

Report to	Health Overview and Scrutiny Committee
Meeting date	7 October 2026
Report Title	Commissioning Intentions 2027/28: Engagement Findings & Finalisation
Key question	Does the Overview and Scrutiny Committee note the findings from engagement on the finalised Commissioning Intentions 2027/28 and agree them as the basis for delivery in 2027/28?
Executive Lead	Adam Doyle, CEO NHS Kent and Medway
Author	Chris Neill, Chief Commissioning Officer NHS Kent and Medway

Which of the organisation's strategic objectives does the report support:	
☒ Commission the right services each year	☒ To ensure financial sustainability over three years
☒ Lead strategy and ensure commissioning levers deliver impact	☒ Develop into a high-performing Commissioning Organisation
☒ Renew our culture for long-term sustainability	

Recommendation (outcome / action requested):
Meeting action required: ☐ Seek assurance ☐ Decision/approval required ☒ For noting/information Recommendation(s) to the Meeting: The meeting is asked to: NOTE the findings from the engagement undertaken on the draft Commissioning Intentions 2027/28, including the priorities, conditions and commissioning recommendations arising from the feedback received. NOTE that the engagement findings have informed the development of the final Commissioning Intentions. NOTE that the final Commissioning Intentions 2027/28 have now been approved by the ICB Board and system partners. SUPPORT the final Commissioning Intentions as the basis for delivery in 2027/28.

Executive summary:

The NHS Kent and Medway Commissioning Intentions 2027/28 set out the ICB's strategic commissioning priorities and represent a key mechanism for translating the Five-Year Strategy and three-year commissioning plan into delivery. The Commissioning Intentions describe a planned shift towards prevention, population health, neighbourhood-based care and strategic commissioning, supported by the four-layer model of care.

The Commissioning Intentions were approved by the ICB Board on 21 July 2026 for engagement. Engagement remained open until 1 September 2026 and included online surveys, independent market research, community outreach, stakeholder submissions and direct engagement with providers, partners, voluntary, community, faith and social enterprise organisations, members of the public and patient representatives. In total, 3,343 survey responses were received, including 533 from people working in health and care or for an NHS organisation. A further 33 written responses were received from provider organisations, partners, VCFSE organisations and members of the public.

The engagement demonstrated broad support for the overall strategic direction set out within the draft Commissioning Intentions, including the focus on prevention, neighbourhood health, integrated care, care closer to home and a progressive move towards outcome-based commissioning. Feedback also identified a number of important issues which stakeholders wished to see reflected in implementation and delivery. The strongest themes included improving access to general practice and hospital services, strengthening urgent and emergency care, improving mental health support, ensuring non-digital routes remain available, supporting carers, strengthening partnership working with local authorities and the VCFSE sector, and ensuring that activity is not transferred between settings without appropriate workforce, capacity and resource.

The engagement findings also highlighted strong support for prevention and earlier intervention, greater integration across health and care services, improved communication and continuity of care, and a focus on outcomes and patient experience rather than performance measures alone. Whilst respondents were broadly supportive of transformation and care closer to home, they consistently emphasised that any changes must deliver demonstrably better care, be accessible to local communities, and be supported by sufficient workforce, infrastructure and community capacity.

The findings have informed the development of the final Commissioning Intentions and are continuing to shape subsequent implementation planning. The engagement findings and proposed changes to the final document were considered and endorsed by the ICB Board on 22 September 2026.

The purpose of this report is to provide the Overview and Scrutiny Committee with visibility of the engagement undertaken, the key themes arising from the engagement and to seek the Committee's support for the direction of travel going into the 2027/28 financial year.

Proposed next steps:

The Commissioning Intentions will form the basis for the forward plan from here.

Governance pathway to date:		
Meeting name:	Date:	Outcome:
System Leadership Group	24 th July 2026	Noted/Shared Intentions
System Leadership Group	28 th August 2026	Noted
Joint Committee	21 st September 2026	Engagement outcome and system response presented for information.
ICB Board	22 nd September 2026	Final Commissioning Intentions approved by the Board.

Contact for further information	Chris Neill, chris.neill4@nhs.net
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COMPLIANCE NOTES:
Equality, health inequalities, and quality impact assessment
If this report is presented for decision/approval, please complete: Has an assessment been undertaken? ☐ Yes (please attach the action plan as an appendix to this paper) ☒ No/Not applicable (please indicate why an assessment was not required) This report provides an update on engagement and the development of the strategic Commissioning Intentions. Equality, quality and health inequalities assessments will be undertaken at the appropriate stage for individual commissioning decisions, pathway changes and specific service proposals arising from the Commissioning Intentions.
Conflicts of Interest
Are there any conflicts associated with authors or reporting officers? ☐ Yes ☒ No <i>If yes, please confirm how the conflict has been managed.</i>
FOI Status
Is this report disclosable under FOI? ☒ Yes ☐ No <i>If no, please specify why:</i>
Financial Implications
Are there financial implications associated with this report?

COMPLIANCE NOTES:
☐ Yes

☒ No

If yes, please describe: None arising directly from the contents of this report.

Legal Implications
Are there legal implications associated with this report?
☐ Yes

☒ No

If yes, please describe:

Quality and Safety Implications
Are there quality or safety implications associated with this report?
☐ Yes

☒ No

If yes, please describe:

The Commissioning Intentions are intended to support improved outcomes, reduced unwarranted variation and more preventative and integrated models of care. Quality, patient safety, safeguarding, clinical governance and the safe management of service or pathway transitions will need to be addressed through detailed implementation plans and relevant impact assessments.

Patient and Public Engagement
Are there patient and public engagement implications associated with this report?
☐ Yes

☒ No

If yes, please describe. If no, please specify why:

Extensive public, staff and stakeholder engagement has informed the development of the Commissioning Intentions. This included three survey approaches and responses from provider organisations, partners, VCSEF organisations, members of the public and patient representatives. Further involvement will be required as individual pathways, service proposals and implementation plans are developed.