patient safety, due to ongoing staffing challenges, particularly within registered nursing and leadership roles.

Despite efforts to bolster staffing; transferring colleagues from alternative hospitals, recruiting to vacant posts, supporting staff to return to work and using our bank and agency workforce, the situation became unsustainable and was placing pressure on other services.

While this was not an easy decision, the **safety and wellbeing of our patients and staff is always our highest priority.**

Our FCH staff remain temporarily redeployed to support services across east Kent, including other community hospitals and community-based roles. Their ongoing commitment to delivering high quality patient care and their patience and resilience with this process is acknowledged.

Recruitment update

Our recruitment efforts for registered nurses are ongoing with a rolling programme of advertisements and interviews. The trust has had received a very positive response to these campaigns, with significant interest across all our community hospital sites.

To date, three nurses have accepted positions at Faversham and interviews are ongoing during the coming weeks to fill further vacancies. We are also in the process of supporting colleagues back to work with phased returns following significant periods of sickness absence, which is key to the recovery plans. Our returned leaders are focussing their efforts on the vital recruitment process.

Due to the time required for notice periods, pre-employment checks and inductions, we anticipate staggered start dates over the coming months, with staff inducting at near-by hospitals before transferring to Faversham at a point where we have safe staffing levels. While good initial progress has been made, we will not consider reopening the inpatient ward until it is safe and sustainable to do so.

We continue to closely monitor the recruitment and staffing position and aim to set and share a re-opening date as soon as we can safely do so.

Until that time, admissions to Faversham Cottage Hospital will remain paused.

Keeping our communities informed

We continue to provide regular updates to staff, public and stakeholders, including the district and town council and Friends of Faversham Cottage Hospital. This has included stakeholder briefings and regular updates on our website – www.kentcht.nhs.uk/favershamhealth

An update on the temporary closure and recovery plans was provided at a **public update and listening event** at the Alexander Centre, in Faversham on 2 September, attended by more than 200 residents. It was attended by Helen Whately, MP. Members of the public have also been able to feedback via an online and paper survey, which remains live.

KCHFT colleagues will also be attending Faversham Healthy Futures meeting on 2 October to provide further updates to the public on our progress to re-open.

Other services remain unaffected

Other NHS services on the site, including the urgent treatment centre and GP services, continue to remain unaffected. Some of our facilities colleagues have remained onsite and continue to support services at the neighbouring health centre.

We continue to monitor the impact of this pause on the wider healthcare system in east Kent. So far, this has been minimal, with no reported issues around access to rehabilitation beds.

We also operate community hospitals in Whitstable, Herne Bay, Deal, Westbrook (Thanet), Hawkhurst and Westview in Tenterden, with our colleagues at HCRG Care Group, running inpatient wards in Sittingbourne and Sheppey.

Our community nursing, community rehabilitation and urgent care services are strengthening their efforts to support recovery at home from an acute hospital, where many people prefer to be and where they can regain independence more quickly.

Next steps

KCHFT remains committed to re-opening the ward and will continue to provide HOSC members with regular updates on our progress.

Rachel Dalton, Chief Allied Health Professions Officer
Kent Community Health NHS Foundation Trust.

Item 5: Structural Changes to NHS Kent and Medway Integrated Care Board

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 9 October 2025

Subject: Structural Changes to NHS Kent and Medway Integrated Care Board

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the NHS Kent and Medway Integrated Care Board.

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1) Introduction

a) This report briefs the Committee on changes underway within NHS Kent and Medway Integrated Care Board (ICB) as part of structural reform to the NHS across England. In particular, the paper updates on the requirement for ICBs to make a circa 50% reduction in their operating costs by December 2025.

b) This briefing outlines how NHS Kent and Medway ICB is preparing to make these savings. It provides an update on current implementation plans, highlights the opportunities and key risks, and explains the impact and support available to ICB staff during the transition process.

2) Recommendation

a) RECOMMENDED that the Committee note the report.

Background Documents

None.

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Kent and Medway

Kent County Council Health Overview and Scrutiny Committee
9 October 2025

Structural Changes to NHS Kent and Medway Integrated Care Board

Summary:

This report briefs the Committee on changes underway within NHS Kent and Medway Integrated Care Board (ICB), as part of structural reform to the NHS across England. In particular, the briefing updates on the requirement for ICBs to make a circa 50% reduction in their operating costs by December 2025.

Recommendation:

The Committee is asked to NOTE this report

Background

1.1. In March 2025, the Secretary of State for Health and Social Care announced reforms to the way the NHS is managed nationally, with the abolition of NHS England by April 2027 and the transfer of its functions to the Department of Health and Social Care (DHSC), with a total reduction in the combined workforce of 50%.

1.2. At the same time, it was less widely reported that the 42 Integrated Care Boards (ICBs) in England, who commission local health and care services, would also have their operating costs – i.e. the cost to run each organisation - reduced by 50%, albeit at a faster pace, i.e. by December of this year. This reduction is in addition to the 30% running cost savings required of ICBs over the previous two years, making a 65% total reduction in operating costs since ICBs were established in July 2022.

1.3. For assurance, reductions in ICB operating costs do not impact on the commissioning budgets which pay for local health and care services, and as such there is no direct impact on patient care.

1.4. This briefing note outlines how NHS Kent and Medway ICB is preparing to make these savings. The briefing provides an update on current implementation plans, highlights the opportunities and key risks, and explains the impact and support available to ICB staff during the transition process and for those who will be made redundant.

Context

2.1. Following the Secretary of State's announcement in March, a preliminary national model blueprint for Integrated Care Boards was published at the beginning of May. This emphasised a change in the future role of these organisations, with a greater focus as system convenors and 'strategic commissioners' of healthcare services under a new operating model, to be described in the 10 Year Health Plan.

2.2. In addition, a model blueprint for NHSE/DHSC regional teams is expected to sit alongside the ICB blueprint, which will detail the functions and responsibilities to be held at regional/central level. At the time of reporting, the regional blueprint is still awaited.

The NHS 10 Year Plan

2.3. The NHS 10 Year Plan was published on 3 July 2025[1]. It includes the vision and expectation of how health and care services will be improved and delivered over the next decade. It describes a new operating model with a leaner and simpler way of working, where every part of the NHS is clear on its purpose, what it is accountable for, and to whom.

2.4. With regard to ICBs, the Plan emphasises the on-going importance of these organisations. It notes: *"ICBs will be strategic commissioners of local health services, responsible for all but the most specialised commissioning, using multi-year budgets. This means ensuring that the money available to each local care system is put to the best possible use: to improve their population's health, reduce health inequalities and improve access to consistently high-quality services.*

2.5. *"They [ICBs] will be expected to draw on a deep understanding of population need, and to make long-term decisions in the interests of improved outcomes and financial sustainability. They will need to shape commissioning plans through deep engagement with patients and the public; and to use competitive processes where helpful, alongside clear contracting and contract management to drive change and ensure delivery.*

2.6. The 10 Year Plan goes on to say that over the coming months, the number of ICBs will reduce from the existing 42 organisations, and all will be required to work within a total operating budget capped at the equivalent of £19.00 per head of GP registered population from the end of this year.

2.7. It notes that the ICB model blueprint describes in greater detail the expectations around what ICBs should focus their efforts on in the future, and those functions that they should stop doing and, over time, transfer to other organisations.

[1] https://www.england.nhs.uk/long-term-plan/

Darzi Review and the model blueprint for ICBs

2.8. The preliminary model blueprint acknowledges that when ICBs were established in July 2022, they had - and still have today – statutory functions around planning, arranging and oversight of local healthcare services, and a range of delivery functions, including emergency planning, engagement, safeguarding, continuing healthcare services, medicines management, etc.

2.9. A report by Lord Darzi in November 2024[2], noted that since 2022, there had been differing interpretations of the role of ICBs, with some leaning towards tackling the social determinants of health, some focused on working at a local level to encourage services to work more effectively together, and some focused on supporting their providers to improve financial and operational performance. The Darzi report notes that the broad agenda of ICBs has resulted in many finding it hard to use their powers to commission services in line with the four national objectives for integrated care systems. *"This has largely resulted in the status quo with increasing resources directed to acute providers, when the four objectives should have instead led to the opposite outcome."*

2.10. The recently published ICB blueprint therefore confirms that the future role and responsibilities of ICBs will be much clearer and provide greater consistency, to better enable the strategic objectives of redistributing resource out of hospital and into integrating care.

2.11. Three strategic shifts form the foundation of the ICB's approach (and the NHS Ten Year Plan) to transform and redesign health and care:

- **From treatment to prevention**: A stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before they require costly medical intervention and reducing inequalities in health.
- **From hospital to community**: Moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.
- **From analogue to digital**: Harnessing technology and data to transform care delivery and decision-making.

2.12. The blueprint notes that these shifts set the direction for how ICBs need to operate going forward. *"The NHS needs strong commissioners who can better understand the health and care needs of their local populations, who can work with users and wider communities to develop strategies to improve health and*

[2] https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care

tackle inequalities and who can contract with providers to ensure consistently high-quality and efficient care, in line with best practice."

2.13. The refreshed role of ICBs has been developed as part of a refreshed NHS system landscape as outlined below:

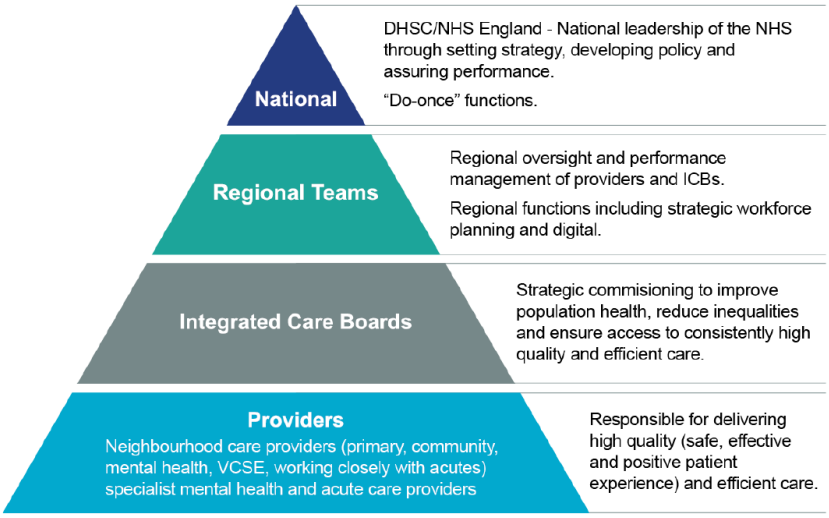

Figure 1 – NHS operating landscape

2.14. In order to deliver this more defined purpose in the future, ICBs will need to focus on the following core functions:

Figure 2 – Model ICB operating model

2.15. The blueprint for ICBs therefore lists functions that it proposes are retained and grown over time, could be shared with other partners, and or transferred out of ICBs. These include:

Functions that ICBs should retain and invest in over time:

- Assessing population need, and assessing quality, performance and productivity of existing provision
- Developing long term population health strategy and end-to-end care pathway redesign and commissioning
- Market shaping and management, and strategic contracting
- Evaluating outcomes and the day-to-day oversight of healthcare utilisation
- Engaging with service users, ensuring effective feedback and co-design
- Ensuring the organisation is compliant, accountable and safe

Retain and adapt, with potential to deliver at scale *(with local partners or pan-ICBs)*

- Quality management
- Clinical and corporate governance and core organisational operations
- Development of clinical policy effectiveness and local funding decisions

Functions and activities to transfer over time

Transfer to regions/national:

- Provider performance oversight – performance management and regulatory oversight
- Strategic workforce planning – ICBs to retain limited commissioning overview, with other aspects transferring to regions
- National data and digital infrastructure
- Emergency preparedness, resilience and response

Transfer to providers:

- Local workforce development
- Sustainability
- Local digital and technology leadership and transformation
- Development of neighbourhood and place-based partnerships

Test and explore to streamline and transfer or share at greater scale

- Infection prevention and control
- Safeguarding [3]
- SEND [3]
- NHS continuing health care [3]
- Strategic estate and infrastructure

2.16. Further work is underway nationally to assess assumptions around those functions earmarked for potential transfer and where they may best sit in the future to deliver optimum benefit. At the time of reporting, this information is still awaited. As such, we are working on the basis that until there is readiness to

[3] Would require legislative change – expected circa April 2027

transfer services and corresponding resource to other partners, these functions will need remain the responsibility of the ICB and as such will need to be played in to our operating cost reductions.

Planning for the changes in NHS Kent and Medway

3.1. It has recently been confirmed that the number of ICBs in England will reduce from 42 to 26 by April 2027. The number of ICBs in the southeast region will reduce from six to four[4], NHS Kent and Medway is not affected by these mergers or boundary changes.

Local context

3.2. Kent and Medway currently has a registered GP population over just over two million people. The ICB has a total commissioning budget of circa £4.7 billion per annum, which it spends on commissioning services including:

- Community and rehabilitation healthcare
- Elective care including diagnostics, outpatient, day-case and elective inpatient care
- GP primary care
- Children's services including those with complex needs
- Learning disabilities and autism
- Mental health services for adults and children and younger people
- Maternity and neonatal services
- NHS continuing healthcare
- Pharmacy, optometry and dentistry services
- Specialist services provided by tertiary centres in London and the southeast
- Urgent and emergency care including accident and emergency, ambulance and out- of-hours services

3.3. The ICB has an operating budget of £73.5 million (circa 1.5% of the total budget), which in effect is the cost of running the ICB and managing the commissioning of the above services.

The 'Change-25' Kent and Medway ICB transition programme

3.4. The ICB programme to reduce our operating costs is locally known as the 'Change-25' programme. The programme requires ICBs to reduce operating costs by circa 50% nationally, to operate within a maximum running cost budget of £19.00 per head of (registered GP) population.

[4] The four south-east ICBs will be: NHS Kent and Medway, NHS Surrey and Sussex, NHS Hampshire and the Isle of Wight and NHS Thames Valley ICBs.

3.5. For NHS Kent and Medway, this means further reducing our current operating costs, from £73.5 million to £38.3 million. To deliver this reduction the ICB will need to reduce its current workforce establishment of 770 by circa 49% whole time equivalent staff. This will be achieved through vacancy control and voluntary and compulsory redundancies. The estimated redundancy cost is expected to be circa £21m, which is a similar scale to the other ICBs in the region.

3.6. This is an extremely challenging task, given the complexity of the programme, and critically, the need to continue delivering the significant operational and financial agenda, which includes overseeing the largest system financial savings programme in the country and delivering on-going improvements in primary care, elective and non-elective access.

3.7. The Change-25 programme is also dependent on a number of external factors, such as:

- confirmation of funding arrangements that will enable the ICB to proceed to staff consultation and redundancy;
- publication of the 'model regional blueprint', which should provide further information on services to be transferred from the ICB to NHSE/DHSC;
- understanding the impact on ICBs of the recent announcement in the Ten Year Plan to dissolve commission support units (which provide back-office functions to many ICBs); and
- securing wider agreements with other ICBs and partners to maximise the opportunity for shared working, such as joint commissioning.

3.8. The ICB has appointed the ICB Executive Director of Corporate Governance as the programme's Transition Director and a programme management team (PMO) has been put in place. A Transition Committee has also been established as a formal sub-committee of the ICB Board. The work of the PMO reports via the Transition Director into the Executive Management Team on a weekly basis and on to the Transition Committee.

3.9. An NHS Kent and Medway Insight and Involvement Group has also been established to support the development of the new Kent and Medway ICB Operating Model. The group is made up of staff from each of our existing divisions and every staff grade across the organisation, and also includes representation from our unions and staff networks. A communications and engagement plan is in place and details how we will effectively involve our staff and engage with our partners.

3.10. At a regional level, south east ICB transition directors meet on a weekly basis and chief executives meet fortnightly. Transition directors oversee the development of plans for those functions which could be shared across multiple ICBs, and also act as the coordination group to choreograph and align ICB plans including staff consultation timetables, recognising the considerable interdependencies across the organisations.

Progress to date

3.11. Over the course of the past few months the following key pieces of work have progressed, in addition to the establishing the necessary governance and programme management arrangements:

- Development of a new Kent and Medway ICB Operating Model, through the staff Insight and Involvement Group: the 'front-end' of the Operating Model has now been developed which details the role, responsibilities, values and behaviours we expect to see within the new organisation; and work is now underway to outline the proposed structural form, governance and decision-making framework that the organisation will operate within. The recently published ICB cultural review outputs will also be played into the operating model.

- On-going development of pan-ICB functional models that would see some functions provided through a single hosted model across the south-east, rather than undertaken by individual ICBs. Further work is progressing on this at pace to finalise proposals to inform the operating model and staffing structures.

- Completion of the NHS Kent and Medway system partnership review, examining the current partnership arrangements in place across provider collaboratives, health and care partnerships and the numerous NHS system programme boards. The recommendations in the review were recently approved by chief executives and will be implemented over the next few months. The overarching expectation is that the system architecture and governance arrangements will be streamlined to ensure greater clarity of purpose and remove duplication.

- Proposals for the new divisional model that will sit underneath the executive team have been developed, subject to consultation, with staffing structures now in development. Modelling of financial allocations has also been completed for each of the functions in order to deliver an average staffing reduction of 49% across the organisation.

- Significant development of staff support packages, both to assist colleagues and line managers during the Change-25 programme, and also preparing individuals for seeking new roles and alternative employment post-reorganisation (see more on this later)

- Running an 'expressions of interest' initiative for voluntary redundancy (VR) to understand the level of interest should a national VR programme be announced later in the year. This could significantly reduce the number of people we have to make compulsory redundant.

- In the absence of a VR programme, we are currently running a Mutually Agreed Resignation Scheme (MARS) for staff. This is not a redundancy scheme, but enables individuals to resign from their role voluntarily and exit the organisation with a severance payment in line with NHS Terms and Conditions. For the majority of staff, the benefits of a MAR scheme are not as financially attractive as redundancy. However, for staff who want to leave the organisation and also want certainty, this can provide an alternative opportunity for them. Importantly, any severance payment costs incurred by the ICB have to be fully offset by savings in respective staff pay this financial year.

3.12. With regard to timetable, this remains a dynamic and complex programme. We have a detailed Change-25 programme plan that enables us to work to the national deadline, but a number of uncertainties remain including issues outside of the ICBs control.

<u>Opportunities, risk and challenges</u>

3.13. Whilst challenging, the Change-25 programme offers long-term opportunities locally. These include:

- driving greater focus on *commissioning strategically* to improve population health rather than managing provider performance;
- targeting resource and expertise on assessing need and co-developing and commissioning effective end-to-end care pathways with clearer expected outcomes;
- maximising opportunities for collaboration and reducing duplication, for example through greater joint commissioning and sharing of expertise; and
- shaping and managing provider delivery markets, which optimise patient experience and care outcomes, for example through the development of neighbourhood delivery models.

3.14. However, this will take time to achieve, will require a number of functions to be transferred out of the ICB, and importantly require a change in both mind- and skill-set with investment (time and resource) needed in areas such as developing

healthcare data and analytics, strategic contracting and market development, system leadership for population health, and developing proactive involvement of communities and users to co-design services.

3.15. The pace of addressing the more immediate challenges and risks will determine the ability of the organisation and wider system to reap the benefits of these opportunities. In terms of material challenges, there are a number:

a. **Funding**: We understand that the Treasury has stated that redundancies are to be funded from existing NHS budgets, but there are strict rules that prevent ICBs from exceeding their operating costs. In addition, ICBs are required to obtain approval from NHS England to make staff redundant, and it is unlikely that the ICB will be given approval to proceed this financial year, given the current difficult financial situation locally.

   Therefore, whilst there is a requirement for ICBs to make the £19.00 per head saving by December 2025, it is increasingly likely that approval to make the majority of staff redundant will not be provided until the new financial year. We are working closely with other ICBs and our regional team in NHS England to clarify the situation as soon as possible, and following this, we will be able to finalise the timetable and confirm consultation arrangements with our staff.

b. **Living within our means**. In order for the ICB to effectively reduce its operating costs by 49% to achieve the £19.00 per head cap, those functions which should no longer be provided by an ICB need to transfer out of the organisation. Otherwise, the ICB will be required to hold on to these functions whilst still having to live within the operating cost cap. Some efficiencies can obviously be made whilst retaining these functions, but it significantly restricts what the ICB is able to do whilst living with a circa fifty percent reduced workforce.

   At the time of reporting, the regional blueprint has not yet been published and expected updates to the ICB blueprint are also awaited. In addition, a number of functions will require a change in statutory legislation before they can transfer out.

   Therefore, current planning assumptions are that many of these functions will likely need to be retained by the ICB until 2026/early 2027. If this is correct, the ICB will find it difficult to live within the operating cost envelope in the meantime and effectively deliver its core responsibilities. Again, we are working closely with our ICB partners in the southeast, NHS England and other partners, to maximise opportunities for joint working and creating greater efficiency in order to deliver the ‘ask’.

c. **Delivering in-year priorities**. As previously noted, NHS Kent and Medway is this year required to deliver the largest efficiency programme in the country (circa £470m / 10%). This is alongside also needing to deliver continued progress of our annual operating plan, which includes reducing waiting lists and improving patient care and experience. The Change-25 programme understandably puts greater stress on delivering this, with on-going staff uncertainty about their futures.

d. **Our workforce**. The impact of the Change-25 programme on our workforce, alongside similar programmes for back-office staff in our providers, cannot be understated. Our staff are resilient, but a protracted transition programme with uncertainty about timescales and outcomes, significantly increases anxiety levels. Currently, staff sickness levels and turnover are low and staff satisfaction with the ICB Change-25 programme is reassuringly better than previous reorganisations. However, the inevitable silent anxiety amongst many of our colleagues will quickly turn to disquiet if confidence in the process is lost. We are working hard to ensure all staff are kept up to date, involved where they can be, and have the necessary support arrangements in place during this difficult time.

Supporting our staff

3.16. Alongside our regular employee support programme, our People and Culture Team have developed a comprehensive colleague support package to help staff and line managers during the Change-25 programme. This includes providing support to prepare individuals for potentially seeking alternative employment outside of NHS Kent and Medway.

3.17. We are working closely with a number of external organisations to help staff with personalised career coaching and job searching support, alongside guidance on education and training opportunities. The Appendix attached to this paper provides further information on this.

Summary

4.1. The Change-25 programme presents real opportunities to align with the new strategic commissioning model outlined in the NHS 10 Year Plan. This change comes amid broader structural reforms to the NHS landscape and involves considerable operational and cultural shifts. Despite the significantly challenging timelines, legislative uncertainties, and reliance on external decisions, such as the timing of function transfers and redundancy funding availability, we have made considerable progress towards delivering the requirements of the programme, all while continuing to focus on delivery of the critical priorities in our annual operating plan

4.2. Recognising the scale and impact of these changes on our workforce, the ICB is placing strong emphasis on supporting our colleagues throughout this difficult period. A comprehensive staff support package has been launched, in addition to our core employee wellbeing services. Meaningful staff engagement and involvement is central to the Change-25 programme, with the Insight and Involvement Group ensuring colleagues from across the organisation help shape the future ICB model. While uncertainty remains, our commitment to open, honest communication and staff wellbeing remains unwavering.

Mike Gilbert
Change-25 Transition Director
NHS Kent and Medway

September 2025

Appendix A - overleaf

Appendix A – ICB colleague support offer

Supporting our colleagues

- Financial support guide highlights where to get support across Kent and Medway if you are struggling financially
- CiC Wellbeing webinars every month – subscribe for updates
- Kindness into action including access to a bite sized five-module course
- NHS Elect skills workshops and on demand resources, including CV writing and interview skills.
- Employment hub - subscribe for updates
- Ensuring that our partnership and staff networks' representatives are afforded the time to support colleagues.

Health and wellbeing

- Employee Assistance Programme (EAP) provide access to services and advice for you, your spouse or partner and dependent children, 24 hours-a-day, to support your wellbeing, provide counselling, financial, legal and bereavement help
- Time to Talk Team: Our mental health first aiders a network of trained mental health first aiders to support colleagues who may be experiencing mental health issues.
- One-to-ones and regular team meetings include a wellbeing check in with your line manager.
- Occupational health.
- Kent and Medway Wellbeing hub
- NHS Kent and Medway Talking Therapies

Check your emotional and mental wellbeing by using this national self-assessment tool.

Supporting our line managers

- EAP manager support line dedicated support for line managers on 0800 085 3805, 8am to 8pm Mon-Fri.
- Change toolkit for leaders and managers.
- Managers guidance and support pack for absent colleagues.
- Leadership support circles - subscribe for updates.
- NHS Elect management and leadership skills workshops and on demand resources.
- Looking after your team's health and wellbeing guidance including create safe spaces for your team to talk and facilitator's guide
- Leadership series on the NHSE Learning Hub.
- Coaching and Mentoring through SE Leadership Academy.

Staying informed communications and guidance

- We have a dedicated area on kam with latest news and FAQs.
- Regular updates from Mike Gilbert, Transition Director can also be found on kam.
- Regular kam connect sessions for all staff.
- Change forum to share your views.

Other support

Some of the support services available to eligible colleagues:

- Pension support
- Menopause support
- Support for carers
- Union membership
- Staff Engagement Group

We are working with NHS Elect to provide bespoke career transition workshops and support for colleagues – subscribe to our training and events for updates.

Our Employment Hub

Item 6: Integrated All-Age Mental Health Services

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 9 October 2025

Subject: Integrated All-Age Mental Health Services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the NHS Kent and Medway Integrated Care Board.

The Committee has yet to determine whether the proposals constitute a substantial variation of service. Attached is a completed questionnaire for the Committee's consideration.

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1) Introduction

a) This report provides information to the Health Overview and Scrutiny Committee regarding NHS Kent and Medway's recent decision to award a new Integrated All-Age Mental Health Services (IAAMHS) contract to Kent and Medway NHS and Social Care Partnership Trust (KMPT). It outlines the rationale for this contract award, confirms NHSKM's commitment to service continuity and workforce stability, and details how the contract safeguards Kent's voice in future service development.

b) The report also sets out how statutory duties around service variation and engagement will be met throughout the life of the contract. In addition, this report provides an update on the successful conclusion of NHS Kent and Medway's recent competitive procurement for Kent's Children and Young People's Emotional Wellbeing and Mental Health Therapeutic Alliance contract, and the subsequent contract award to Salus CIC.

2) Potential Substantial Variation of Service

a) The Committee is asked to review whether this proposal constitutes a substantial variation of service. While there are no formal criteria setting out what a substantial variation is, attached is a questionnaire, completed by the ICB, to aid the Committee in its decision.

b) Where the Committee decides that a proposal is a substantial variation of service, the NHS is required to consult with it prior to a final decision being made. The NHS always remains the decision-maker, though it must take the comments of the Committee into account.

c) In considering substantial variations of service, the Committee will take into account the resource envelope within which the relevant NHS organisations operate and will therefore take into account the effect of the proposals on the sustainability of services, as well as on their quality and safety.

3) Recommendation

a) If the proposals relating to the new Integrated All-Age Mental Health Services are deemed substantial:

RECOMMENDED that:

i. the Committee deems that the new Integrated All-Age Mental Health Services model is a substantial variation of service.

ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

b) If the proposals relating to the new Integrated All-Age Mental Health Services are *not* deemed substantial:

RECOMMENDED that:

i. the Committee deems that the new Integrated All-Age Mental Health Services model is not a substantial variation of service.

ii. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

Background Documents

None.

Contact Details

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Kent County Council
Health Overview and Scrutiny Committee

9th October 2025

Contract Award for Integrated All-Age Mental Health Services in Kent and Medway, and Kent's Therapeutic Alliance for Children and Young People's Emotional Wellbeing and Mental Health

Report from: Ed Waller, Chief Strategy and Partnerships Officer and Chief Delivery/Commissioning Officer (interim), NHS Kent and Medway

1 Summary

This report provides assurance to the Health Overview and Scrutiny Committee regarding NHS Kent and Medway's (NHSKM) recent decision to award a new Integrated All-Age Mental Health Services (IAAMHS) contract to Kent and Medway NHS and Social Care Partnership Trust (KMPT). It outlines the rationale for this contract award, confirms NHSKM's commitment to service continuity and workforce stability, and details how the contract safeguards Kent's voice in future service development. The report also sets out how statutory duties around service variation and engagement will be met throughout the life of the contract.

In addition, this report provides an update on the successful conclusion of NHSKM's recent competitive procurement for Kent's Children and Young People's Emotional Wellbeing and Mental Health Therapeutic Alliance contract, and the subsequent contract award to Salus CIC.

2 Recommendations

Members are asked to **note** the report and **agree** to receive updates regarding the future implementation of the Integrated All Age Mental Health Service.

This report and substantial variation assessment (Appendix 1) has been developed on the basis on the award of the IAAMHS contract to KMPT. There will be no changes to service delivery, level of investment, clinical models, premises used, or access points due to this contract transfer and, as such, it has been assessed that this action of contract award does not constitute a substantial variation requiring formal public consultation at this point.

However, it is likely that pathways and services may change over time and that that will require engagement and consultation as appropriate. The plans for service development will be shared with

the Committee and stakeholders in advance to seek support that ensures that local populations are engaged and heard.

3 Budget and policy framework

The new IAAMHS contract provides the opportunity to support the wider system ambition for a more integrated and sustainable mental health service in the long term, in line with the Fit for the Future: NHS 10-Year Plan (2025)[1]. The Plan explicitly promotes integration as a route to better outcomes, reduced duplication, and improved value for money. It also commits to ending artificial age boundaries, especially in mental health, stating that "care should follow the person, not the organisational boundary."

4 Contract Award for Integrated All-Age Mental Health Services in Kent

4.1 Introduction and background

The current provider of Kent's Children and Young People's Mental Health Service (CYPMHS) and All Age Eating Disorder Service (AAEDS) is North East London NHS Foundation Trust (NELFT). NELFT has indicated its intention to exit Kent and Medway when its contract expires on 31st March 2026. In response, NHSKM undertook a process to secure a sustainable provider capable of maintaining clinical safety, continuity of care and protecting the workforce.

The expiry of NELFT's current contracts provided an opportunity for NHSKM to strategically align this service provision into an Integrated All-Age Mental Health Service. This has been, in part, driven by feedback from Kent's children and families who have, over the years, regularly highlighted the challenges they faced during transition.

From the outset, NHSKM has focussed on clinical safety, service continuity, and protection of the existing workforce, as its top priorities. A multi-disciplinary Contract Task and Finish Group was established, comprising representatives from Children and Young People's commissioning, Adult Mental Health and All Age Eating Disorders commissioning, Contracts, Finance, and Legal teams. This group oversaw the process and ensured that every option was assessed for delivery risk, operational feasibility, and compliance.

4.2 Procurement route and process

Given the complexity of the service, the highly specialised nature of clinical delivery, and the imperative to avoid disruption to care, NHSKM undertook activity to identify the appropriate procurement route and process.

The outcome of this process identified KMPT as the only capable provider able to meet the full range of requirements in terms of experience, infrastructure, workforce, and clinical governance.

As a result, NHSKM applied Direct Award A under the PSR (Regulation 6(3)), which permits direct award to a provider where:

- the services are not materially different from existing provision
- there is a single capable provider in the context of the local market

[1] NHS England » Fit for the Future: 10 Year Health Plan for England

- the route offers the lowest delivery risk and best assurance of continuity and safety.

This approach aligns with statutory duties around procurement and public value and has been recorded through NHSKM's governance processes.

4.3 Benefits of KMPT's contract award

KMPT's selection was further strengthened by its proven track record in delivering integrated mental health models across the Kent and Medway system, including the Mental Health Together programme, the At-Risk Mental State Service (ARMS), and Early Intervention in Psychosis (EIP) service for adolescents and adults. These models demonstrate KMPT's ability to operate across service boundaries, collaborate with partners, and support vulnerable young people through transition points.

KMPT is also the only provider with:

- established estates across the region, enabling mobilisation without the delays, costs or risks associated with finding and securing new facilities, or need to communicate details of new locations to children, young people, families, professionals and other stakeholders
- a large-scale clinical workforce (over 3,600 staff) with the internal flexibility to absorb the additional services while protecting continuity
- embedded clinical governance structures already aligned to local safeguarding, quality, and risk frameworks
- experience operating mental health services within Kent and Medway, and strong relationships with public health, education, and social care partners.

In preparation of this transfer of services, KMPT is now working closely with NELFT to co-develop a joint mobilisation plan, to ensure a clinically safe, orderly, and transparent transition by 1st April 2026.

4.4 KMPT and NELFT's new provider partnership

KMPT will work closely with NELFT to ensure a smooth transition and safe handover, drawing on the existing clinical infrastructure and staffing models.

This focus on stabilisation allows services to continue without disruption. However, it also creates opportunities for better alignment across the system, particularly in supporting young people aged 16 to 25. These individuals are often at risk of falling between child and adult services, and the move toward an all-age model is part of a longer-term strategy to close that gap and improve continuity of care.

4.5 Engagement and assurance on Kent voice

As service models emerge and the opportunity for integration develops, there may be future service changes where the threshold for substantial variation is met. To ensure this is managed appropriately, the contract includes a requirement for KMPT to adhere fully to the agreed protocols for managing service change, including public engagement and formal consultation where applicable. The following requirements are contractually embedded:

- Co-production with children, young people, and families in local areas across Kent.
- Local governance and named local leadership within the KMPT delivery model.
- Routine engagement with primary care, schools, children's services, public health, and other key stakeholders
- Alignment with statutory duties relating to substantial variation and consultation.

4.6 Contract Management and Safeguards

The IAAMHS contract will be managed in line with the NHS Standard Contract, which includes robust levers to ensure safe and effective service delivery. KMPT will be required to meet agreed Key Performance Indicators (KPIs), activity levels, and comply with clinical safety and safeguarding standards as a condition of the contract.

Should issues arise, a full suite of contract management mechanisms will be put in place by NHSKM, including formal performance management routes, escalation procedures, and service improvement notices. The contract includes a termination clause, which may be enacted in the event of sustained non-delivery or serious concerns around quality or safety.

To strengthen local accountability and ensure early stability, NHSKM is working to assess an incentive payment approach within the overall financial envelope. This mechanism would support KMPT to:

- secure immediate service stability following mobilisation
- prioritise engagement with local partners, schools and young people
- deliver phased integration over the lifetime of the contract.

These measures are being developed to reinforce expectations of performance, transparency, and local responsiveness, from the outset of delivery.

4.7 Kent Therapeutic Alliance contract award and mobilisation

Following the successful conclusion of a competitive procurement process, NHSKM has awarded Salus CIC the Kent Children and Young People's Emotional Wellbeing and Mental Health Therapeutic Alliance contract.

Salus will deliver the contract through a lead provider model, sub-contracting to several Voluntary, Community, and Social Enterprise (VCSE) providers who already provide services in Kent. The sub-contracted providers include We are With You, Young Lives Foundation, Involve, Spurgeons, and CHUMS CIC.

The Kent Therapeutic Alliance service will go live on 1st April 2026, and NHSKM is currently working with Salus on a detailed mobilisation plan and communications engagement plan, ensuring alignment with the IAAMHS transfer, Medway Council's current Medway Therapeutic Alliance procurement, and the launch of Kent County Council's Therapeutic Support Service (which will also be delivered by Salus CIC).

4.8 Advice and analysis

The award of the Integrated All-Age Mental Health Services contract to KMPT ensures that the contract delivers a range of immediate benefits to children, young people, families, and people with an eating disorder in Kent. The overriding priority throughout the contracting process has been to maintain continuity of care while securing a safe, stable, and future-ready service model.

4.9 Continuity of Care

All efforts will be made by KMPT, NELFT, and NHSKM to ensure minimal impact in the scope of services or clinical offer due to the pressures of transition.

- Existing staff will transfer to maintain therapeutic relationships, with joint mobilisation between KMPT and NELFT to support a smooth handover.

- Children, young people, and people with an eating disorder, will continue to access services through the same referral routes and clinical pathways, and will attend appointments in the same premises.
- Clinical governance, safeguarding processes, and quality oversight are being aligned to avoid any gaps or risk during the transfer.

4.10 Local Provider with Commitment to Kent

KMPT is a Kent and Medway-based provider, already embedded in the local health and care system.

The contract explicitly requires a delivery model that responds to place, with a named leadership function within KMPT's structure to champion local needs.

KMPT will work closely with Kent's education, public health, social care, youth justice, and children's services, ensuring that the service remains aligned with local priorities and responsive to emerging challenges.

4.11 Improved Transition for 16–25-Year-Olds

A significant benefit of the new contract is the opportunity to close the gap between children's and adult mental health services, particularly for the vulnerable 16–25 cohort.

KMPT will be required to co-develop integrated, developmentally appropriate pathways that ensure smoother transitions and reduce the risk of disengagement during critical life stages.

4.12 Tailored Support for Vulnerable Groups in Kent

The service specification continues to incorporate enhanced support for key vulnerable groups, including:

- care experienced children, young people, and young adults (including unaccompanied asylum-seeking children and young people, and adopted children and young people)
- children and young people questioning their sexuality or gender (LGBTQ+)
- children and young people in current, or de-escalating rom, mental health crisis
- children and young people on the criminal justice pathway or at risk of serious youth violence.

These enhancements reflect the local intelligence held by NHSKM and build on work presented to Kent's Health Overview and Scrutiny Committee in December 2023[2] and February 2024[3].

4.13 No Downgrade or Disruption to Offer

This is not a redesign of services. The current offer will transfer, and service continuity is contractually protected.

There will be no downgrading of access, investment or quality. All key services will remain available to Kent families in their current form, with clinical teams supported to remain in post.

4.14 Visibility and Voice for Kent

The contract includes a requirement for KMPT to establish regular engagement mechanisms with Kent's schools, children's services, young people and families. This ensures the ongoing visibility of

[2] Agenda for Health Overview and Scrutiny Committee on Thursday, 7th December, 2023, 10.00 am
[3] Agenda for Health Overview and Scrutiny Committee on Thursday, 29th February, 2024, 10.00 am

local needs and allows services to evolve in line with local priorities, while also satisfying the legal duties around substantial variation and consultation.

Kent residents and professionals will have a direct role in shaping any future improvements, backed by robust governance and oversight arrangements.

4.15 Workforce Stability

KMPT has the scale and existing infrastructure to absorb the CYPMHS and AAEDS workforce without destabilisation. As a long-term contract holder, KMPT will also be able to plan for future workforce development, training and career pathways that support local recruitment and retention.

Communication and engagement with transferring staff are underway to support retention, morale and continuity of care.

4.16 Partnership working in Kent

The contract includes a requirement for KMPT to work in collaboration with system partners and the Kent and Medway CYP Programme Board.

KMPT will also work collaboratively with Boards such as the County Youth Justice Board, Kent's Safeguarding Children Multi-Agency Partnership and Kent's SEND Partnership Board.

4.17 Ensuring Stability and Safety

This contract has been deliberately structured to ensure a stable and clinically safe transfer of services, followed by a phased and locally led approach to integration. The aim is to protect what is working, avoid unnecessary disruption, and create space for thoughtful, co-produced improvements.

4.18 Workforce Stability and Clinical Continuity

KMPT will retain or recruit staff with the relevant skills and experience, with a commitment to maintaining existing clinical relationships and minimising change for children and families.

A joint mobilisation plan between KMPT and NELFT has been developed to manage the safe and orderly handover. This includes workforce mapping, safeguarding alignment, and shared oversight of risk and quality.

Clinical supervision, safeguarding frameworks, and governance arrangements are being reviewed and aligned to ensure a seamless continuation of care from 1st April 2026.

Clear messaging and engagement with existing staff are being prioritised to support retention and morale during the transition. The contract's long-term duration allows for investment in workforce development, shared training programmes, and future system-wide capability building.

4.19 Planned and Phased Integration

The transition to an IAAMHS will be deliberate, staged, and grounded in co-production. It will not involve immediate changes to clinical delivery. Instead, it will follow a phased trajectory with safeguards and milestones written into the contract.

KMPT will be required to develop a plan for areas of development and integration, which would define whether integration is based on age, geography or pathways, by April 2026. This would set out a plan for delivery including engagement, co-production and if appropriate consultation. Plans will be shared with the Committee and wider stakeholders.

Additionally, KMPT will be required to demonstrate progress through regular contract monitoring, including quarterly reporting on integration benefits and delivery against their Service Development and Improvement Plan (SDIP).

4.20 Commitment to Engagement and Service User Voice

Any future changes to service delivery will only be made following appropriate engagement and, where required, formal consultation in line with legal duties relating to substantial variation.

The contract includes binding requirements to co-produce service improvements with children, young people, families and professionals. This includes:

- routine engagement with schools, primary care and local services
- involvement of lived experience in pathway redesign
- evidence of how engagement has shaped priorities and practice.

No changes will be made without meaningful involvement from the Kent community, and assurance processes are in place to monitor this commitment.

This combined approach ensures that the initial period is about stability, not redesign. Integration will be carefully phased, locally governed, and rooted in the needs and voice of Kent's population.

5 Risk management

5.1 Risks to the Council

There are no significant risks to the Council arising from this report.

5.2 Risks to NHSKM

The decision to award the IAAMHS contract to KMPT was taken with a full and clear understanding of the potential risks associated with provider transition, service continuity, and safeguarding the distinct needs of Kent's population. These risks have been actively considered and mitigated through the structure of the contract, the mobilisation approach (including an assurance framework), and the governance framework that will oversee delivery.

One key priority is to maintain therapeutic relationships during the transfer from NELFT to KMPT. KMPT is required to work with NELFT during the mobilisation period, with a strong focus on retaining existing staff and clinical teams. By maintaining continuity in personnel, the aim is to ensure that individuals currently receiving support do not experience unnecessary changes to their care relationships. In addition, targeted communication and support will be provided to families to manage expectations, reduce anxiety, and ensure a seamless transfer.

A second priority relates to the visibility of local needs within a broader, Integrated Care System (ICS)-wide delivery model. KMPT will be contractually obliged to deliver services through a localised, place-based model with dedicated leadership and reporting lines. NHSKM commissioners have reviewed the service specification, ensuring that areas of enhanced support for Kent children and young people are explicit and protected.. There are also clear requirements for regular engagement with Kent stakeholders including schools, children's services, and young people themselves. Local data and intelligence will inform improvement plans and ongoing service development, ensuring that Kent's voice is not only protected but actively shapes delivery.

NHSKM has secured senior-level commitment from KMPT and NELFT to ensure mobilisation oversight and delivery supported at Chief Executive level across all organisations. The new contract must be operational by 1st April 2026 to ensure continuity of critical services. Dedicated resource has been ringfenced across all organisations to ensure an effective, timely mobilisation, and a joint mobilisation plan is in development. Progress will be tracked through formal programme management and regular reporting to NHSKM.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Clinical consistency and stability	Ensuring therapeutic relationships are fully maintained during transition to KMPT	KMPT is required to work jointly with NELFT during mobilisation to retain staff where possible and maintain continuity of care. Clear communication and support will be provided to children, young people, and families during the handover period.	CIII
Local needs represented in service delivery	Potential for reduced visibility of local needs in an ICS-wide model	The contract includes dedicated local leadership, local reporting lines, and mechanisms for ongoing engagement with stakeholders, schools and families. Local data will inform improvement plans.	CIII
Delivering on time	Meeting agreed timeframes for mobilisation to avoid any risk in transfer in services	ICB, KMPT and NELFT have committed senior leadership at CEO level. Ringfenced mobilisation resource and oversight arrangements are in place to ensure the new contract is operational by 1 April 2026.	CII

For risk rating, please refer to the following table (please **retain** table in final report):

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

6 Financial implications

There are no financial implications for the Council arising from this report.

The contract values from existing contracts will move to the new Integrated All Age Mental Health contract.

7 Legal implications

There are no legal implications relevant to this report.

KENT COUNTY COUNCIL
Sessions House
County Hall
Maidstone
Kent
ME14 1XQ

Health Overview and Scrutiny Committee

Assessment of whether or not a proposal for the development of the Health Service or a variation in the provision of the Health Service in Kent is substantial

1. A brief outline of the proposal with reasons for the change

NHSKM has completed this substantial variation assessment based on the recent decision to award a new Integrated All-Age Mental Health Services (IAAMHS) contract to Kent and Medway NHS and Social Care Partnership Trust (KMPT).

There will be no change to service delivery, level of investment, clinical models, premises used, or access points due to this contract transfer and, as such, NHSKM has assessed that this action of contract award does not constitute a substantial variation requiring formal public consultation at this point.

However, pathways and services may change over time, requiring engagement and consultation as appropriate. NHSKM will share plans for service development with the Committee and stakeholders in advance to seek support that ensures that local populations are engaged and heard.

As service models emerge and the opportunity for integration develops, there may be future service changes where the threshold for substantial variation is met. To ensure this is managed appropriately, the contract includes a requirement for KMPT to adhere fully to the agreed protocols for managing service change, including public engagement and formal consultation where applicable. The following requirements are contractually embedded:

- Co-production with children, young people, and families in local areas across Kent.
- Local governance and named local leadership within the KMPT delivery model.
- Routine engagement with primary care, schools, children's services, public health, and other key stakeholders.
- Alignment with statutory duties relating to substantial variation and consultation.

Commissioning Body and contact details:
NHS Kent and Medway Integrated Care Board

Current/prospective Provider(s):

	Current Provider	Prospective Provider
Children and Young People's Mental Health Service (CYPMHS) which includes the Mental Health Support Teams in schools (MHSTs)	NELFT	KMPT
All Age Eating Disorder Service (AAEDS)	NELFT	KMPT
Adult Mental Health Services (AMHS)	KMPT	KMPT

Outline of proposal with reasons:
The current provider of Kent's Children and Young People's Mental Health Service (CYPMHS), Mental Health Support Teams in schools (MHSTs), and All Age Eating Disorder Service (AAEDS) is North East London NHS Foundation Trust (NELFT). NELFT has indicated its intention to exit Kent and Medway when its current contract ends on 31st March 2026.

In response, NHS Kent and Medway (NHSKM) has undertaken a process to secure a sustainable provider capable of maintaining continuity of care, protecting the workforce, and advancing a long-term integrated model of support.

The expiry of NELFT's current contracts provides an opportunity for NHSKM to strategically align this service provision into an Integrated All-Age Mental Health Service. This in part, has been driven by feedback from Kent's children and families over the years, who have consistently expressed frustrations experienced with transition. The contract award to KMPT presents a unique opportunity to address this longstanding feedback by integrating the mental health offer.

The award of the Integrated All-Age Mental Health Services contract to KMPT delivers a range of immediate benefits to children, young people, families, and people with an eating disorder in Kent. The overriding priority throughout the contracting process has been to maintain continuity of care while securing a safe, stable, and future-ready service model. Further detail of benefits can be found in the 9th October 2025 HOSC paper.

2. Intended decision date and deadline for comments (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The Contract Award Notice was published on 30th June 2025.

Mobilisation of CYPMHS / AAEDS within the Integrated All-Age Mental Health Service: 1st April 2026.

3. Alignment with the Kent and Medway Integrated Care Strategy

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Kent's ICS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services.

Whilst NHSKM has assessed that the implementation of this contract does not represent a substantial variation, the integration of the contract will have benefits that align with the Kent and Medway Integrated Care Strategy[1].

The Kent and Medway Integrated Care Strategy looks at how health and care colleagues from the NHS and local councils can work together to make improvements, and sets out six outcomes:

1. Give children and young people the best start in life
2. Tackle the wider determinants to prevent ill health
3. Support happy and healthy living
4. Empower people to best manage their health conditions
5. Improve health and care services
6. Support and grow our workforce

These priority themes, and the actions and feedback that underpin them, are addressed through the Integrated All-Age Mental Health Service and the Mental Health Collaborative model. The Mental Health Collaborative model was presented to Kent's Health Overview and Scrutiny Committee in February 2024.

NELFT staff currently delivering the CYPMHS and AAEDS will transfer, ensuring (alongside the service specification) that there will be no changes to the services as they transfer. Over time, and with consultation from Kent and Medway residents and patients, as well as stakeholders including HOSC, service areas which will benefit from further integration will be explored.

NHSKM commissioners have a robust understanding of local needs and challenges which have been carefully considered and incorporated into the NELFT service and have been written into the Integrated All-Age Mental Health Service specification.

A key component of Kent and Medway's Integrated Care Strategy is working together, both in terms of residents being able to connect with services, and services being able to connect with each other. The Integrated All-Age Mental Health Service will enable better connectedness for children, young people, and adults requiring mental health support, especially those within the young adult cohort, contributing towards the requirement for "*improving the transition to adult services" (Kent and Medway Integrated Care Strategy, shared outcome one)* as the services will be delivered via one provider. Having one Integrated All-Age Mental Health Provider will also help achieve this requirement: "*We will transform how we help families access the right support, in the right place at the right time, and make sure the support they receive is joined up across organisations*" *(Kent and Medway Integrated Care Strategy, shared outcome one).*

[1] Kent and Medway Integrated Care Strategy :: Kent & Medway ICS

4. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

(i) Have patients and the public been involved in planning and developing the proposal?
(ii) List the groups and stakeholders that have been consulted
(iii) Has there been engagement with Kent Healthwatch?
(iv) What has been the outcome of the consultation?
(v) Weight given to patient, public and stakeholder views

Patients and the public have been involved in planning and developing the mental health system model for children and young people. Consultation and engagement on the Mental Health Collaborative model have taken place over the last 2 years across Kent and Medway, led by NHSKM engagement leads, NHSKM's lived experience lead, as well as Kent and Medway commissioners.

Children, young people, young adults, and families have been engaged through face-to-face engagement events such as the Big Mental Health Conversation, and Youth Summit. These engagement events as well as summer and autumn activities, groups, and meetings across Kent and Medway, engaged 487 children and young people, young adults, as well as parents and carers with around 981 written contributions, including poems, drawings, podcasts, and short films.

An online survey[2] hosted by NHSKM has continued to collate feedback and responses, as well as the use of other media, channels, newsletters, and networks.

Test 2 - Consistency with current and prospective need for patient choice

This is not a redesign of services and there will be no change to patient choice options. The current offer will transfer, and service continuity is contractually protected.

There will be no downgrading of access, investment, or quality. All key services will remain available to Kent families in their current form, with clinical teams supported to remain in post.

Test 3 - A clear clinical evidence base

(i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
(ii) Will any groups be less well off?
(iii) Will the proposal contribute to achievement of national and local priorities/targets?

This contract has been deliberately structured to ensure a stable and clinically safe transfer of services, followed by a phased and locally led approach to integration. The aim is to protect what is working, avoid unnecessary disruption, and create space for

[2] Children and Young People; mental health and wellbeing | Have Your Say In Kent and Medway

thoughtful, co-produced improvements.

Within the existing services, the clinical evidence-base has been accounted for and incorporated into service delivery. As KMPT will deliver the same as the existing service initially, the clinical outcomes will remain consistent and improve as the benefits of integration are realised. There will not be any groups who are less well-off due to the transfer of services.

KMPT will adhere to national and local clinical guidance e.g. NICE and will be contract monitored regarding their compliance and outcomes for patients.

As outlined in questions 3 and 4 above, the Integrated All-Age Mental Health Service is expected to deliver against local priorities and will also deliver against aspects of the Government's 10-year plan.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

NHSKM commissioners, including clinical staff, have been involved in reviewing the service specifications. NHSKM and Medway Partnership Commissioners led a clinical reference group in 2023/24 to review the existing clinical model, and improvements have been made through the Service Development and Improvement Plan within contracts.

The move to a new provider will maintain continuity of care while securing a safe, stable and future-ready service model.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

(i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
(ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
(iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

No acute bed reduction is planned.

5. Effect on access to services

(a) The number of patients likely to be affected
(b) Will a service be withdrawn from any patients?
(c) Will new services be available to patients?
(d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

a) NELFT receives approximately 28,000 referrals to services per year, of which approximately 23,000 are for Kent patients. There are no plans for restriction of accessing the service both in terms of pathway or premises.

b) Services are not being withdrawn from any patients.

c) No new services will be available to patients.

d) Patients and carers will not experience changes to the way they access services.

6. Demographic assumptions

(a) What demographic projections have been taken into account in formulating the proposals?
(b) What are the implications for future patient flows and catchment areas for the service?

a) The demographic projections within the integrated service specification include data from the Local Authority population forecast toolkit. Socio-economic data from the Ministry of Housing, Communities & Local Government and Census data to focus on ethnicity were also used for analyses of demographics. The national NHS England surveys were used to estimate prevalence and need alongside data from existing services.

b) As the CYPMHA and AAEDS existing specifications and contracts are transferring, there are no anticipated changes for future patients flows and catchment areas. Any changes during the term of the contract will require KMPT to ensure that appropriate engagement is undertaken.

7. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Kent?

There will be no changes to service delivery, clinical models, premises or access points because of this contract transfer. Activity within the integrated contract will be monitored by NHSKM through established contractual arrangements to ensure that access, outcomes and experience remain stable and consistent with the current offer.

8. Financial Sustainability

(a) Will the change generate a significant increase or decrease in demand for a service?
(b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
(c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
(d) Will it be affordable in revenue terms?
(e) What would be the impact of 'no change'?

a) The change is not anticipated to drive a significant change in demand.

b) This change is not driven by financial implications – the same level of current investment will be moving to the new contract.

c) There is assurance that the proposal does not require unsustainable level of capital expenditure.

d) The change will be affordable in revenue terms.

e) No change would result in gaps in critical services relating to CYPMHS and AAEDS from 1st April 2026 as the existing contracts will expire.

9. Wider Infrastructure

(a) What infrastructure will be available to support the redesigned or reconfigured service?
(b) Please comment on transport implications in the context of sustainability and access

a) From April 2026 onwards, KMPT will be responsible for delivering services in line with the contract and service specifications. However, the first 12 months of delivery will focus on stabilisation and maintenance. By March 2026, KMPT must submit a detailed Integration Strategy to NHSKM, to be mutually agreed by September 2026. Integration delivery must begin by April 2027, with evidence of progress, early impact, and ongoing engagement.

b) There are no expected transport implications – pathways, premises and access will remain the same.

10. Is there any other information you feel the Committee should consider?

NHSKM, NELFT, and KMPT remain committed to ensuring that Kent's population has the opportunity to engage and shape services for the future benefit of children, young people, adults and families.

11. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

Within the framework stated under Question 1, NHSKM does not feel that this action of contract award constitutes substantial variation.

Item 7: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 9 October 2025

Subject: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Maidstone & Tunbridge Wells NHS Trust.

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1) Introduction

a) At its meeting on 21 July 2021, the Committee received a paper about the clinical strategy's reconfiguration at Maidstone and Tunbridge Wells NHS Trust (MTW). The Committee recommended that MTW provided regular updates on this item. An update was given to the Committee on 17 July 2024.

b) This paper offers a further update on the refreshed clinical strategy of Maidstone & Tunbridge Wells (MTW) NHS Trust. The paper describe the strategy's key changes and workstreams which take into account how MTW:

- Plays a full role in elective care recovery for patients in Kent and Medway.
- Contributes to the three big shifts indicated within the 10-year health plan of providing more care in community settings, moving from digital to analogue and shifting in focus from sickness to prevention.
- Responds to the NHS England's medium-term plan requirements.
- Aligns with Kent and Medway's commissioning plans.

2) Recommendation

a) RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2024) *'Health Overview and Scrutiny Committee (17/07/2024) (Public Pack)Agenda Document for Health Overview and Scrutiny Committee, 17/07/2024 10:00*

Kent County Council (2021) *'Health Overview and Scrutiny Committee (21/07/2021) (Public Pack)Agenda Document for Health Overview and Scrutiny Committee, 21/07/2021 10:00*

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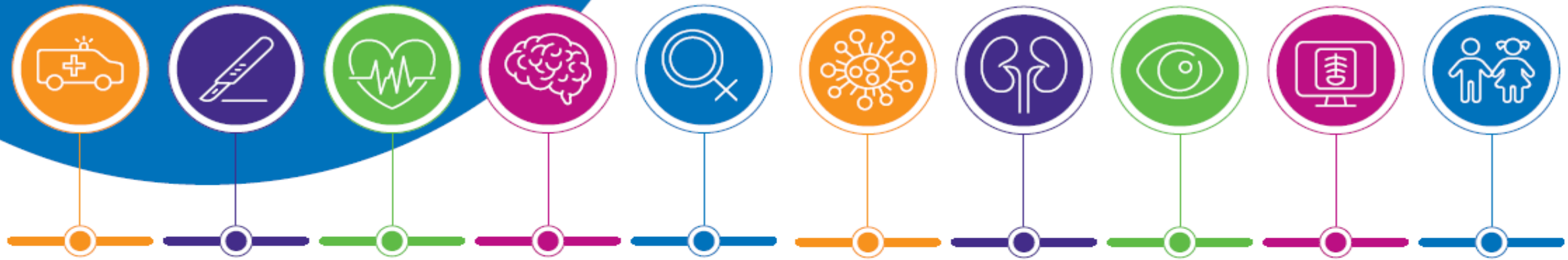
MTW Clinical Strategy - *original*



Emergency medicine

Develop urgent treatment centres (UTCs) at each site.

Become a lead provider for urgent care.

General surgery

Establish a digestive diseases unit (DDU) at TWH.

Cardiology

Centralise cardiology services.

Establish primary percutaneous coronary intervention (PPCI) provision at MH.

Stroke

Establish a hyper acute stroke unit (HASU) at MH.

Women's services

Develop urogynaecology service.

Create a midwifery-led unit at TWH.

Cancer

Set up networked models of radiotherapy and staffing provision across Kent.

Develop satellite locations.

Urology

Repatriate total nephrectomies.

Explore locating urological cancer surgery at MH.

Ophthalmology

Develop new roles and ways of working to deal with increasing demand.

Imaging

Establish a rapid diagnostic centre.

Upskill our staff and utilise new roles and technologies (e.g. artificial intelligence (AI)).

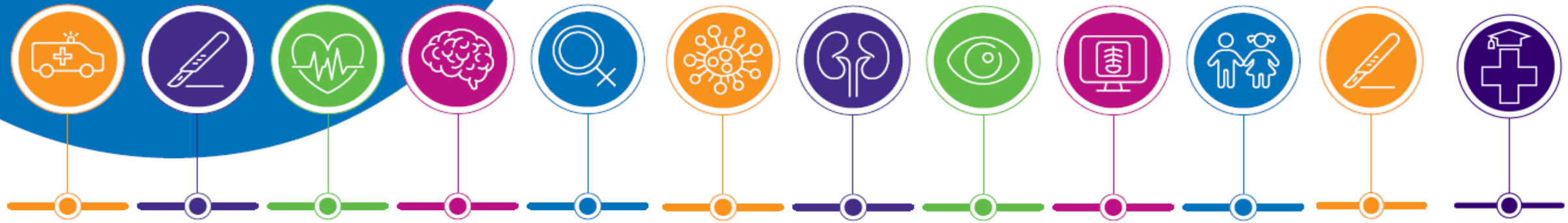
Children's services

Provide additional tertiary services.

Become a level two provider of oncology services.

We are progressing our ambitious clinical strategy that will see our hospitals develop deeper specialist services

MTW Clinical Strategy – *update August 2025*



Emergency medicine	General surgery	Cardiology	Stroke	Women's services	Cancer	Urology	Ophthalmology	Imaging	Children's services	Orthopaedic surgery	Kent and Medway Medical School
Management of Sevenoaks UTC supporting development of MTW as lead provider for emergency care Enhanced Care Team being rolled out.	Robotic-assisted surgery development. Expansion of digestive diseased unit through bidding to become a severe intestinal failure centre	Develop cardiology services on the Maidstone site – business case completed and progressing through approval processes	HASU fully opened, including the innovative Stroke Assessment Bay.	Focus on maternity and CQC identified issues has resulted in maternity services being rated "Good" Developing Gynae same day emergency care service.	Linac and CT replacement programme progressing. Lung Cancer Screening Programme business case submitted.	Robotic procedures available.	Implemented new roles and ways of working to support increased demand Community capacity secured	West Kent CDC complete and fully operational. Capacity for 78,000 tests each year.	Oncology Level 2 provision now in place. Complex Case panels introduced to facilitate discharge.	KMOC operating since Sept24. GIRFT accreditation	Building complete and open to students.

Acquisition of Fordcombe Hospital has increased capacity enabling MTW to provide care for more patients and support some of the longest waiting patients across Kent and Medway

MTW Clinical Strategy – plan vs delivery

- We have already delivered the vast majority of our original plans for our clinical strategy and have also been successful in responding to additional opportunities to develop:
  - Robotic surgery at Maidstone and Tunbridge Wells sites
  - An enhanced care team to support improved mental health and well-being for our patients
  - Achieving a good CQC rating for our maternity services following a significant improvement programme
  - Implementing same day emergency care services across a range of specialties
  - Build and opening of the Kent & Medway Orthopaedic Centre in Maidstone
  - Build and opening of a 147 room and academic centre for K&M medical students at Tunbridge Wells
  - Acquisition and the development of services at Fordcombe Hospital

MTW Clinical Strategy – *developing the strategy into 2030*

We have begun refreshing our organisational strategy and this will inform development and refreshing of our clinical (and other) strategies.

Working with partners this strategy will describe the key changes we want to make to improve services for our patients, taking into account how MTW:

- Plays a full role in elective care recovery for Kent & Medway patients.
- Contributes to the three big shifts indicated within the 10 year health plan of providing more care a community setting, moving from digital to analogue and a shift in focus from sickness to prevention.
- Responds to the NHSE medium term plan requirements.
- Aligns with K&M commissioning intentions.

Item 8: Maidstone and Tunbridge Wells NHS Trust – Fordcombe Hospital

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 9 October 2025

Subject: Maidstone and Tunbridge Wells NHS Trust – Fordcombe Hospital

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Maidstone & Tunbridge Wells NHS Trust.

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1) Introduction

a) This paper provides the Committee with an update on the extent to which the acquisition of Fordcombe Hospital by the Maidstone & Tunbridge Wells NHS Trust (MTW) has been beneficial, one year after the opening of the hospital.

b) Fordcombe Hospital is a modern hospital close to Tunbridge Wells. It was purchased by MTW from Spire Healthcare in April 2024, and has been fully managed by MTW since October 2024.

2) Recommendation

a) RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2024) *'Health Overview and Scrutiny Committee (21/07/2021) (Public Pack)Agenda Document for Health Overview and Scrutiny Committee, 21/07/2021 10:00*

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Wells Health Fordcombe Hospital

The purpose of this paper is to provide Kent's Health Overview and Scrutiny Committee with an update on the extent to which the purchase of Fordcombe Hospital has been beneficial one year after opening.

Introduction

Fordcombe Hospital is a modern hospital close to Tunbridge Wells which was acquired by MTW from Spire Healthcare in April 2024, and came fully under Maidstone and Tunbridge Wells NHS Trust (MTWs) leadership in October 2024.

The hospital has two laminar flow operating theatres, 28 inpatient and day care beds and 10 consultation rooms. It offers a range of diagnostic services including X-Ray, MRI, CT and endoscopy, as well as physiotherapy and pre-operative services.

Fordcombe Hospital offers a wide range of activity, including General Surgery, Urology, orthopaedics, gynaecology, respiratory, gastroenterology, dermatology, breast, ENT, cardiology, general medicine and pain management. We are continuing with a strong operational focus on optimising utilisation to service additional activity, for example filling vacant slots within private sessions with NHS patients when appropriate.

Activity

Since October 2024 a total of 26,269 episodes of care have been provided at Fordcombe, table 1 provides detail on diagnostic activity and table 2 shows OP and elective activity.

Table 1. Fordcombe Hospital diagnostic activity October 2024 to August 2025

	Total
CT	707
Mammography	203
MRI	4328
Ultrasound	826
Xray	1063
Grand total	7127

There are NHS elective job planned sessions for theatre and diagnostic activity at Fordcombe Hospital, providing additional capacity per month in the form of:

- 10 ENT sessions
- 7 Gynaecology sessions
- 4 Breast surgery sessions
- 2 Orthopaedic sessions
- 160 endoscopy cases

In addition, NHS outpatient job planned sessions at Fordcombe Hospital is providing capacity for a range of specialities including cardiology, ENT, gastroenterology, general surgery, gynaecology, rheumatology and trauma & orthopaedics.

Table 2: Out patients and Elective care activity at Fordcombe October 2024 to August 2025

	Total
Out patients	16953
Elective	2189
Grand total	**19142**

Developments

MTW has worked in partnership with Kent and Medway Integrated Care Board (ICB) to develop additional services, which will support local care provision and further expand system capacity. Examples include:

- Provision of cardiac MRI services, a sub specialist diagnostic activity that previously required Kent and Medway patients to travel into London.
- Development of a venesection service for oncology patients

MTW is working to expand the outpatient capacity at Fordcombe Hospital from 10 to 14 consultation rooms, which will create additional capacity and support for Kent and Medway patients.

Summary

The acquisition of Fordcombe Hospital last year from Spire Healthcare is enabling MTW to deliver a step change increase in the treatment of long waiting patients from across Kent and Medway. The Trust has been able to create additional capacity across its hospital sites, providing over 26,000 episodes of care.

MTW has treated an additional 2,000 NHS patients from across the system with particular support for ENT and endoscopy which are some of the most challenged services in Kent and Medway. We are working to expand capacity further and working with partners to optimise the services offered through this expanded capacity to benefit the Kent and Medway population.

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Item 9: Work Programme - 2025

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 9 October 2025

Subject: Work Programme - 2025

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee.

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1) Introduction

a) The proposed work programme has been compiled as a result of recommendations from previous meetings and from topics identified by Committee Members and the NHS.

b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as the referral of issues by Healthwatch and other third parties.

c) HOSC will not consider individual complaints relating to health services; all individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

d) HOSC is requested to consider and note the items within the proposed work programme, and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2) Recommendation

The Health Overview and Scrutiny Committee is asked to consider and note the work programme.

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

4 December 2025		
Item	**Item background**	**Substantial Variation?**
Community Services Procurement and Engagement	To receive an update on Community Services procurement and engagement plans	-
Dementia service provision	To receive information on the provision of local Dementia Services, particularly those offered by GP practices.	
ADHD service provision to adults	To receive an update on service provision of ADHD services to adults.	
Kent and Medway Prosthetics service relocation	To determine whether the relocation of the Kent and Medway Prosthetics Service constitutes a Substantial Variation of service	
Implementation of Hyper Acute Stroke Unit (HASU)	To receive: - an update on the services being provided from Maidstone & Dartford. - an update on the implementation plan at William Harvey. - mechanical thrombectomy suite at Kent and Canterbury Hospital	-

2. Items to be scheduled

Item	Item Background	Substantial Variation?
Phlebotomy services in Deal	The Committee has requested an update once a new provider has been identified.	-
SECAmb Volunteer strategy	The Committee requested to see the Strategy once ready.	-
Edenbridge Medical Centre	The Committee requested an update including metrics, how preventative work reduces instances of acute hospital stays, and how these models of care support GP practices.	-
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	-
Healthwatch Annual Report 24-25	The Committee requested an update on the Healthwatch annual report 24-25	-

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

No proposals are currently under scrutiny by the Kent and Medway Joint HOSC.