HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 4th December, 2025

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 4th December, 2025, at 10.00 am Ask for: **Gaetano Romagnuolo**

Council Chamber, Sessions House, County Hall, Maidstone Telephone: **03000 416624**

Membership

Reform UK (9):	Mr R Mayall (Vice-Chair), Mr J Baker, 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, Councillor K Moses and vacancy

UNRESTRICTED ITEMS

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

Item

1. Election of Chair

2. Apologies and Substitutes

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

4. Minutes of the meeting held on 9 October 2025 (Pages 1 - 8)

5. NHS Kent and Medway Chief Executive Update (Pages 9 - 28)

6. Prosthetic Limb Service relocation (Pages 29 - 54)

7. Kent and Medway Mental Health NHS Trust CQC Response Update (Pages 55 - 62)

8. Healthwatch Kent Annual Report 2024-25 and Update (Pages 63 - 90)

9. Work Programme (Pages 91 - 94)

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

26 November 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 Wednesday, 9 October 2025.

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

IN ATTENDANCE: Ms R Dalton (Chief Allied Health Professions Officer, Kent Community Health NHS Foundation Trust), Mr E Waller (Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, NHS Kent and Medway), Ms R Hewett (Director of Strategy and Partnerships, NHS Kent and Medway), Mr E Waller (Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, NHS Kent and Medway), Ms D Hayward-Sussex (Chief Operating Officer and Deputy Chief Executive, Kent and Medway NHS and Social Care Partnership Trust), Dr A Richardson (Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust), Dr R Chalmers (Chief Transformation Officer, Maidstone & Tunbridge Wells NHS Trust), Ms R Jones (Executive Director Strategy, Planning & Partnerships, Maidstone & Tunbridge Wells NHS Trust) and Dr C Rickard (Medical Director from the Kent Local Medical Committee).

UNRESTRICTED ITEMS

12. Apologies and Substitutes
(Item 1)

No apologies were received.

13. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

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

14. Minutes of the meeting held on 15 July 2025
(Item 3)

RESOLVED that the minutes of the meeting held on 15 July 2025 were an accurate record and that they be signed by the Chair.

15. Faversham Cottage Hospital - temporary pause to inpatient ward
(Item 4)

1. Ms Rachel Dalton (Chief Allied Health Professions Officer, Kent Community Health NHS Foundation Trust) explained that, at the beginning of July 2025, the Trust took the difficult decision to temporarily close the inpatient ward of Faversham Cottage Hospital. This was due to concerns around staffing levels and to ensure that the hospital could maintain a safe service for patients.
2. Since then, the Trust had worked hard to recruit staff across Faversham Cottage and other community hospitals. Good progress had been made and recruitment was closely monitored. The aim was to reopen the site in December.
3. A Member asked a question about how confident the Trust was that the staffing problem would be resolved in the long term.

    a. Ms Dalton replied that there had been significant interest in their vacancies. However, there was a national nursing shortage with over 30,000 vacancies across the country. Also, there was a fragility in the nursing model of smaller community hospitals.

RESOLVED that the Committee **note** the report.

16. Structural Changes to NHS Kent and Medway Integrated Care Board
(Item 5)

1. Ms Rachel Hewett (Director of Strategy and Partnerships, NHS Kent and Medway) said that the report briefed 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 updated on the requirement for ICBs to make a 50% reduction in their operating costs by December 2025. The ICB programme to reduce these operating costs was locally known as the ‘Change-25’ programme.

2. Ms Hewett clarified that the reduction affected the running costs of the organisation, which included predominantly the workforce and pay budget, but not the costs of direct patient care and frontline services. Therefore, this reduction had no impact on frontline services.

3. The organisation was working to develop a new internal operating model but was also working across the South-East region with other ICBs, as there were opportunities for economies of scale. It was also liaising with other local authorities to identify opportunities for joint commissioning.

4. The ICB was making sure that there was a strong support offer for its staff, with significant focus around wellbeing. It also collaborated with external organisations to offer career coaching and support for staff with job searching.

5. In reply to a question about the criteria employed to manage staff reductions, Ms Hewett said that smaller reductions would affect mainly those teams that were not directly dealing with frontline services.

6. A main focus of the ICB in its strategic commissioning role was understanding local population health need and how best to respond locally. It was important to have a strong governance approach, bringing together all the key partner organisations within one system.

7. In answer to a question about the structural shape that the ICB would take in the future, Ms Hewett said that this was still unknown. However, a regional blueprint had been recently produced that gave an idea of what NHS England's regional responsibilities would be.

8. A Member asked whether voluntary resignation and redundancy would come mainly from administrative staff or frontline staff.

    a Ms Hewett replied that there was no set profile or estimate on where voluntary redundancies or resignations would mainly come from.

9. Mr Ed Waller (Chief Strategy and Partnerships Officer and Interim Chief Delivery Officer, NHS Kent and Medway) clarified that there were two separate funding streams. One was the funding for the running costs of the ICB as an organisation, which was the main focus of the paper. Most of the running costs were about staff who dealt with the commissioning, planning and purchase of services, though there were other staff who had a more patient-facing role.

10. This funding was separate from the spend that the ICB made on clinical frontline services. However, this process did have an impact on the ICB because there would be only half the current staff to plan and buy services, although this did not affect the provision of services such as those in hospitals, mental health trusts, community trusts, GPs and dentists.

RESOLVED that the Committee **note** the report.

17. Integrated All-Age Mental Health Services
(Item 6)

1. Mr Waller introduced the paper. The report provided information regarding NHS Kent and Medway's recent decision to award a new Integrated All-

Age Mental Health Services (IAAMHS) contract to the Kent and Medway NHS and Social Care Partnership Trust (KMPT). It outlined the rationale for this contract award, confirmed NHSKM's commitment to service continuity and workforce stability, and detailed how the contract safeguarded Kent's voice in future service development.

2. The paper also set out how statutory duties around service variation and engagement would be met throughout the life of the contract. In addition, it provided an update on the 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.

3. In answer to a question, Mr Waller said that KMPT would work closely with the current provider to ensure a smooth transition and safe handover, drawing on the existing clinical infrastructure and staffing models. This approach would allow for services to continue without disruption. It also created opportunities for better alignment across the system, particularly in supporting young people aged 16 to 25 as they were often at risk of falling between child and adult services, and as the move toward an all-age model was part of a longer-term strategy to close that gap and improve continuity of care.

4. Ms Donna Hayward-Sussex (Chief Operating Officer and Deputy Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) reassured that that there would be no changes to referral routes, entries into those services and processes related to those services. It was critical that they continued unaltered.

5. A key benefit of transferring service provision to KMPT was that it was a local provider. In addition, it was 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.

6. The contract also included a requirement for KMPT to adhere to agreed protocols for managing service change, including public engagement and formal consultation.

7. In addition, following a competitive procurement process, NHS Kent and Medway awarded Salus CIC the Kent Children and Young People's

Emotional Wellbeing and Mental Health Therapeutic Alliance contract. Salus would deliver the contract through a lead provider model - that is, sub-contracting to a number of Voluntary, Community, and Social Enterprise (VCSE) providers that already provided services in Kent.

8. The Kent Therapeutic Alliance service would go live on 1st April 2026, and NHS Kent and Medway was 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.

RESOLVED:

a. he Committee deems that the proposal relating to the new Integrated All-Age Mental Health Services model is not a substantial variation of service.
b. NHS representatives be invited to attend this Committee and present an update at an appropriate time.

18. Maidstone and Tunbridge Wells NHS Trust - Clinical Strategy
(Item 7)

1. 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.

2. This paper offered a further update on the refreshed clinical strategy of Maidstone & Tunbridge Wells NHS Trust. It described the strategy's key changes and workstreams which took into account how MTW played a full role in elective care recovery for patients in Kent and Medway, and contributed to the priorities indicated within the 10-year health plan. These included: providing more care in community settings, moving from digital to analogue and shifting in focus from sickness to prevention.

3. Ms Rachel Jones (Executive Director Strategy, Planning & Partnerships, Maidstone & Tunbridge Wells NHS Trust) said that this was the final update on the current clinical strategy as it was launched in 2019 and was due to end in 2024 but, because of Covid, its conclusion was delayed.

4. Ms Jones said that the Trust managed to achieve almost all of its objectives. For instance, the Trust managed to introduce robotic surgery at both Maidstone and Tunbridge Wells hospitals. It created and resourced an 'Enhanced Care Team', particularly around patients' mental health and wellbeing. It moved from an 'inadequate' CQC rating in 2023 in maternity services provision to a recent 'good' rating.

5. The Trust also opened the Kent and Medway Orthopaedic Centre, which was located on the Maidstone Hospital site. It consisted of a three-theatre, 14-bed unit which provided orthopaedic care for patients across Kent and Medway.

6. It also recently opened a Kent and Medway medical school accommodation and academic centre. This was a was a six-storey high building with 147 rooms to support the training of doctors, with the hope that they would choose to remain in Kent and Medway once they completed their training.

RESOLVED that the Committee **note** the report.

19. Maidstone and Tunbridge Wells NHS Trust - Fordcombe Hospital
(Item 8)

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

2. Fordcombe Hospital was 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.

3. Ms Jones said that the acquisition of Fordcombe Hospital from Spire Healthcare was enabling MTW to deliver a step change increase in the treatment of long-waiting patients from across Kent and Medway. The Trust was able to create additional capacity across its hospital sites, providing for over 26,000 episodes of care. MTW treated an additional 2,000 NHS patients from across the system, with particular support for ENT and endoscopy, which were some of the most challenged services in Kent and Medway.

4. The Trust was also working to expand capacity further, collaborating with partner organisations to optimise the services offered through this expanded capacity.

RESOLVED that the Committee **note** the report.

20. Work Programme
(Item 9)

1. Members of the Committee requested the following:

    a. An update on the temporary pause the inpatient ward at Faversham Cottage Hospital.

b. Papers from all the Trusts in Kent and Medway, other than Maidstone and Tunbridge Wells NHS Trust (which had just provided an update) on their own clinical strategies.

c. An update on GP services, particularly on provision and access.

RESOLVED that the Committee **consider** and **note** the work programme.

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Item 5: NHS Kent and Medway Chief Executive Update

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 4 December 2025

Subject: NHS Kent and Medway Chief Executive Update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the update provided by NHS Kent and Medway.

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1) Introduction

a) This inaugural report from the recently appointed Chief Executive of NHS Kent and Medway Integrated Care Board (ICB), Adam Doyle, provides an overview of the current challenges and opportunities facing the local health and care system.

b) The paper outlines the national context, including the NHS 10-Year Plan's focus on integrated, community-based, and digitally enabled care, as well as the need for prevention and tackling health inequalities.

2) Recommendation

a) RECOMMENDED that the Committee **note** the update report.

Background Documents

None.

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Kent County Council
Health Overview and Scrutiny Committee

Friday, 21 November 2025

NHS Kent and Medway Chief Executive Update

Report from: Adam Doyle, Chief Executive, NHS Kent and Medway

1. Summary

1.1. This inaugural report from the Chief Executive of NHS Kent and Medway Integrated Care Board (ICB) provides an overview of the current challenges and opportunities facing the local health and care system. It outlines the national context, including the NHS 10-Year Plan's focus on integrated, community-based, and digitally enabled care, as well as the need for prevention and tackling health inequalities.

1.2. Locally, Kent and Medway face significant operational and financial pressures, including a large system deficit, long waiting lists, and marked health inequalities. In response, the ICB has launched a comprehensive Reset, Recovery, and Transformation Programme, underpinned by a System Improvement Plan focused on neighbourhood transformation, acute service reconfiguration, strategic commissioning, leadership and culture, digital innovation, and financial recovery.

1.3. The report details the ICB's internal restructure to become a more agile, efficient, and partnership-driven organisation, and describes the recent procurement of community services designed to improve access, quality, and equity of care. Engagement with stakeholders, including HOSC, is highlighted as a priority for building trust and ensuring transparency.

1.4. Looking ahead, the ICB's commissioning activity will be guided by new strategic documents and a forward plan focused on neighbourhood health, mental health improvements, elective care productivity, and ongoing transformation of community services. The report concludes with a commitment to partnership working and continuous improvement to deliver better outcomes for the people of Kent.

2. Recommendations

2.1. The Committee is asked to note the report

3. Budget and policy framework

3.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Kent. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

4. NHS Kent and Medway Chief Executive Update

4.1. The new Chief Executive of NHS Kent and Medway ICB, Adam Doyle, is presenting his first report to the Health Overview and Scrutiny Committee since his commencement in post from the middle of October. This is in the context of significant change and ongoing challenges within the NHS, both nationally and locally in Kent and Medway. In recent years, the NHS has undergone substantial structural reforms, including the establishment of Integrated Care Boards (ICBs) and the drive towards more integrated, partnership-based approaches to health and social care. For NHS Kent and Medway ICB, this has meant adapting to new statutory responsibilities, forging stronger collaborations with local authorities and partners, and responding to evolving national policy directives. The ICB is now under going a particularly significant period of change including purpose and size.

4.2. Locally, the health and care system continues to face pressures such as increased demand for services, workforce challenges, and the need to address health inequalities across diverse communities. Financial constraints remain a significant concern, with the ICB required to deliver substantial reductions in operating costs while maintaining the quality and accessibility of care. These pressures have been compounded by the ongoing recovery from the COVID-19 pandemic, which has had lasting impacts on service delivery and workforce resilience.

4.3. This report has been produced to provide a clear overview of the current context, highlight key developments, and inform decision-making as the ICB navigates these complex challenges. The background information presented here is intended to ensure that the report stands independently, offering sufficient context for readers who may not be familiar with the recent history or specific drivers behind the ICB's current priorities and actions.

5. Risk management

5.1. Risk management is a fundamental responsibility of the NHS and is embedded within the governance structures of the Kent and Medway Integrated Care Board (ICB). All risks identified in relation to the delivery of services, achievement of strategic objectives, or system transformation are managed in accordance with the ICB's Risk Management Strategy, which includes the maintenance of a Board Assurance Framework (BAF) and Corporate Risk Register (CRR). These

frameworks ensure that risks are systematically identified, assessed, mitigated, and monitored, with clear lines of accountability and escalation.

5.2. However, effective risk management within an integrated care system (ICS) requires a collaborative approach. Recognising the interconnected nature of health and care delivery, the ICB is committed to sharing and discussing relevant risks with system partners, including local authorities, NHS providers, and the voluntary and community sector. This is achieved through established forums such as health and wellbeing boards, which provide a statutory platform for joint working, strategic oversight, and the alignment of risk mitigation actions across organisational boundaries.

5.3. In addition to health and wellbeing boards, risks are regularly discussed at other partnership meetings and system-wide groups, ensuring that all partners are sighted on key risks and can contribute to their management. This approach supports transparency, shared accountability, and collective problem-solving, enabling the system to respond more effectively to complex challenges and deliver improved outcomes for the population of Kent.

5.4. The ICB will continue to review and update its risk management processes in line with national guidance and local priorities, ensuring that risks are not only managed within the NHS but also understood and addressed collaboratively with all ICS partners.

6. Financial implications

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

7. Legal implications

7.1. There are no legal implications arising from this report.

8. Lead officer contact

Adam Doyle, Chief Executive

Introduction and Overview

I am pleased to present my first report to the Health Overview and Scrutiny Committee (HOSC) as Chief Executive of NHS Kent and Medway Integrated Care Board.
In this inaugural report, my aim is to set the scene for the work ahead; acknowledging the significant challenges we face across our health and care system, while also highlighting the opportunities for positive change. The landscape in which we operate is complex, with increasing demands, resource pressures, and the need for innovative solutions. These challenges require us to think differently and act collectively.

Central to my approach is a commitment to partnership. I believe that by working together, across organisations, sectors, and with our communities we can develop new ways of collaborating that are more effective, inclusive, and sustainable. This report will set out the context we are operating in, outline the key challenges before us and set out a new way of working, grounded in shared purpose and mutual respect.

I look forward to working with the committee and all our partners as we strive to deliver the best possible outcomes for the people of Kent that we serve

1. National Context and Guidance

NHS 10 Year Plan

1.1 The NHS 10-Year Plan is a national document which sets out a bold vision for the future of health and care in England. It seeks to respond to rising demand, widening health inequalities, and financial pressures by committing to a fundamental transformation of how services are delivered. The 10 year plan sets the context in which all ICBs and other health bodies operate.

1.2 Nationally, it is clear that demand is rising; by 2030, the population aged over 65 will increase significantly, driving a 19% rise in acute demand and 1.7 million more GP appointments. Coastal and deprived communities face a 12-year gap in life expectancy nationally which is echoed locally. The NHS faces structural deficits and must deliver efficiency while improving outcome with in the context of recruitment and retention remaining as critical risks. Following engagement, the Plan cites that people want care closer to home, smooth and often digital access, and integrated support.

1.3 The NHS 10-Year Plan marks a turning point in how health and care will be delivered. At its heart is a commitment to move away from a system that reacts to illness and towards one that actively promotes health and wellbeing. This transformation will unfold through three interconnected shifts.

1.4 First, care will move out of hospitals and into communities. Instead of relying on large acute centres for most services, the future model will see neighbourhood health hubs become the focal point for care. These hubs will bring together GPs, community nurses, mental health professionals, and social care teams under one roof, making it easier for people to access joined-up support close to home. For councils, this means a stronger role in shaping local health provision and ensuring that services reflect the needs of their communities.

1.5 Second, the NHS will embrace digital technology as a core part of everyday care. The plan envisions a system where the NHS App becomes the main gateway for patients, offering everything from appointment booking to prescription management. Behind the scenes, a single patient record will allow clinicians and social care professionals to share information seamlessly. Remote monitoring and AI-driven tools will help identify problems earlier and reduce unnecessary hospital visits. This digital revolution will require councils to tackle digital exclusion and ensure that vulnerable residents are not left behind.

1.6 Finally, the NHS will shift its focus from treating sickness to preventing it. The plan sets ambitious goals to narrow health inequalities and improve healthy life expectancy. Prevention will no longer be an afterthought; it will be embedded in every part of the system, from targeted public health campaigns to school-based mental health support. Councils will be central to this effort, using their influence over housing, education, and transport to create healthier environments and tackle the root causes of ill health.

1.7 The NHS 10-Year Plan sets out a series of priorities that will fundamentally reshape how health and care services operate. At the heart of this transformation is the ambition to create a system that is integrated, sustainable, and focused on improving outcomes for every community.

1.8 Integrated working, bringing together NHS organisations, local authorities and voluntary sector partners is a key theme of the plan. The aim is to move away from fragmented decision making to a model where resources, responsibilities and accountability are shared. For councils, this means a clear role in shaping health strategies and ensuring that local priorities, such as housing, education and social care, are fully aligned with NHS plans.

1.9 Alongside governance reform, the NHS will embark on a comprehensive workforce transformation. The plan recognises that the current workforce model cannot meet future demand. New roles will be introduced to support integrated neighbourhood teams, training pathways will be modernised to attract and retain talent, and flexible working arrangements will become the norm. Councils will need to work closely with the NHS to ensure that social care staffing is included in these reforms, as the

success of integrated care depends on a resilient and skilled workforce across both sectors.

1.10 Financial sustainability is another cornerstone of the plan. The NHS will adopt value-based commissioning, ensuring that funding decisions are driven by outcomes rather than activity alone. Productivity improvements will be prioritised, supported by digital innovation and streamlined processes. This approach will require councils to engage in joint financial planning, particularly where health and social care budgets intersect, to avoid duplication and ensure that resources are used effectively.

1.11 Finally, the plan commits to addressing the climate emergency by embedding net zero targets into NHS operations. This will involve reducing emissions from estates, transport, and supply chains, and councils will play a vital role in supporting these efforts through local planning, infrastructure development, and sustainable transport initiatives.

Together, these priorities represent a profound shift in how health and care will be delivered. They demand collaboration, shared leadership, and a willingness to innovate—not just within the NHS, but across the entire public sector.

Medium Term Planning Framework

1.12 NHS England published the Medium Term Planning Framework on 24th October 2025, which set expectations for system transformation over the next three years. Key changes from the traditional operational planning process include a focus on longer term planning, empowering local leadership and resetting the NHS by reducing waiting times, improving access to local care and eliminating unnecessary bureaucracy.

1.13 The framework requires NHS organisations to develop 3 and 5 year plans in response to local population need and aligned to NHS England financial and capital allocations which are due shortly.

Strategic Commissioning Framework

1.14 The NHS Strategic Commissioning Framework was published by NHS England on 4 November 2025. It provides detailed guidance for Integrated Care Boards (ICBs) on their evolving role as strategic commissioners, including an updated commissioning cycle and key enablers for effective delivery

1.15 The Strategic Commissioning Framework sets out a new approach for Integrated Care Boards (ICBs) to move beyond transactional contracting and adopt a population-focused, outcome-driven model. It emphasises commissioning across whole care pathways, aligning resources to deliver better health outcomes and reduce inequalities. This involves using robust data, predictive analytics, and lived experience to inform decisions, embedding value-based criteria, and ensuring transparency in prioritisation.

1.16 The framework also calls for closer integration with local authorities and voluntary sector partners, recognising that health outcomes are shaped by housing, education, and social care as much as clinical services. In particular the framework states that Health and Wellbeing Boards should lead the development of a Neighbourhood Health Plan, which sets out shared objectives across place partners, how the model of care will change based on local need and how commissioners and providers with organise themselves to deliver services in a more integrated way. There is an opportunity for this to build on the existing Kent and Medway Integrated Care Strategy.

2. Local Context and Strategic Diagnosis

2.1 The NHS in Kent and Medway faces significant operational and financial challenges, including:

- An underlying system deficit exceeding £300m, with £118m in deficit support funding currently received.
- Over 225,000 patients on elective waiting lists, with more than 88,000 waiting over 18 weeks.
- Deteriorating performance against some national clinical standards, including areas some of cancer and urgent care.
- Growing demand: by 2030, an additional 1.7 million GP appointments will be needed, and acute demand for those aged over 65 will rise by 19%.
- Marked health inequalities, particularly in coastal areas, with a 12-year lifespan gap.
- Variability in staff experience and performance, and constrained access to capital.
- The highest prevalence of frailty in over-50s in the South East, with the 85+ age group growing fastest.
- Trust and collaboration between NHS organisations, local government, and VCSE partners need strengthening.

3. Kent and Medway NHS Response – Reset, Recovery and Transformation Programme

3.1 Kent and Medway's response reflects the ambition of the national documents and the local context. Coordinating the response to national plans and local context and need, the reset and recovery and transformation programme aims to:

- Stabilise financial and operational performance in 2025/26 through targeted interventions and system-wide cash management.
- Develop a clinically led case for change, focusing on service collaboration, efficiency productivity, and workforce utilisation.
- Accelerate planning for 2026/27, aligning operational and financial plans with national efficiency targets and workforce strategy.

- Fast-track the development of community-based care, supported by digital infrastructure.

4. System Improvement Plan (SIP)

4.1 The SIP sets out a clear roadmap for change, structured around six priority pillars:

- Neighbourhood Transformation
- Acute Service reconfiguration
- Strategic Commissioning
- Leadership and Culture
- Digital and data
- Financial Recovery

Neighbourhood Transformation

4.2 The NHS is committed to bringing care closer to home by creating neighbourhoods that serve populations of around 50,000. These neighbourhoods will become the foundation of integrated care, where health and social services work together to meet local needs. Over the next year, the system will define and sign off neighbourhood footprints and develop locally owned improvement plans focusing on prevention, managing long-term conditions, and strengthening community services.

4.3 Impact: Improved access to care, reduced health inequalities, and stronger integration between health and social care.

Acute Service Reconfiguration

4.4 Hospital services will undergo a major redesign to improve efficiency and clinical resilience. A unified case for change will be completed, followed by local reconfiguration plans and regional reviews in early 2026. This is not focused on identify or structural organisational change in the acute but rather in the clinical efficiency, effectiveness and collaboration between trusts. Maximising benefit for the whole population while focusing on driving up outcomes.

4.5 Impact: Safer, more sustainable hospital services aligned with community-based care.

Strategic Commissioning

4.6 The Integrated Care Board (ICB) will transition into a strategic commissioner role, moving away from transactional contracting towards a model that prioritises value and outcomes. A long-term commissioning strategy will be produced supported by an enabling framework for delivery vehicles that can commission for both system-wide outcomes and local population needs.

4.7 This includes discussion on:

- Joint health and care strategic planning with Kent County Council and Medway Council, ensuring alignment with local Health and Wellbeing Strategies.
- Focus on elective recovery and demand management to tackle long waits and embedded inequalities.
- Governance refresh designed to increase accountability and transparency.
- Integration of social care and community services, particularly through neighbourhood models and joint workforce planning.

4.8 The local approach is underpinned by principles of clinical leadership, system ownership, and place-based delivery. It aims to create a commissioning model that is insight-driven, partnership-focused, and capable of delivering sustainable improvements in health outcomes for Kent residents.

4.9 Impact: Better resource allocation and accountability, ensuring maximum benefit for patients and taxpayers.

Leadership and Culture

4.10 Transformation requires strong leadership and a culture of collaboration. A system approach to culture and development alongside shared behavioural commitments will be introduced. Governance will be strengthened through the creation of the System Improvement Programme Board.

4.11 Impact: A leadership culture that drives progress and supports productive partnerships.

Digital and Data

4.12 The plan sets out a vision for a single source of truth, enabling clinicians and managers to make decisions based on reliable, real-time information. Digital triage, virtual consultations, and remote monitoring will become standard practice.

4.13 Impact: Improved efficiency, better patient experience, and enhanced system oversight.

Financial Recovery

4.14 Financial sustainability is essential to the success of the plan. The NHS will implement a robust financial recovery programme, stabilising performance in 2025/26 through targeted interventions and system-wide cash management.

4.15 Impact: Reduced deficit and a financially sustainable system.

Engagement and Partnership

4.16 The success of the SIP depends on early and authentic engagement with all stakeholders, including local councils, VCSE partners, and communities. A comprehensive communication and engagement strategy will ensure transparency

and build trust. Local authorities will play a vital role in shaping neighbourhood models, aligning health and care priorities, and supporting population health initiatives.

5. ICB Internal Restructure and Reorganisation

5.1 The HOSC has previously received a number of updates regarding this area. The reorganisation needs to be seen in the context of the national guidance and the Reset, Recovery and transformation Programme detailed above.

5.2 As set out above, the NHS 10-Year Plan and recent national reforms have set a clear direction for Integrated Care Boards (ICBs) to evolve into strategic commissioners, with a focus on improving population health, reducing inequalities, and ensuring high-quality, sustainable services. The new strategic commissioning framework moves away from transactional contracting and fragmented delivery, towards a model that is insight-driven, outcome-focused, and rooted in partnership working across health, social care, and the wider public sector.

5.3 For Kent and Medway, this marks a substantial transformation in the way the ICB functions. The Board is tasked with halving its operating budget—from £73.5 million to £38.3 million—to meet national targets. This is being achieved through the 'Reset, Recovery and Transformation' initiative outlined above, and entails major reductions in workforce, the implementation of a revised operating model, and a strong focus on engaging and supporting staff.

5.4 The approach is guided by the principles of clinical leadership, collective responsibility across the system, and delivery tailored to specific localities. Although the transition presents considerable challenges, including the need for cultural adaptation, development of new capabilities, and the careful handling of risks such as workforce uncertainty and financial pressures, the ICB remains dedicated to transparent communication, prioritising staff wellbeing, and maintaining a clear focus on key objectives.

5.5 The scale of this undertaking is immense, given the complexity and scope of the programme. Crucially, the ICB must continue to manage its demanding operational and financial responsibilities, which include overseeing the nation's largest system-wide financial savings initiative and supporting ongoing enhancements in both primary care and access to elective and urgent services.

5.6 The 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.

5.7 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.

5.8 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.

5.9 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

5.10 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)
- The Transition Committee is currently focused on guiding the Kent and Medway Integrated Care Board through significant organisational changes as part of the programme. Recent meetings have centred on preparing for potential availability of funds and clarifying the application of any scheme across the organisation The committee is also tasked with developing a communication narrative for the new organisation, scheduling briefings for key stakeholders, and liaising with NHS England to resolve outstanding policy questions.

5.11 A major theme is the need to balance statutory duties with the realities of reduced staffing, which presents risks to system resilience and quality assurance. The organisation is actively considering how to share and manage risk across ICBs and providers. There is a strong emphasis on maintaining staff well-being, morale together with robust governance and financial oversight during the transition, with regular updates to the Board.

5.12 Looking ahead, the organisation is supporting the development of shared services and integrated neighbourhood teams, aiming to embed consistent operating models and digital infrastructure across Kent & Medway. This multi-year transformation is expected to deliver measurable improvements in access, prevention, and local coordination, aligning with the broader Reset, Recovery, and Transformation framework. The work is characterised by collaboration across multiple ICBs, transparent decision-making, and a commitment to supporting staff through change while safeguarding service quality.

5.13 Ultimately, the strategic commissioning framework and the programme together aim to create a more agile, efficient, and effective commissioning organisation. This will enable Kent and Medway to deliver better health outcomes, reduce inequalities, and

ensure the best use of resources for its population, in line with the ambitions of the NHS 10-Year Plan

6. Community Services Procurement

6.1 Over the past two years, NHS Kent and Medway Integrated Care Board (ICB) briefed the Health Overview and Scrutiny Committee (HOSC) on the rationale, process, and ambitions for the re-procurement of adult and children's physical community healthcare services. The new procurement followed the Provider Selection Regime Regulations (2023), with contracts awarded for five years, plus up to three years of extensions.

6.2 This procurement allows alignment to national priorities, such as the Darzi report's call to move care closer to home and the NHS's 10-Year Plan, which prioritised prevention, digital transformation, and out-of-hospital care. Our aim has always been to ensure patients received the right care, in the right place, at the right time, and to address unwarranted variation in access and outcomes across Kent and Medway.

Contracting Landscape and Rationale

6.3 The ICB previously directly contracted with five main providers for community healthcare:

- East Kent Hospitals University NHS Foundation Trust (CYP only)
- HCRG Care Group (Adults only)
- Kent Community Health NHS Foundation Trust (Adults and CYP)
- Medway Community Healthcare (Adults and CYP)
- Medway NHS Foundation Trust (CYP only)

6.4 These arrangements had grown organically, resulting in uneven service provision. Many contracts were due to expire or had been extended multiple times, necessitating a comprehensive re-procurement. All contracts were extended to allow for a robust procurement process and mobilisation of new providers.

6.5 The procurement was split into six lots, aligned to Health and Care Partnership (HCP) footprints:

- Dartford, Gravesham & Swanley Adult Services
- East Kent Adult Services
- Medway & Swale Adult Services
- West Kent Adult Services
- Kent Children's Services (excluding Swale)

- Medway & Swale Children's Services

6.6 Providers were able to bid for one or multiple lots, and joint bids were encouraged. We have previously clarified that the process was designed to ensure value for money, high-quality care, and equitable access for all residents.

Strategic Fit and Ambitions

6.7 The Community Services Review (CSR), relaunched in February 2024, was the foundation for this procurement. The CSR aligned with the Kent and Medway Integrated Care Strategy Shared Delivery Plan 2024-26, focusing on:

- Developing neighbourhood teams
- Ensuring access to needed services
- Seamless transitions between services
- Addressing health inequalities and prevention

6.8 The Ambitions Document, which we have shared with HOSC, outlined expected service improvements and set the direction for transformation over the contract's life. Providers were to be held to account through action plans and Key Performance Indicators (KPIs), reviewed annually.

Service Models and Scope

Adult Services

6.9 We have previously described to the committee the co-designed model of out-of-hospital care, developed with provider collaboratives and based on national best practice. This model interfaced with urgent care (111/999), single points of access, and aimed to deliver care closer to home. We have assured HOSC that, while the ambition was to implement this model system-wide, changes would be developed collaboratively with providers during the contract's first year and beyond.

Children's Services

6.10 Children's community services in Medway were included in the procurement, ensuring alignment with the rest of the county. Providers were required to demonstrate capability to deliver current services and develop new models focused on integration, locality-based care, single clinical records, and specialist support. The lived experience of children, young people, and families will be central to service design.

Transition of Care

6.11 We have previously clarified that service specifications for adults and children were jointly developed to ensure smooth transitions, with aligned age ranges and

pathways. The procurement covered a wide range of community services, with some (e.g., urgent treatment centres, community mental health) out of scope for now.

Contractual Enhancements and Transformation

6.12 As discussed with the committee, the contracts have now been awarded on an "as-is" basis for the first year, with a clear expectation of ongoing improvement. Enhancements included:

- Requirement for providers to develop Health Inequalities Action Plans
- Performance incentives for maintaining standards during change
- An ICB-held transformation fund to support service development
- Annual review and refresh of KPIs and action plans

6.12 A Community Services Improvement Group, including stakeholders from across the system, was established to oversee transformation, review service specifications, and ensure services remained fit for the future.

Engagement and Consultation

6.13 Working with HOSC, we have developed a forward plan and a communications and engagement plan with three stages:

- **Stage 1:** Identifying what worked and what needed improvement, through surveys, listening events, and analysis of existing feedback. Over 1.1 million people were reached, with targeted engagement for seldom-heard groups.
- **Stage 2:** Building and testing models of care, with workshops and lived experience panels to refine service design.
- **Stage 3:** Ongoing engagement and consultation on key areas of service improvement, with tailored strategies for each transformation project.

6.15 We are fully committed to working together with HOSC, ensuring that the input is valued and that there is actively involved in shaping the future of community services in Kent.

6.16 We have provided HOSC with written updates, held workshops, and invited HOSC members to join the Community Improvement Group. We have also reiterated that formal consultation would be undertaken for any significant service changes, following best practice and legal requirements.

Financial and Workforce Considerations

6.16 We have previously shared that the financial envelope for the procurement was based on 2024-25 contract values, with a 5% efficiency saving applied. Funding would be uplifted annually in line with the NHS Cost Uplift Factor. Workforce implications were managed through TUPE compliance, robust HR policies, and

mobilisation plans to ensure business continuity. Providers were expected to adhere to the ICS People Strategy 2023-2028.

Digital Transformation

6.17 We have highlighted that digital innovation was a core enabler, with expectations for providers to:

- Participate in system-wide digital transformation
- Invest in modern, interoperable digital solutions
- Harness data for improved outcomes and efficiency
- Support digital inclusion and co-design with citizens and professionals

6.18 This approach was fully aligned with the ICB's vision for a digitally enabled, high-performing organisation.

Timeline and Next Steps

6.19 In summary, these have been the key milestones in the process:

- **Spring 2023:** CSR relaunch and contract alignment
- **Feb–June 2024:** Governance and procurement preparation
- **Summer 2024:** Engagement and ITT preparation
- **Autumn 2024:** ITT publication, bids, and evaluation
- **Feb 2025:** Contract award decision
- **Oct 2025:** New contracts commence

6.20 Transformation planning began upon contract execution, with the first year focused on developing detailed transformation plans in partnership with stakeholders.

6.21 The outline timetable for engagement on community services topics is incorporated into the forward plan section below.

Out of scope community services

6.22 There remain some services delivered by Medway Community HealthCare and KCHFT which were not part of the core scope of our new community services contract. These services will be subject to review over the next six months and any proposed amendments will be notified to HOSC.

7. Forward Plan

7.1 The ICB's commissioning activity will be guided over the next three years by a suite of strategic documents. These include the Medium Term 3 and 5 year plans to be

constructed and agreed by February as part of the recently announced medium term planning exercise. This will align to medium term (3 for revenue and 4 capital) financial allocations to be issued shortly by NHS England. Our operational planning for 2026/27 is beginning and subsequent years will be guided by our Commissioning Engagement document which we will be providing to HOSC shortly.

7.2 We are also developing a Commissioning Strategy to be published in January following publication of the Strategic Commissioning Framework which will guide the future ICB role. Another key document mentioned in the Strategic Commissioning Framework is the neighbourhood plan, which we expect to work closely with the Health and Wellbeing Board on as they lead its development. These will be accompanied by an integrated needs assessment and population health improvement plan on which deep collaboration with Public Health Teams in Kent and Medway will be essential.

7.3 In terms of commissioning priorities, our draft commissioning engagement document sets out a series of areas in which we aim to conduct commissioning exercises to improve and future-proof services over the coming 18 months. These include as key highlights:

- The community services reform facilitated by our new community contract including support to neighbourhood models. This will include the development of clearer strategies to keep people well in communities and to optimise discharge and intermediate care.
- The commissioning approach to neighbourhood health. We will seek early agreement on neighbourhood footprints and the collaborative deployment of staff across healthcare providers with other partners, developing through 26/27 and underpinned by evolution of contractual arrangements. Neighbourhood health will be underpinned by strong GP leadership.
- The planning for improvement in mental health services facilitated by our new all age mental health services contract with KMMH. This will begin after safe transfer of services as they exist in April 2026 and plans will develop during the early part of 2026-27.
- Plans to delivery on the reduction in elective waiting times described by the recent Planning Framework, underpinned by a set of clear contractual arrangements with our provider sector in 2026-27. This is likely to be supported by a set of targeted service amendments designed to optimise the productivity of elective care on which further engagement could well be required.
- Completion of our review of UTC provision with a first phase of decision making likely in early 2026 and focussed on improving the offer at UTCs collocated with Emergency Departments. A further set of conclusions would be reached considering UTC provision as part of the wider community offer, linked to Neighbourhood Health as it develops through 26-27.

8. Conclusion

8.1 This report has provided an update on the significant challenges currently facing the Kent and Medway Integrated Care Board as an organisation.

8.2 It has outlined the context and rationale for our recent actions, and forward plan for organisational change and system transformation including the launch of the new community contract, which marks a pivotal step in our commitment to improving services for the people of Kent. The contract is now live, and we have set out an early-stage forward plan, ensuring that the Health Overview and Scrutiny Committee remains closely engaged as key milestones and developments are brought forward for scrutiny and discussion.

8.2 Crucially, this moment represents an opportunity for a reset—not only for the ICB, but also in our relationship with HOSC. We are committed to moving forward in the spirit of genuine partnership, learning from past challenges and building on our shared ambition to deliver better outcomes for our communities. By working together, we can ensure that our plans are transparent, our progress is accountable, and our focus remains firmly on the people we serve in Kent. This collaborative approach will underpin the transformation of local services and help us realise our collective vision for a healthier, fairer future for all.

Item 6: Prosthetic Limb Service relocation

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 4 December 2025

Subject: Prosthetic Limb Service relocation

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 the re-procurement, mobilisation and relocation of the Prosthetic Limb Service for Medway, Kent and Southeast London.

b) The Prosthetics Limb Service for Medway, Kent and Southeast London is currently provided by Kent and Medway Mental Health NHS Trust (KMMH) at Medway Maritime Hospital. The service supports around 1,100 people of all ages with limb loss and congenital limb deficiencies.

c) In 2023, KMMH served notice on their contract, prompting a competitive procurement process under the Provider Selection Regime. Hugh Steeper Limited (Steeper) was successfully awarded the contract, with plans to begin delivery by the end of 2025.

d) As the new location of the service has now been confirmed (in Maidstone town centre), the Committee is asked to determine whether this relocation constitutes a substantial variation of service.

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 relocation of the Prosthetic Limb Service are deemed substantial:

RECOMMENDED that:

i. the Committee deems that relocation of the Prosthetic Limb Service 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 relocation of the Prosthetic Limb Service are *not* deemed substantial:

RECOMMENDED that:

i. the Committee deems that relocation of the Prosthetic Limb Service 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

4 December 2025

Prosthetic Limb Service

Report from: Mark Atkinson, Director of Strategic Commissioning and Operational Planning, NHS Kent and Medway

1. Summary

The Prosthetic Limb Service for Medway, Kent and Southeast London is currently provided by Kent and Medway Mental Health NHS Trust (KMMH) at Medway Maritime Hospital. The service supports around 1,100 people of all ages with limb loss and congenital limb deficiencies. Approximately 70% of people supported by the service live in Kent, with 20% in Medway, and the remainder in southeast London.

In 2023, KMMH served notice on their contract, prompting a competitive procurement process under the Provider Selection Regime. This included a requirement to identify alternative appropriate and future-proofed estate.

An extensive patient, carer, and staff engagement programme was developed with, and supported by, national charities to inform local requirements in the provider selection process, while also supporting the evaluation of bids received.

Hugh Steeper Limited (Steeper) was successfully awarded the contract with plans to begin delivery by the end of 2025. An update on the mobilisation of the new contract was provided to the Health and Adult Social Care Overview and Scrutiny Committee in August 2025. At this stage, however, the provider had not confirmed the location of the new service, and the assessment of substantial variation could not be fully completed.

The location of the service has now been confirmed. A site has been secured in Maidstone town centre (ME14 2UU) meaning the service remains within the NHS Kent and Medway ICB geography. This site move improves access for patients from Kent whilst maintaining the provision for patients from Medway.

Patient, carer, and staff engagement will continue as part of the mobilisation plan. All partners involved have committed to minimising disruption and maintaining high-quality care during the transition.

2. Recommendations

2.1. The Committee is asked to note the update on the re-procurement and mobilisation of the Prosthetic Limb Service.

2.2. The substantial variation assessment (Appendix 1) has been developed on the basis that the Prosthetic Limb Service will be delivered from a different location. This location remains in Kent and Medway and there will be no other changes to service delivery or clinical models. It has, therefore, been assessed that this does not constitute a substantial variation requiring formal public consultation.

3. Budget and policy framework

3.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Kent. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

4. Prosthetic Limb Service

The Service

4.1. The Prosthetics Service is an all-age service that provides support from prenatal diagnosis and advice of limb deficiency through to support for children, adults, and veterans. The service supports around 1,100 people, including approximately 40 children and 38 attributable veterans (patients that are entitled to a higher, enhanced specification limb following approval the National Veterans Prosthetic Panel).

4.2. Approximately 70% of patients supported live in Kent, with 70% in Medway, and the remainder in southeast London.

4.3. Patients can be referred by consultants, GPs, Allied Health Professionals or self-refer. Once referred, patients are assessed at the clinic, and an individual care plan is discussed and agreed. The service is led by a consultant in Rehabilitation Medicine and offers amputee rehabilitation and prosthetics services, including artificial limbs to amputees and those with congenital limb deficiency and design and manufacture bespoke aids to daily living. This is all currently done locally at the onsite workshop at the DSC.

Commissioning arrangements

4.4. The Prosthetic Limb service has historically been commissioned by NHS England South East Regional Specialised Commissioning team, on behalf of the ICBs in the southeast. This is one of 70 specialised services for which Integrated Care Boards assumed commissioning responsibility in April 2025, following delegation from NHS England.

4.5. KMMH currently provide the Prosthetics Service, at Medway Maritime Hospital, from the Disablement Services Centre (DSC), originally known as the ALAC, (Artificial Limb and Appliance Centre). This has been located on the Medway Maritime Hospital site since 1964. Following several organisational changes, the DSC became part of Kent and Medway NHS and Social Care Partnership Trust (now KMMH). The current estate requires significant upgrading to make it fit for purpose.

4.6. In 2023, KMMH served notice on their contract. This led to a competitive procurement process under the Provider Selection Regime, managed by the Specialised Commissioning team. The Specialised Commissioning team used the insights from patient, carer, staff and stakeholder engagement to include the local requirements of the service, develop the evaluation criteria, and to help guide in effectively scoring bidders.

4.7. On completion of this process Hugh Steeper Limited (Steeper) was awarded the contract for the service, due to commence delivery by the end of 2025.

4.8. There are 35 NHS England commissioned prosthetics services in England. These services all deliver to a nationally defined service specification. They order prosthetics via NHS supply chain which ensures quality of products, consistent prices across the NHS, and equal access to the most appropriate prosthesis for patients' specific conditions. There will be no significant change to service offered to patients – this paper is focused on the change to a new provider and the location of this service.

Stakeholder Engagement

4.9. In order that the service specification meets local requirements an important element of the procurement process was to hear directly from patients, carers, and staff.

4.10. The Specialised Commissioning team worked very closely with patients, the ICB, and the three national charities, LimbPower, Limbless Association and Blesma, who support individuals with limb loss and their carers to together, design a robust engagement strategy. These charities were also formally part of the evaluation panel in the provider selection process, ensuring that the patient voice was carried through.

4.11. Blesma, one of these national charities, commented that:

"Being invited to be part of the engagement process was encouraging as it showed a commitment to seeking views of patients (via charity representation). Having the opportunity to feed into this process has provided some confidence in the process and I hope that this engagement continues as the service develops"
Brian Chenier MBE MIHSCM, Representative from Blesma

4.12. The Specialised Commissioning team ran an online survey for all existing patients and carers. The survey ran for a six-week period from 13 September to 28 October 2024 and received 277 responses by the deadline. Based on the size of the mailshot, the response rate was 25.6%.

4.13. Recognising the demographic of this group, copies of the survey were printed and posted to all on the patient list, with free-post return envelopes, to encourage responses. So as not to worry patients, the accompanying patient letter made clear that the service would continue at the existing site until a new provider and location for the service were identified.

4.14. The aim of the survey was to understand:

- What is important to patients for a good prosthetics service?
- What did patients like about the current service?
- What changes would patients like to see in a new service?
- What is important to patients in a future location / site?

4.15. Key themes from this feedback included:

- Located somewhere central to Kent and Medway - people would like the service to be up to an hour's travel time.

- The building needs to be large enough to accommodate a gym, workshop as well as the other clinical requirements.
- Importance of ground floor location
- Good parking is important - both blue badge and non-blue badge
- Patients want a quick turnaround on things like socks and sleeves
- Onsite repair service
- A combination of virtual and face to face appointments should be available
- Patients are contacted for annual review appointments
- Empathy from all staff
- Access to clinical, prosthetists, and physio staff in any single appointment
- Continuity of care, seeing the same healthcare professional, is preferred.

4.16. A separate anonymous survey was shared with staff to complete, and the Specialised Commissioning team attended a staff listening event, to ensure all questions could be answered about the process as well as enable us to hear key questions, priorities, and concerns. There was good engagement via both processes, and some staff showed enthusiasm toward the new opportunities that a new provider would bring. Steeper has also visited the existing service to speak with staff and talk through the next steps and way forward.

4.17. The final engagement report has been shared with the Steeper to support them with mobilisation. Steeper has committed to ensuring that patient, carer, and staff insights continue to be at the forefront mobilisation the service and in future service provision

Mobilisation of the re-procured service

4.18. The prosthetics service has a unique set of requirements in terms of the building, equipment, ventilation, gym, and workshop facilities. A key part of the procurement process was to ensure that the future location of the service provided more appropriate and sustainable estate.

4.19. In line with previous discussions with scrutiny committee chairs from Kent and Medway, the service specification also mandated that the service should continue to be delivered from a location within Kent and Medway.

4.20. The location of the service has now been confirmed. A site has been secured in Maidstone town centre (ME14 2UU) meaning the service remains within the NHS Kent and Medway ICB geography. This site move improves access for the majority of patients whilst maintaining the provision for patients from Medway.

4.21. Steeper has agreed with Medway Foundation Trust that they will commence operations from the existing site and will continue to do so until necessary works have been completed on the new site, ensuring continuity of provision and a planned and safe transition.

Advice and analysis

4.22. This background outlined above aims to ensure the Committee is aware and assured of the work carried to date on the re-procurement and mobilisation of the Prosthetic Limb service.

4.23. The notice given by the current provider and the need to find sustainable alternative premises for the incoming provider have required action – to 'do nothing' was not an option if a service was to be maintained for our patients.

4.24. This is not a proposed service reconfiguration, but a change in where the service is delivered from. The new location of the service remains in Kent and Medway within 10 miles from the current location. This site move improves access for patients from Kent (which is approximately 73% of all patients who use the service), while maintaining the provision for patients from Medway.

4.25. The new site will enable Steeper to create an improved environment for a service that has a unique set of requirements in terms of the building, equipment, ventilation, gym, and workshop facilities.

4.26. The Specialised Commissioning team have undertaken significant engagement to ensure that feedback from patients, carers, and staff, has informed decisions about future service design. Steeper has committed to ensuring that patient, carer, and staff insights continue to be at the forefront mobilisation the service and in future service provision.

4.27. Steeper has experience of moving services between estates, and the Specialised Commissioning Team will be monitoring and assuring this process as part of the workplan on behalf of the ICB with the overriding priority to maintain continuity of care while securing a safe, stable and future-ready service model.

5. Risk management

5.1. There are no risks for the Council arising from this report. Risks, including any arising from mobilisation of the new service, are managed by the Specialised Commissioning team on behalf of NHS Kent and Medway.

6. Financial implications

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

7. Legal implications

7.1. There are no legal implications arising from this report.

8. Lead officer contact

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Sabahat Hassan, NHS England, Head of Partnerships and Engagement, South East Commissioning Directorate, Sabahat.hassan@nhs.net

Appendices

Appendix 1 Prosthetic Limb Service SV Assessment
Appendix 2 Steeper presentation

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Appendix 1

KENT COUNTY COUNCIL
Sessions House
County Hall
Maidstone
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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

Prosthetic Limb Service (Kent, Medway and southeast London)

Commissioning Body and contact details:

Amputee Rehabilitation and Prosthetics Services for People of All Ages with Limb Loss and Limb Difference is classified as a specialised service – the responsibility for commissioning these services sat with NHSE until 1 April 2025 when the responsibility was delegated to Integrated Care Boards in line with Section 65Z5 of the 2006 NHS Act (as amended by the Health & Care Act 2022).

The NHS England (NHSE) South East Regional Specialised Commissioning team continues to manage the commissioning of the service on behalf of NHS Kent and Medway

Contact details:

- Mark Atkinson, Director of Strategic Commissioning and Operational Planning, NHS Kent and Medway, markatkinson@nhs.net
- Sabahat Hassan, NHS England, Head of Partnerships and Engagement, South East Commissioning Directorate, Sabahat.hassan@nhs.net

Current/prospective Provider(s):

Current Provider: Kent and Medway Mental Health NHS Trust (KMMH)
Incoming Provider: Hugh Steeper Limited (Steeper)

Outline of proposal with reasons:

In 2023 KMMH served notice NHSE on its Prosthetic Limb service. As a result of a competitive procurement process was conducted by NHSE in accordance

with the Health Care Services (Provider Selection Regime) Regulations 2023.The contract was awarded to Steeper for a period of five years with an option to extend for four years.

The current service is provided from a building at Medway Maritime Hospital which KMMH leases from Medway NHS Foundation Trust. The building requires significant upgrading and no longer fit for purpose. It was identified as part of the provider selection process that a new site would future-proof the service in terms of service provision and the estate.

The change of location of the service is the reason for completion of this assessment. The proposed new site is in Maidstone and so remains within the NHS Kent and Medway ICB geography. The service has under 1,100 registered patients from across, Kent, and southeast London, with 20% of all patients from Medway. This site move improves access for patients from Kent (which is approximately 73% of all patients who use the service), while maintaining the provision for patients from Medway.

As there is no change to the service specification, most of the staff are expected to TUPE over to the new building.

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.

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.

This is not a proposed service reconfiguration; this is the re-procurement of an existing service against a nationally defined service specification.

The notice given by the current provider and need to find a sustainable premises solution for the incoming provider have mandated action, there is not an option to do nothing.

The change will be to the location of service delivery. We have taken the opportunity during the procurement process to ask bidders questions to understand how they will:

- Deliver the service to the population served to meet the service aims, objectives and outcomes, including specific plans for children and young people and veterans
- Develop and maintain strategic local and community partnerships
- Ensure patient experience is a positive one and patients receive the right care in the right place at the right time
- Deliver added economic, social and environmental benefits to the local area/ local stakeholders (social value)

In awarding the contract NHSE was satisfied that the bid provided clear evidence of how the incoming provider intends to do this.

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

i. To inform the local requirements within the provider selection process, the Specialised Commissioning team engaged directly with patients, carers and staff employed in the current service. This was done before the provider selection process began, so engagement has been built into the entire process since the start. We also provided an informal update directly to the committee Chair in 2024, and a further written update in May 2025 to ensure the committee was kept aware of progress. Considering feedback provided during these conversations, it was clearly specified that the future estate would need to be within the Kent and Medway geography.

ii. Stakeholders included: KMMH Prosthetics Service Patient group, NHS Kent and Medway, LimbPower, Limbless Association and Blesma (the three national charities which support individuals with limb loss and their carers).

We designed a robust engagement plan to understand what is important about a good prosthetics service, what is liked about the current service, and what change would be received well in a new service. We asked patients, carers,

staff, and stakeholders questions about what is important in a future location of a service. The NHSE Specialised Commissioning Team ran an online survey for all existing patients and carers. Recognising the demographic of this group, copies of the survey were printed and posted to **all** on the patient list, with **free-post return envelopes**, to encourage responses.

The survey ran for a six-week period from 13 September to 28 October 2024 and 277 responses were received by the deadline. Based on the size of the mailshot, the response rate was 25.6% which is positive.

iii. We engaged with patients and carers directly via patient letters and accompanying surveys posted directly to all registered patients and took specific advice in regard to prosthetic services from the three national charities who support individuals, their families, and veterans. HealthWatch were not directly approached.

iv. The insights generated from the engagement conducted, helped to specify the local requirements in the provider selection process and the full report has been shared with the incoming provider as a baseline for their future engagement and involvement activities.

Questions we asked included: focused on how patients travel to their appointments, what was important in a future service and what works well in the existing service they receive. So as not to worry patients, the accompanying patient letter made clear that the service would continue at the existing site, "until a new provider and location for the service were identified."

Key themes:

- Importance of ground floor location
- Good parking
- Patients want a quick turnaround on things like socks and sleeves
- Onsite repair service
- A combination of virtual and face to face appointments should be available
- Patients are contacted for annual review appointments
- Empathy from all staff
- Access to clinical, prosthetists, and physio staff in any single appointment
- Continuity of care, seeing the same healthcare professional, is preferred

When asked about what a good location and estate would look like, people specified themes such as:

- ample parking is important – both blue badge and non-blue badge
- Ideally somewhere central to Kent and Medway - people would like the service to be up to an hour’s travel time
- would like a ground floor building
- the building needs to be large enough to accommodate a gym, workshop as well as the other clinical requirements

Staff survey and listening event

A separate anonymous survey was shared with staff to complete, and the Specialised Commissioning team attended a staff listening event, to ensure all

questions could be answered about the process as well as enable us to hear key questions, priorities, and concerns. There was good engagement via both processes, and some staff showed enthusiasm toward the new opportunities that a new provider would bring.

v. We designed the patient survey with the help of the current provider as well as the three national charities to ensure that we were asking the right questions about what was important in terms of patient experience for those using the service.

   The Specialised Commissioning team have used the insights from the patient, carer, staff and stakeholder engagement to write the local requirements of the service, develop the Invitation to Tender (ITT) questions as well as to help guide in effectively score bidders as part of the provider selection process, so the patient, carer, staff and stakeholder voice has been integral since the start.

   The three charities who supported the engagement also were formally part of the evaluation panel in the provider selection process, ensuring that the patient voice was carried through.

   The final engagement report has been shared with the future provider to support them with mobilisation. Blesma, one of the national charities who worked with the Specialised Commissioning team have commented that:

   "Being invited to be part of the engagement process was encouraging as it showed a commitment to seeking views of patients (via charity representation). Having the opportunity to feed into this process has provided some confidence in the process and I hope that this engagement continues as the service develops"

Brian Chenier MBE MIHSCM, Representative from Blesma

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

The change of service provider has no direct impact on patient choice as services are commissioned against the national service specification. The extract below from the national service specification below shows the illustrative pathways for accessing Amputee Rehabilitation and Prosthetics Services for People with Limb Loss and Limb Difference:

7.2 Pathways

Overall service user pathway

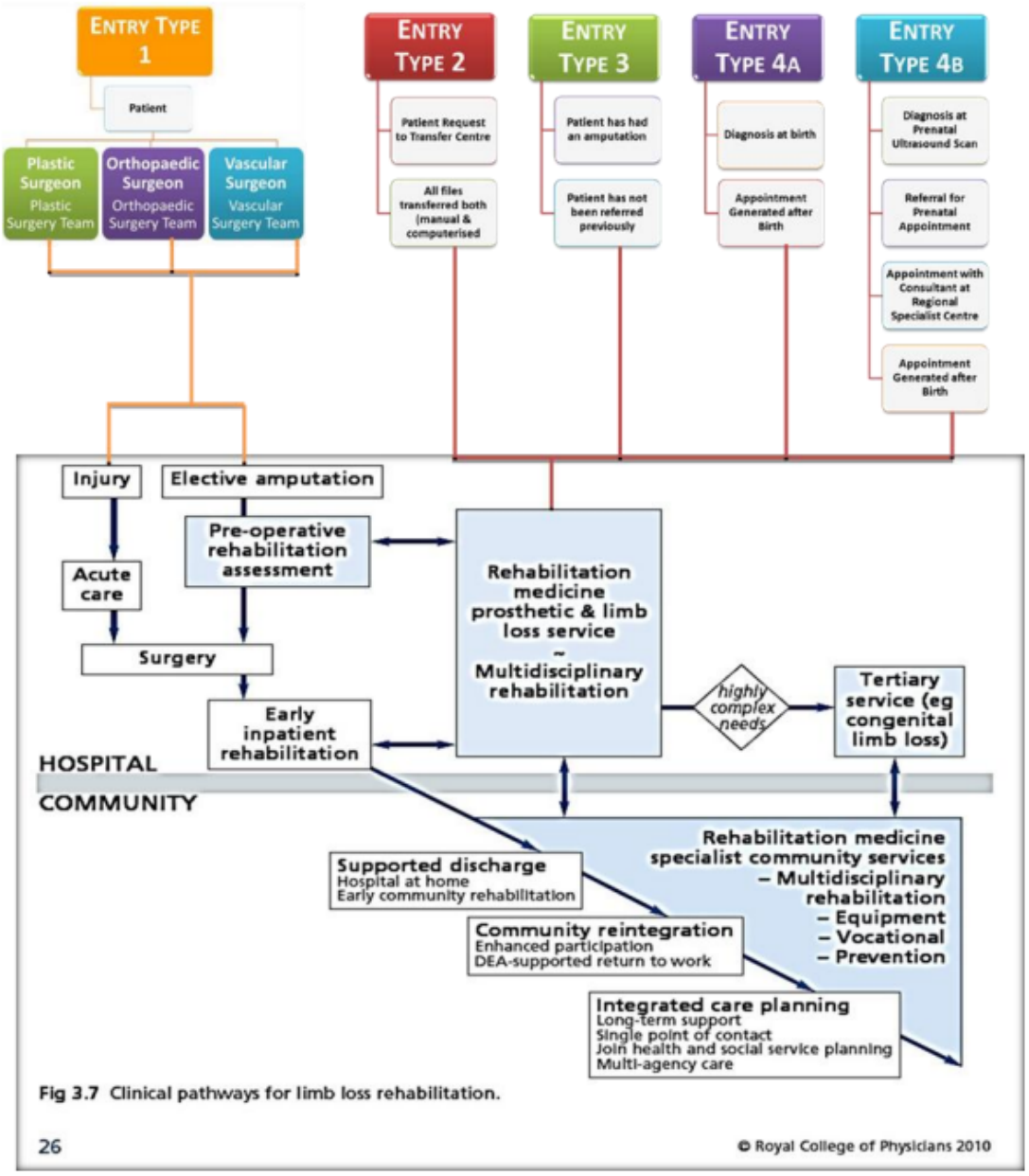


Fig 3.7 Clinical pathways for limb loss rehabilitation.

26

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?

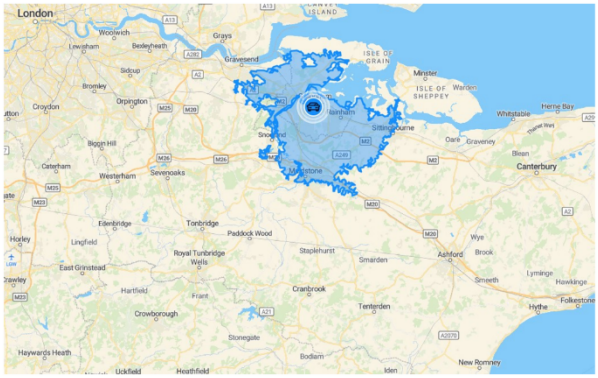
(ii) Will any groups be less well off?

(iii) Will the proposal contribute to achievement of national and local priorities/targets?

i. The change is expected to deliver the same or better clinical outcomes for patients. The incoming provider will be held to account for the delivery of the service against the same specification as the current provider. The location of service is not expected to adversely impact clinical outcomes.

ii. The proposed site improves the access for Kent patients (73% of the patient population) while maintaining the provision for Medway patients (20% of the patient population).

ME7 5PA current location



ME14 2UU proposed future site

iii. Most of the staff are expected TUPE to a new building, delivering a like for like service as there are no changes in eligibility criteria or range of interventions provided. The difference will be a change of location, and this was explored with patients, carers, and staff during the engagement process.

Patients and carers were more concerned about having the opportunity to maximize each appointment for example through quick workshop turnaround times.

The change is a change to location so no impact on priorities and targets

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

The provider selection process has been led by the NHSE Specialised Commissioning Team. A multidisciplinary evaluation panel has assessed and determined that the selected provider can meet all requirements in respect of service delivery including patient safety.

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).

Not applicable as there is no change to the national service specification, so no changes as above.

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 (i.e. changes to travel or times of the day)?

a. There are just under 1,100 patients on the service list.

b. No service is being withdrawn – the only change is the location.

c. Just under 1100 patients are registered with the service. 73% of patients from Kent, 20% are from Medway and the remaining from other areas such as Southeast London. The scope of service available to patients will

remain the same. In 23/24, there were 177 new referrals and patients will continue to be able to access the service as previously – there will be no change.

d. Patients and carers will experience a change in the way they access services because the location of the service will change. The proposed site improves the access for Kent patients (73% of the patient population) while maintaining the provision for Medway (20% of the patient population). Staff, patient, and carer views have been sought on what a good location and estate would look like. Their feedback has been shared with the incoming provider to inform the identification of potential locations. The incoming provider will continue to engage with patients, carers, and staff members throughout their mobilisation period, to best design the local service.

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) There is no change to the service specification therefore there is no expected change to the demand for the service resulting from the change of provider. This means there is also no change in eligibility criteria or range of interventions provided and the referral rate into the service remains stable over time.

b) Patient flows and catchment areas will remain the same and the location of the service will continue to be within Kent and Medway ICB Geography.

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?

Due to the nature of the service specification, there should be no difference in the service provided by a new potential provider. The patient and carer survey aimed to draw out challenges for patients and carers if the journey times increased due to a change in location, but patients showed an understanding of the need to travel to appointments. Feedback suggested it was most important to maximise the benefit of each visit and the possibility of phone or online appointments.

The provider has committed to continuing to engage with patients, carers, and staff as they mobilise the service to ensure that protected characteristics are considered throughout the work they do.

There are no changes in eligibility criteria or range of interventions provided.

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. There is no change to the service specification therefore there is no expected change to the demand for the service resulting from the change of provider

b. Not applicable – the need to procure the service and identify a new location is driven by the current provider serving notice

c. The proposal does not require capital expenditure by the commissioner

d. The contract award is within the financial envelope for the procurement therefore is considered affordable in revenue terms

e. The current provider has served notice on the service. If no action to re-procure a service within Kent and Medway the service delivered by KMMH would cease and the patients within Kent and Medway would have to access services in London, Sussex or further afield.

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. The service is not being reconfigured

b. Transport and access were important considerations when looking for a future estate, as were parking (both blue and non-blue badge)

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

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

As per the diagrams in section: Test 3 titled, *A clear clinical evidence base* above, the service has under 1,100 registered patients from across Kent, Medway, and southeast London. The proposed site improves the access for Kent patients (73% of the patient population) while maintaining the provision for Medway patients (20% of the patient population). Most of the staff are expected TUPE to a new building, delivering a like for like service as there are no changes in eligibility criteria or range of interventions provided.

As the change is from one location to another, within the Kent and Medway ICB geography, we do not consider this as substantial service change. However, recognising the importance of this specialised service, we have throughout, ensured that voices of the patients, carers, staff, and stakeholders were heard, and going forward, the new provider has made a commitment to continue the same.

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steeper
Creating life's turning points, together

Appendix 2

Prosthetic Services

Health Overview and Scrutiny Committee, Kent County Council

4 December 2025

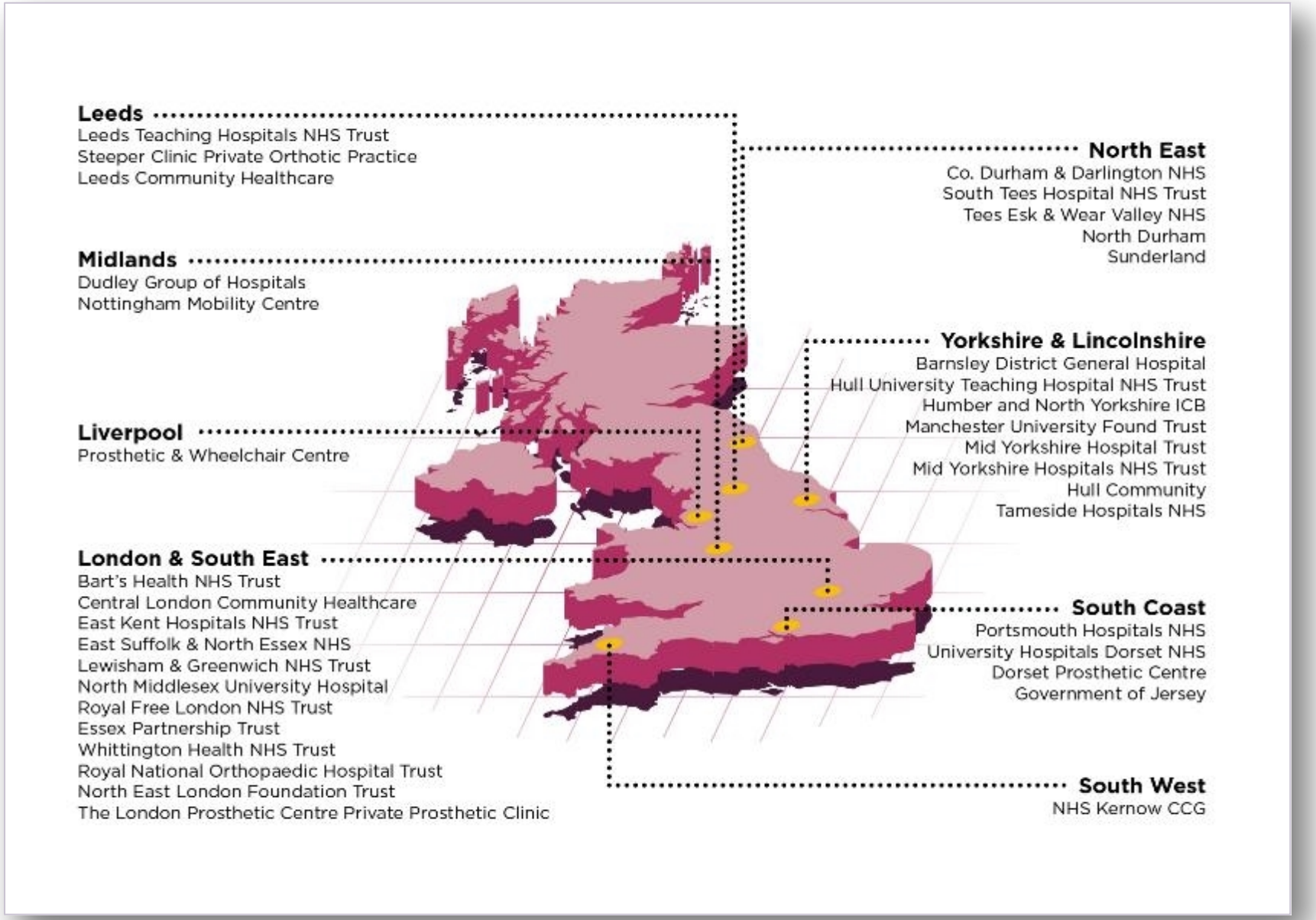
Our History

Past

Present

NHS Services

- Specialist Progressive Services
- Evidence Based Care
- Sustainable Development
- Stakeholder Engagement
- Partnered with NHS
- Profession Development Programs



What we will bring to Medway

- Experience of setting up new sites
- Smooth transfer of staff and services
- Robust engagement plan
- Tried and tested project plan
- Key national and local KPIs at each stage
- Workforce Sustainability
- Dedicated training & development
- Long term planning

Future Service Planning

- Fully Integrated Care
- Sustainable Design
- Fit for the future

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 4 December 2025

Subject: Kent and Medway Mental Health NHS Trust CQC Response Update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the update provided by the Kent and Medway Mental Health NHS Trust.

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1) Introduction

a) The purpose of this paper is to provide the Committee with an overview of the CQC inspections into services delivered by Kent and Medway Mental Health NHS Trust, and offer assurance that progress is being made to improve those services.

b) Following an inspection in March 2025, the CQC published two reports into services delivered by Kent and Medway Mental Health NHS Trust. The reports covered the following areas:

- Community Mental Health Services for All-Age Adults and Working People, and;
- Crisis Mental Health Care and Place-Based Places of Safety (HBPOS).

c) The CQC gave an overall rating as 'Requires Improvement' for these services.

2) Recommendation

a) RECOMMENDED that the Committee **note** the update from the Kent and Medway Mental Health NHS Trust

Background Documents

None.

Contact Details

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Kent County Council
Health Overview and Scrutiny Committee

4th December 2025

Kent and Medway Mental Health NHS Trust CQC Response Update

Report from: Dr Adrian Richardson Director of Transformation and Partnerships, Kent and Medway Mental Health NHS Trust

Author: Dr Adrian Richardson Director of Transformation and Partnerships, Kent and Medway Mental Health NHS Trust

Summary

The purpose of this paper is to provide Members with an overview of the CQC inspections into services delivered by Kent and Medway Mental Health NHS Trust, and offer assurance that progress is being made to improve services.

Following an inspection in March 2025, the CQC has published two reports into services delivered by Kent and Medway Mental Health NHS Trust. These include:

1. Community mental health services for all age adults and working people, and;
2. Crisis mental health care and Place Based Places of Safety (HBPOS).

The report provides an overall re-rating as Requires Improvement for these services.

While this is not the outcome we had hoped for, it sadly reflects where the trust was earlier this year, following a significant period of change and transformation.

To provide assurance to Members, many of the areas identified for improvement by the CQC were known to us. During the transformation of the community services we decided to undertake an independent review into the transformation and this highlighted a number of areas for us to improve on. This sadly aligned with CQC findings when they visited our services in March.

As a trust, we are confident that we are well-positioned to make the necessary improvements and we are pleased to provide an overview of the progress being made to date.

1. Introduction

1.1. In March 2025 the CQC undertook an inspection of our community mental health and crisis care/Health Based Place of Safety services. Kent and Medway Mental Health NHS Trust accepts the inspection report. Whilst challenging, the areas of improvement identified were already known to us and plans were in place or are now in place to address as part of our ongoing transformation.

1.2. The trust priority remains to provide high quality care and support our people in the delivery of this care. The quality plan underpins our journey of improvement, placing patients first and ensuring that the plan supports rather than hinders high quality care.

1.3. The plan is a whole-organisation strategy using both the CQC findings and our own independent review to drive improvement. It aims to:

- Simplify our approach
- Link our strategic improvement programmes to daily management and front-line staff;
- Share transparently what the CQC found, what we have already done and what we will do next;
- Deliver the improvements necessary in a collaborative manner with staff, patients, families and our partners.

2. CQC Findings

2.1. The CQC inspection rates services in five key areas which then contribute to an overall rating. The ratings from the inspection are:

Domain	Community Mental Health services rating	Crisis/Health Based Places of Safety rating
Overall	Requires improvement	Requires improvement
Safe	Inadequate	Requires improvement
Effective	Requires improvement	Requires improvement
Caring	Requires improvement	Good
Responsive	Requires improvement	Requires improvement
Well-led	Requires improvement	Requires improvement

2.2. The inspection found a number of positive regarding our services including:

- A strong learning culture;
- Delivery of evidence-based care;
- Effective partnership working;
- Kindness, compassion and dignity in care;
- Promotion of equality and supporting healthy lives;
- A culture of openness and speaking up;
- Support for patient wellbeing and independence.

2.3. There were four thematic issues identified for improvement:

- Safety and risk management including physical health checks, care records, infection control and medicine optimisation;
- Assess and waiting times including demand and capacity and waiting list management

- Environmental, experience and equity including building standards, tailoring interventions and addressing health inequalities;
- Leadership, culture and governance including embedding new models and improving oversight.

3. Response Principles

3.1. The trust response to the findings follow four principles in order to deliver the high-quality care and support together through continuous improvement;
3.2. Our response is anchored in our new values of caring, inclusive, curious and confident;
3.3. We will create a transparent and psychologically safe response with ownership and full transparency on where we must improve;
3.4. We will ensure the response is co-created involving our staff, patients, partners and communities in the solutions;
3.5. We will ensure sustained changes and not just quick wins, we will address immediate risks but also recognise some of these areas require long term culture change and service improvement.

4. Phasing

4.1. Our response is being managed in three phases to ensure improvement is embedded and owned across the organisation.
4.2. Phase 1 began in April 2025 and continued into November 2025, where the trust has undertaken a listening and learning approach, while also acting on immediate safety concerns.
4.3. Phase 2 runs through October 2025 to January 2026 where improvements will be co-created and implemented.
4.4. Phase 3 runs through January 2026 to April 2026 where the improvements will be embedded and the impact of these improvements will be demonstrated.

5. Action plan and delivery

5.1. In response to the four themes, a trust executive is providing oversight and work with teams to ensure the three phases are implemented timely.
5.2. Sandra Goatley, the Chief People Officer is overseeing Safety and Risk. This work focuses on two key areas from the report including the process and use of care planning and risk assessments, as well as clinical effectiveness and monitoring.
5.3. Dr Adrian Richardson, the Director of Transformation and Partnerships is responsible for delivering improvements in access and waiting times. The two areas of focus in this theme are caseload and access management and the trust digital, communication and engagement approaches.
5.4. Dr Afifa Qazi, the Chief Medical Officer is leading work on environmental, experience and equity. This is focusing on two areas of estates and environment and the trust patient information and engagement

5.5. Nick Brown, the Chief Finance and Resource Officer is overseeing the leadership, culture and governance theme - focusing on three areas of staff support and supervision, safeguarding audit and training and governance and policy review.
5.6. Oversight of the plan is being managed through a series of regular quality meetings and huddles which reports to the Regulation, Compliance and Quality Group and the Trust Quality Committee. Andy Cruickshank Chief Nursing Officer is the Senior Responsible Officer for the plan, and reports to the Executive Management Team.
5.7. As a trust, we are committed to continuous improvement and existing programmes of work that were already underway have incorporated aspects of the findings from the CQC and are tasked with delivery. This ensures that our governance is aligned and that the response is not an isolated one – and supports the sustainability of the improvements.

6. Access

6.1. Teams have clear oversight on their waiting lists through a Business Intelligence (BI) dashboard. This has had a positive impact and is discussed at regular review meetings including the regular directorate and trust performance meetings.
6.2. A caseload management tool is being built to further support the management of caseloads and high-risk patients.
6.3. We are reviewing the past 12 months complaint data alongside patient reported experience measures to exclusively look for references to lack of access and lack of inclusivity. This will allow us to focus on specific services and pathways.
6.4. There is a complex piece of work being undertaken on demand and capacity within Mental Health Together and Mental Health Together+ (our approach to delivering the Community Mental Health Framework), which is due to completed by December. Additional refinement of the original model has already been undertaken with our partners and the demand and capacity work will allow for further refinement of the model.

7. Estates

7.1. We are working with our staff Disability Network in reviewing an audit tool to be used across sites to identify and improve accessibility.
7.2. Consultation for the closure of Laurel House, in Canterbury has commenced. The proposal is to move the services from Laurel House to our main Canterbury site. The proposal was already being drafted prior to the CQC inspection.
7.3. Soundproofing improvements have taken place at Britton House and are in the process of being assessed.
7.4. Site visits are being undertaken to address IT connectivity issues and partner access. This is due to conclude by the end of November.

8. Leadership

8.1. The Board Assurance Framework (BAF) and Trust Risk Register are in the process of being updated to include strengthened risk descriptions. This is due to be completed by the end of November and will allow close oversight by the Trust Board.
8.2. The senior group of deputies have reviewed the list of all trust policies to ensure accurate and relevant guidance is available, with some policies removed as no longer required.
8.3. The work refining the service model includes monitoring outcomes and staffing.
8.4. Local induction packages are being strengthened and due to be completed by the end of this month.
8.5. In April the Trust embarked on a leadership development program using external facilitation from an experienced provider for our leadership team, leaders are due to complete the second of four modules this month and it is anticipated the program will be complete in March 2026. It is split into four modules around leading self, team, organisation and system. Feedback to date has been positive and delegates report it is helping in their leadership within the organisation.

9. Quality

9.1. We have completed a quality audit on the recent changes to risk assessments and plan to implement further support to staff regarding risk formulations.
9.2. Commencing in December, we will implement a new policy on care planning, introducing Dialog+ as the main care planning tool (with some exceptions due to team functions i.e liaison, rough sleepers team). This is a proven method of care planning that is shown to improve outcomes for patients.
9.3. Do Not Attend (DNA) rates are reviewed weekly within each team in a productivity meeting. It is noted some online treatments have a higher DNA rate which is being monitored through the CQC response as well as existing programs of work we will work with service users to implement measures to reduce DNA rates .

10. Impact to transition of Children and Young People and All Age Eating Disorders Service

10.1. To provide assurance to Members, we are preparing for services for children and young people to transfer to the trust in April 2026. We recently held a Board to Board oversight meeting with NELFT to ensure the smooth transition of services.
10.2. Strengthened oversight with NELFT and ICB ensures transition readiness is monitored at system level with a series of assurance meetings receiving the necessary level of assurance.
10.3. We are committed to ensuring voices of patients, carers and staff are included in our work – and Lived Experience Practitioners and youth engagement forums are being used to co-design improvements and build trust.

10.4. Tracked alongside CQC compliance metrics, a series of performance metrics are already monitored for the services that will transition.

10.5. Our approach ensures early planning, co-production, and continuity of care. Despite the challenges highlighted by the inspection, the Trust remains committed to delivering a safe and effective transition.

Lead officer contact

Dr Adrian Richardson Director of Transformation and Partnerships

Kent and Medway Mental Health NHS Trust

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Item 8: Healthwatch Kent Annual Report 2024-25

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 4 December 2025

Subject: Healthwatch Kent Annual Report 2024-25

Summary: This report invites the Health Overview and Scrutiny Committee to consider the Healthwatch Kent Annual Report 24-25 and the Government's plans in relation to the future of Healthwatch.

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1) Introduction

a) The purpose of this update is twofold:

- It invites the Health Overview and Scrutiny Committee to consider the Healthwatch Kent Annual Report 2024-25 and;
- It provides a summary of the Government's plans in relation to the future of Healthwatch.

2) Recommendation

a) RECOMMENDED that the Committee **note** the Healthwatch Kent Annual Report 24-25 and the update on the future of Healthwatch.

Background Documents

None.

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healthwatch Kent

Annual Report 2024–2025

Unlocking the power of people-driven care

Healthwatch Kent

Contents

"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

Louise Ansari, Chief Executive, Healthwatch England

A message from our Chair

In a year that has seen major announcements for both the NHS and Local Government our focus has been:

- Achieving outcomes and change which bring best value to our partners, stakeholders and community. An example of this is our work with West Kent which evaluated the development of ANIMA as a Digital Front Door tool.
- We continue to recruit volunteers from across the community and this year once again we have welcomed some into new office-based roles to support and enrich the work of our staff. We've also supported placements for university students and NHS graduates.
- Recognising how partners across Kent have overcome challenge and positive change to the community through our annual impact awards. It was a joy to see so many new faces this year.
- Improving our understanding of data evidencing health inequalities to drive project work within the community and with our stakeholders to inform policy making. This once again highlights the benefits of independent public voice.
- Maintaining relationships with the ICB, the ICP and KCC in an ever-changing landscape to enhance health and social care outcomes for the people of Kent.

I would like to take this opportunity to thank the volunteers and staff who support us in our mission and wish those who have left us good luck in their new positions and to extend a welcome to those who have joined us. I would also like to thank our host organisation EK360 for their ongoing behind the scenes support.

> "The report gives insight to some of our achievements over the past twelve months. I trust you find this interesting and do contact us if you would like to join us on our journey."

Libby Lines, Healthwatch Kent steering group chair

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

About us

Healthwatch Kent is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.

Our vision

To bring closer the day when everyone gets the care they need.

Our mission

To make sure that people's experiences help make health and social care better.

Our values are:

Equity: We're compassionate and inclusive. We build strong connections and empower the communities we serve.

Collaboration: We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.

Impact: We're ambitious about creating change for people and communities. We're accountable to those we serve and hold others to account.

Independence: Our agenda is driven by the public. We're a purposeful, critical friend to decision-makers.

Truth: We work with integrity and honesty, and we speak truth to power.

Our year in numbers

We've supported more than 5,000 people to have their say and get information about their care. We currently employ 8.8 staff and, our work is supported by 17 volunteers.

Reaching out:

2733 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

7863 people came to us for clear advice and information on topics such as mental health support and finding an NHS dentist.

Championing your voice:

We published **9** reports about the improvements people would like to see in areas like Co-occurring conditions, Digital Systems to access GP appointments and pharmacy

Our most popular report was the co-occurring conditions report highlighting people's struggles in accessing mental health support with an existing substance misuse issue.

Statutory funding:

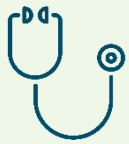
We're funded by Kent County Council. In 2024/25 we received, £503,261.28 which is the same as last year.

A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Kent. Here are a few highlights.

Spring

We shared insights about Ear Nose and Throat care which helped inform the Kent and Medway Acute Services Review



We published pathway 3 discharge animated videos which were used for training across teams in East Kent .

Summer

We shared young people's experiences of mental health services to inform mental health commissioning by Kent and Medway ICB.

We shared feedback on mental health emergency care and sectioning to inform the Right Care, Right Person model for Kent and Medway.

Autumn

Along with members of the KCC People's Panel our representatives helped design training for social workers on co-production. The training has also been delivered.

We published our pharmacy report with Healthwatch Medway. These findings were shared as part of Healthwatch England's evidence sessions. We also supported the Kent Pharmaceutical Needs Assessment.

Winter

We started our engagement with Veterans to understand their unique challenges to getting the right support.

We shared feedback for inclusion in the Kent and Medway Housing Strategy which highlighted the link between housing and mental health..

Working together for change

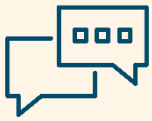
We've worked with neighbouring Healthwatch to ensure people's experiences of care in Kent are heard at the Integrated Care System (ICS) level, and they influence decisions made about services across Kent and Medway.

This year, we've worked with Healthwatch Medway and our sister projects within our host organisation, to achieve the following:

A collaborative network of local Healthwatch:

Working with Healthwatch Medway and Mental Health Voice we produced a thematic report on experiences about community mental health. As well as sharing this locally with the Integrated Care Board and feeding into the Care Quality Commission we also submitted it to the Parliamentary Health and Social Care Select Committee review. It also informed the Kent and Medway Mental Health Needs Assessment.

The big conversation:



Working with Healthwatch Medway and other partners we contributed to the increased knowledge and awareness of self harm relating to Children and Young people in Swale and Medway. The output included designing an online resource pack and a leaflet for residents and professionals. A reduction in self Harm admissions since October 2024 has been noticed with longer term review measures in place.

Building strong relationships to achieve more:

Alongside Healthwatch Medway we hosted the annual Healthwatch Recognition Awards. This celebrated the work of organisations and individuals contributing to positive change in Health and Care. We had over a 100 nominations from professionals and residents using these services. We were able to give them the platform to get the recognition they deserved and share best practice across the system.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.

Making a difference in the community

We bring people's experiences to health, social care professionals and decision-makers, using their feedback to shape services and improve care over time.

Here are some examples of our work in Kent this year:

Creating empathy by bringing experiences to life

Working with Healthwatch Medway and our sister project Mental Health Voice we noticed that we were hearing an increasing number of experiences about Mental Health Crisis support. We held a meeting with Kent and Medway ICB. As a result:

- We agreed communications urging services to review their crisis support offer and promote opening times.
- We created Christmas crisis social media infographic which was used for all newsletters across system partners.
- The Safe Havens also worked to increase awareness of their service and improve the pathway for their co-located sites.

Getting services to involve the public

In 2024/2025, Healthwatch Kent and Healthwatch Medway worked with the Adult Safeguarding Board to ensure people's voices shaped discussions and decisions. With a standing agenda item, we regularly present reports and insights to keep community perspectives at the heart of safeguarding strategies. This has included insights on housing and homelessness, access to services, responsibility for those experiencing mental health crisis, and people being discharged from hospital.

Improving care over time

For the last 3 years we have made proactive steps to gather insights about Care Homes. Firstly, gathering multiple perspectives related to Enhanced Health in Care Homes and more recently speaking to Care Home managers. We've presented findings to the Kent and Medway Ageing Well Board, Kent County Council, Health and Care Partnership committees and 2 Acute Trusts. This information has been used to shape the commissioning specification and prioritise training/support on areas such as dementia, wound care and palliative care. We are currently doing the same process in East Kent.

Listening to your experiences

People being supported at home

In September and October 2024, we worked with Kent Community Health Foundation Trust (KCHFT) and Kent County Council (KCC) to understand what people using the East Kent Home First Service and the staff working within it were experiencing.

What did we do?

We worked with the Home First Team to get consent from people to contact them once their time with the Home First team had finished. We spoke with 15 people either those that directly experienced the service or family members on their behalf. There were also 21 staff members who responded to a survey about working within the team.

Key things we heard:

86 % Of people felt that the service helped maximise their abilities.

90 % Of staff spoken to rated collaboration and problem solving as excellent within the team

60% People, did not feel linked in with services that will support them once their time in Home First ended

What difference did this make?

- Home First have reviewed the training and induction processes and are using staff feedback to make improvements.
- The Home First team are reviewing information being given about support when the service ends. They are also now making some direct referrals into VCSE organisations. This was also discussed at a patient flow VCSE sector event facilitated by the East Kent Health and Care Partnership
- They are reviewing their link worker role needs and will be offering the opportunity to staff to upskill in their interested link worker areas.

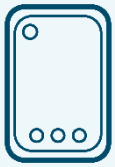
Listening to your experiences

Action on digital appointment systems

People In West Kent had their say on using a digital system to access appointments at their GP surgery

In February 2024 we worked with West Kent Health and Care Partnership and Tunbridge wells Primary care Network to help understand how the implementation of a digital front door system (ANIMA) would impact the experience of patients and staff. We talked to 109 people and then another 100 in May 2024 after implementation. We also got feedback from 27 staff.

Key things we heard:



36% increase in the number of same day appointments in phase 2 compared with phase 1

47 % of people reported positive and 33% shared poor experiences of using ANIMA

19% of staff felt Anima had made a positive change to their stress and workload. 19% also felt it had a negative impact on their stress and workload

> "ANIMA has made it easier, you are not hanging on the phone waiting for long, hoping someone picks up your call."

> "The questions aren't always straightforward, mostly irrelevant to me."

We shared our report with the West Kent Health and Care Partnership, Integrated Neighborhood working group and wider Kent and Medway ICB.

What difference did this make?

- Feedback from staff told us that better integration with EMIS was needed. Work has taken place to enable all of the data from EMIS to be linked.
- ANIMA access through the NHS app is progressing as people we talked to had suggested. There will be a phased rollout in July 2025.
- People suggested a screen reader option and so the 'Annie Voice Agent' is on the ANIMA development pathway.
- We recommended people be involved in future ANIMA developments. A Kent & Medway wide digital working group has been set up but their area is around social license. There are now conversations happening about setting up a West Kent group for digital working.
- We also worked with the ICB to send comms to practices reminding them to clearly advertise other methods of making an appointment for those who didn't want to use the digital system.

Hearing from all communities

We're here for all residents of Kent. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Visiting Veteran breakfasts to listen to their experiences and support needs
- Improving our analysis of demographic information to evidence and better understand intersectionality linked to inequalities. This in turn has informed our engagement activities.
- Recommendations from our previous Trans and Non-Binary report was presented to the ICB Board by a community organisation, an example of how we empower communities.

Hearing from all communities

We highlighted the needs of those with co-occurring conditions

We investigated the support that people with Mental Health and Substance Misuse issues were able to access.

People told us about being turned away from Mental Health services because of their drug and alcohol use, even when the individual was making attempts to cut down. Some people told us peer support groups had helped them.

What difference did this make?

- We presented at the Kent Alcohol Related Brain Injury Conference and shared the report with Dame Carol Black.
- The report was used to develop co-occurring conditions guidance used in Kent
- The findings were used as evidence for a substance misuse intervention within the Kent and Medway community mental health model.
- Feedback was included in the Kent and Medway Mental Health Needs Assessment

Highlighting inequalities in Mental Health

Negative feedback about mental health care from people of mixed or multiple, Black or Asian ethnicities contained a greater proportion of feedback illustrating health inequalities, and feedback from people of Black ethnicities had the greatest proportion of negative sentiment. This included people facing intersectional issues with physical disability, migration, and experience of the criminal justice system.

What difference did this make?

- We shared this for inclusion in the Kent and Medway Mental Health Needs Assessment with a recommendation to specifically focus on building trust, raising awareness and improving the access to support for this cohort of residents.
- The findings were also submitted as part of our contribution to a Parliamentary committee looking at community mental health.

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 7863 people have reached out to us for information, support or help finding services.

This year, we've helped people by:

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services

Information and signposting

Sorting an admin headache for a single parent

Through facilitating the right follow by the ICB we were able to help someone progress their employment.

An individual had requested a medical summary from their GP surgery to be able to start a new job. Despite paying the fee required, after 4 months they still hadn't received what they needed. This individual was a single parent, and being unable to work for this period was causing significant distress, worry and frustration to them.

We contacted the ICB quality team who contacted the practice and resolved the issue. The practice also implemented training for the whole admin team.

> "Thank you so much for your help and coordination, much appreciated."

Helping people access the care they need

We were able to help someone overcome transport barriers so they could access the mental health care they needed.

A wheelchair user, needing 2 carers because of a medical condition had been offered 3 days a week at a specialist community therapeutic unit as part of ongoing treatment. They couldn't use public transport, and the patient transport provider wasn't able to take them due to it not being a routine type of hospital appointment. The cost of getting a taxi was prohibitive to them attending the appointments and therefore the individual felt inadvertently discriminated against because of their disability.

We were able to pick this up with the adult mental health trust who agreed to investigate and support the individual with transport to attend their treatment.

Showcasing volunteer impact

Our fantastic volunteers have given over 2000 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Visited communities to promote our work
- Collected experiences and supported their communities to share their views
- Helped input experiences into our database and code them ready for analysis
- Represented us at meetings

Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

"I really enjoyed my placement with Healthwatch - the team were so supportive and welcoming. I felt valued, trusted and included, which allowed me to contribute to the great work ongoing within the organisation.

My experience was so varied and has helped me build confidence and develop new skills that I have taken forward into new roles".

Leanne

"I've been a volunteer with EK360 and Healthwatch for two and a half years doing office-based work. I've loved my time here and really feel a part of the team. Volunteering has helped me gain confidence and taught me new skills".

Nic

"I have been volunteering for Healthwatch approximately one year now. I enjoy it immensely. I have transferable skills now for looking for a job in the community. I work on spreadsheets, outlook, engagement forms to be entered into our databases. I work three days per week part time. My confidence has really come along now and so have my social skills".

Suzie

Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

www.healthwatchkent.co.uk/volunteer

0808 801 0102

volunteer@healthwatchkent.co.uk

Finance and future priorities

We receive funding from Kent County Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£503,261.28	Expenditure on pay	£390,260.35
Additional income (including VAT)	£15,000	Non-pay expenditure	£14,507.83
		Office and management fee	£154,555.55
Total income	**£518,261.28**	**Total Expenditure**	**£559,323.73**

Additional income is broken down into:

- £15,000 received from Kent Community Health Foundation Trust for animated pathway 3 videos.

Integrated Care System (ICS) funding:

We didn't receive any funding from our Integrated Care System (ICS)

Finance and future priorities

Next steps:

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Learning Disabilities
2. Mental Health Crisis
3. Veterans

Statutory statements

Healthwatch Kent, The Old Court House, 8 Tufton Street, Ashford. TN23 1QN

Our host organisation hold the contract, EK360 (Engaging Kent CIC), The Stables, Little Coldharbour Farm, Tong Lane, Lamberhurst, Tunbridge Wells, Kent, TN3 8AD

Healthwatch Kent uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Steering Group consists of 4 members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our steering group ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local communities.

Throughout 2024/25, the steering group met 8 times and made decisions on matters such as our stakeholder engagement plan and agreement of priorities on our workplan. We ensure wider public involvement in deciding our work priorities by checking they are rooted in either existing views or where we have a gap in our public insights on a topic.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone, text and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and send a physical copy to anyone who requests it.

Statutory statements

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

In Kent, for example, we take information to the Kent Health and Wellbeing Board, Trust Patient Experience committees, Joint Strategic Needs Assessment Steering Group, The Health Overview and Scrutiny Committee, plus our regular catch ups and meetings with key stakeholders in the system .

We also take insight and experiences to decision-makers in Kent and Medway. For example, we work with Healthwatch Medway to share the experiences we've heard at the Kent and Medway Quality Group as well as the Integrated Care Partnership. We also share our data with Healthwatch England to help address health and care issues at a national level. We're currently developing our connections with the Care Quality Commission to ensure your experiences help inform the regulation of local services.

Healthwatch representatives

Healthwatch Kent is represented on the Kent Health and Wellbeing Board by Robbie Goatham, Healthwatch Kent Manager and also, on the Integrated Care Partnership. During 2024/25, this has allowed us to contribute to the strategic direction of Health and Care across Kent and Medway including input into the Housing and Work and Health strategies.

We also attend a number of other key decision-making meetings

- 3 Health and Care Partnership Boards
- Kent and Medway Primary Care Oversight Group
- Kent and Medway System Quality Group
- Inequalities and Prevention Integrated Care Partnership subgroups

Statutory statements

Enter and view

We didn't do any Enter and View visits this year

2024 – 2025 Outcomes

	Project/activity	Outcomes achieved
Interview Panels	We've been part of interview panels that include ICB executive members, the people and communities ICB board member and KCC social workers	People have been appointed to roles.
Making a complaint	We themed our local feedback about the experiences people had when making a complaint to supplement Healthwatch England's findings.	We've been working with the ICB about response times and they now have a local system complaints model in place.
Care Home residents attending hospital appointments	Dartford and Gravesham were insisting a care home resident had carers accompany them to appointments despite having capacity and not exhibiting any challenging behaviour. This was proving difficult to arrange and they were missing appointments.	We spoke to the hospital trust who confirmed that this wasn't a blanket policy for care home residents. They reminded this to staff and are involving homes in the development of their updated transport policy.
Comments from members of the public	"Thank you so much for today and making it so easy to talk to you. It was so good to be able to talk to you and to be open and have time."	
	"Thank you so much for calling me back. It is reassuring to know that I am within my rights to get my own information."	
	"Thank you for talking to me and explaining the process. I now have a better understanding."	
	"Thank you for helping me and telling me who I need to speak with."	

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Health Overview and Scrutiny Committee

Thursday, 4 December 2025

Summary on the future of Healthwatch

Dash Review
The review, commissioned by DHSC, examined six national bodies involved in patient safety, including Healthwatch England and Local Healthwatch. It found duplication, gaps, and confusion in responsibilities across the safety and quality landscape. Despite significant investment in safety over the past decade, it concluded improvements have been limited and uneven. The review also recognised there is no unified national strategy for improving quality, and key areas like effectiveness and user experience are often neglected. The report shared that the system for complaints and user feedback is fragmented, with over 20 organisations involved. It was acknowledged that Healthwatch had done some successful work up until this point.

Recommendations included:

- Creating a stronger National Quality Board to lead a strategic, evidence-based approach.
- Disbanding Healthwatch in its current form, with its core feedback gathering and user engagement functions redistributed.
- Moving the Patient Safety Commissioner's functions to more appropriate bodies (e.g. MHRA).
- Streamlining investigations and embedding responsibility for safety within providers and commissioners.
- Enhancing the role of data, AI, and governance in driving improvement.

The Government has accepted all recommendations

Transfer of functions of local Healthwatch and Healthwatch England:
Legislation will be required to end the statutory provision of local Healthwatch and Healthwatch England and transfer the functions of the former to local authorities and ICBs and the latter to a new Directorate of Patient Experience in the Department of Health and Social Care. The legislation is anticipated in early 2026/27. As is typical with such legislation, there is likely to be a period between the passing of the Act and the implementation of its provisions. However, this timeline and outcome are subject to the Parliamentary timetable and process.

Independent Voice:
Currently the information and guidance provided says very little about any form of independent feedback mechanisms for the public. We believe, albeit not in the "Healthwatch" format, there is value for the local system in having insights that aren't solely gathered by organisations providing the services that people are feeding back about.

In the meantime:
It is business as usual. We are still very much here to support the public so please do keep using us to share experiences of health and care services in Kent and for information and signposting queries.

Item 9: Work Programme 2025-26

By: Gaetano Romagnuolo, Research Officer - Overview and Scrutiny

To: Health Overview and Scrutiny Committee, 4 December 2025

Subject: Work Programme 2025-26

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 from actions arising from previous meetings and from topics identified by Committee Members and the NHS.

b) The Health Overview and Scrutiny Committee (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

Contact Details

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03000 416624

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Work Programme - Health Overview and Scrutiny Committee

1. Items proposed for upcoming meetings

4 February 2026		
Item	**Item background**	**Substantial Variation?**
Proposed collaboration between Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare (MCH)	To receive information about the proposal.	-
Proposed establishment of a Group between Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust.	To receive information about the proposal.	-
Proposed establishment of a Group between the South East Coast Ambulance Service (SECAmb) and the South Central Ambulance Service (SCAS).	To receive information about the proposal.	
Maidstone & Tunbridge Wells NHS Trust - outcome of review into serious incident.	To receive information about the outcome of the review.	-
GP services – with a focus on provision and access.	To receive an update on GP services, with a focus on provision and access.	-

Item 9: Work Programme

2 April 2026		
Item	**Item background**	**Substantial Variation?**
Phlebotomy services in Deal.	To receive an update now that the service has been reinstated.	-
Dartford and Gravesham NHS Trust - Trust's strategy	To receive information about the Trust's strategy.	-
East Kent Hospitals University Foundation Trust (EKHUFT) – Trust's strategy	To receive information about the Trust's strategy.	-
Medway Foundation Trust - Trust's strategy	To receive information about the Trust's strategy.	-
Kent and Medway Mental Health NHS Trust - Trust's strategy	To receive information about the Trust's strategy.	-

2. Items yet to be scheduled

Item	**Item Background**	**Substantial Variation?**
Kent Community Health NHS Foundation Trust (KCHFT) - Trust's strategy	To receive information about the Trust's strategy.	-
South East Coast Ambulance Service (SECAmb) - Trust's strategy	To receive information about the Trust's strategy.	-

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 Health Overview and Scrutiny Committee (JHOSC).