

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, 4 February 2026.

PRESENT: Mr R Mayall (Chair), Mr T Mole (Vice-Chair), Mr J Baker, Mr O Bradshaw, Mr M Brice, Cllr H Keen, Mr T Mallon, Mrs B Porter, Mr H Rayner, Mr A Ricketts, Mrs S Roots, Mr D Sian and Cllr K Tanner.

IN ATTENDANCE: Mr D Devlia (Strategic Partnerships Manager, South East Coast Ambulance Service), Mr D Ruiz-Celada (Chief Strategy Officer, South East Coast Ambulance Service), Dr A Richardson (Director of Partnerships and Transformation, Kent and Medway Mental Health NHS Trust), Dr A Qazi (Chief Medical Officer, Kent and Medway Mental Health NHS Trust), Mr M Riley (Managing Director, Medway Community Healthcare), Mr G Flack (Chief Finance Officer, Kent Community Health NHS Foundation Trust), Dr J Jacobs (Medical Director, Kent Local Medical Committee) and Mr G Romagnuolo (Research Officer, Overview and Scrutiny, KCC).

UNRESTRICTED ITEMS

252. Apologies and Substitutes

(Item)

1. Apologies were received from Mrs C Russell, who was substituted by Mr H Rayner, Mr T Shonk, who was substituted by Mr T Mallon, and by Dr G Sturley, who was substituted by Mr D Sian.
2. The Clerk, Mr Romagnuolo, informed the Committee that there had been a change in the Committee's membership, with Mr Adrian Kibble and Mr Thomas Mallon leaving the Committee, and Miss Isabella Kemp and Mr Oliver Bradshaw joining the Committee.
3. The Chair thanked Mr Kibble and Mr Mallon for their contribution, and welcomed Miss Kemp and Mr Bradshaw to the Committee.

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

(Item 2)

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

254. Minutes of the meeting held on 4 December 2025

(Item 3)

RESOLVED that the minutes of the meeting held on 4 December 2025 were an accurate record and that they be signed by the Chair.

255. South East Coast Ambulance Service NHS Foundation Trust - Update on Group Model Collaboration
(Item 4)

1. Mr D Devlia (Strategic Partnerships Manager, South East Coast Ambulance Service) referred to the information on the paper which stated that, in November 2024, the boards of South East Coast Ambulance Service NHS Foundation Trust (SECAMB) and South Central Ambulance Service NHS Foundation Trust (SCAS) started exploring options for closer collaboration.
2. At a Joint Board meeting in October 2025, the two Trusts agreed to progress to a formal collaboration through the creation of a group model. A public announcement confirming the intention to form the South Central and South East Ambulance Group was made shortly afterwards - the first of its kind in England. The transition to the South Central and South East Ambulance Group was scheduled to take place in phases from late 2025 through to 2027.
3. Mr Devlia highlighted three key points to reassure the Committee.
4. Firstly, the work that had been undertaken until then had been preparatory, with the aim of exploring options and opportunities for SECAMB moving forward.
5. Secondly, there had been substantial stakeholder engagement, with internal and external partner services and organisations being invited to contribute to the development of the new Group model.
6. Finally, a key aim of this Group model was to improve service provision for all Kent residents. The model was aligned with the NHS 10-year plan and the neighbourhood model. This collaborative model was not an attempt at centralising service provision but to enhance it.
7. A Member asked how this proposal had been greeted by SECAMB staff.
 - a. Mr D Ruiz-Celada (Chief Strategy Officer, South East Coast Ambulance Service) said that there was some anxiety over the way in which some of the efficiencies would be generated, although no plan had been finalised yet.
 - b. He also said that the new model offered a clinically-led case for change that aimed at offering a consistent, fit for purpose and sustainable ambulance service to patients across the Southeast, while recognising the local needs.
8. In answer to a question about the savings that the organisation expected to accrue, Mr Ruiz-Celada said that there were two sources of efficiencies that the Group model was expected to deliver. That first one was about generating efficiencies through a joint procurement and working together with a single commissioner. This process would generate savings of about £10 million. The second source was the improvement of communication with all partner agencies to avoid the deployment of ambulances when not needed.

9. In reply to a question on whether Local Government Reorganisation (LGR) would impact on the quality of Kent's ambulance service provision, Mr Ruiz-Celada said that his expectation was that there would no impact on how the service would configure its operations and clinical priorities.
10. A Member asked whether the Group model had taken into account the potential impact from the imminent local NHS Integrated Care Board's (ICB) restructure.
 - a. Mr Ruiz-Celada replied that there was an overarching strategic commissioning group that comprised representatives of NHS England and NHS organisations in Kent and neighbouring counties whose key objective was to plan the provision of a consistent health service while meeting local need.
11. In answer to a question on whether there were any planned redundancies, Mr Ruiz-Celada said that there were no proposals for job terminations.
12. A Member asked whether there were any plans to remove ambulance infrastructure or services.
 - a. Mr Ruiz-Celada said that there no such plans.
13. A Member asked whether the collaborative model involved a merger.
 14. Mr Ruiz-Celada explained that this group model did not entail a merger into a single organisation but consisted of two organisations collaborating closely and producing single contracts with commissioners.

RESOLVED that the Committee note and comment on the update.

256. Kent and Medway Mental Health NHS Trust CQC Response Update *(Item 5)*

1. Dr A Richardson (Director of Partnerships and Transformation, Kent and Medway Mental Health NHS Trust) referred to the information in the report and explained that the purpose of the paper was to provide a further update on the work that was underway in response to the Care Quality Commission (CQC) review and the Healthwatch report which was issued in October 2025.
2. There was a robust plan in place to address the findings from both the CQC and Healthwatch. The plan was structured around four domains:
 - Safety and Risk
 - Access and waiting times
 - Environment, experience and equity and
 - Leadership, culture and governance
3. With regard to safety and risk, a key focus had been the implementation of a new nationally mandated risk assessment approach for patients. Its objective was to provide a formulative approach to risk assessment that

was co-produced with patients, and to manage risk more effectively for those who were waiting for interventions

4. In relation to access and waiting times, community mental health services in Kent and Medway had been undergoing the largest transformation in the last 30 years. This had involved the implementation of a new model of care, Mental Health Together. This model proposed the development of a Partnership Delivery Model which would more clearly define the role of provider partner agencies to enable service delivery as close to local communities as possible.
5. In terms of environment, experience and equity, the main aim was to ensure that the estates strategy was continually refreshed and reflected the needs of patients and staff. The Trust had several community buildings that were no longer fit for purpose and had clear plans for addressing this issue. The Trust also planned to undertake an accessibility audit from January to June 2026 of all its buildings.
6. In terms of leadership, culture and governance, the CQC highlighted in its report 30 mandatory training programmes where compliance was below statutory requirements. A number of actions had been taken to improve mandatory training compliance. However, the Trust was still below the 90% compliance target for 3 training programmes.
7. A Member asked for some clarification about the implementation of the National Risk Assessment Model.
 - a Dr A Qazi (Chief Medical Officer, Kent and Medway Mental Health NHS Trust) clarified that this framework was nationally mandated for all mental health organisations and not just for the Kent and Medway Mental Health NHS Trust.
8. In answer to a question about the number of people on the waiting list, Dr Richardson said that the overall waiting list for Mental Health Together in Kent averaged 6,000 patients. This had to be balanced against receiving an average of about 3,800 referrals per month. In March 2025, the waiting list was about 7,000 people, therefore there had been a reduction of 1,000 patients who were waiting to be treated in the past nine months.
9. In answer to a question on whether there were collaborative links between the Kent and Medway Mental Health NHS Trust and Healtwatch, Dr Richardson confirmed that there was a healthy, collaborative relationship between the two organisations. In April, the Trust was going to launch its new strategy which was centred around patient experience.

RESOLVED that the Committee note and comment on the update and the response to the report.

257. Proposed Integration between the Kent Community Health NHS Foundation Trust and Medway Community Healthcare
(Item 6)

10. Mr G Flack (Chief Finance Officer, Kent Community Health NHS Foundation Trust) explained that the paper provided an update on the proposal for Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare CIC (MCH) to integrate as one organisation. In July 2025, the two organisations announced they were at an early stage of developing a strategic case to explore the potential benefits and implications of working more closely. The strategic outline case was submitted to NHS England - with the preferred option of coming together as one organisation and with MCH's staff and services transferring to KCHFT. After receiving feedback from NHS England in November 2025, KCHFT and MCH were now progressing with a full business case which they planned to submit in April 2026. If agreed, integration was expected to be completed on 1 October 2026.
11. A Member asked for clarification on the claim in the paper that the integration would help with recruitment and retention.
 - a Mr M Riley (Managing Director, Medway Community Healthcare) said that across both organisations, and across community services nationally, there were particular services – such as Community Nurses – where recruitment was particularly challenging and very competitive. In this case, a merger would aid recruitment as there would be less local competition. Also, working in larger teams would increase career opportunities.
12. In answer to a question about how the merger would materialise into one organisation, Mr Flack said that the existing foundation trust - the Kent Community Health NHS Foundation Trust – would remain, while the Medway Community Health Interest Company would be closed.
13. A Member asked whether there were any plans to centralise or move any services.
 - a Mr Flack explained that the provision of services was dictated by the commissioners in terms of location, and that there were no plans to move any of the clinical services.

RESOLVED: that the Committee note and comment on the proposal.

258. Work Programme
(Item 7)

1. Members of the Committee requested the following:
 - a. An update on the structural changes to the NHS Kent and Medway Integrated Care Board.

RESOLVED that the Committee consider and note the work programme.

