

## KENT COUNTY COUNCIL

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### 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 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. The 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 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.

**END**