

Health and Adult Social Care Overview and Scrutiny Committee

17 June 2025

Kent and Medway Integrated Care Board Community Services Engagement Update

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Summary

The purpose of this report is to:

- update the Health and Adult Social Care Overview and Scrutiny Committee (HASC) on the Kent and Medway Integrated Care Board (KMICB) Community Services procurement (value c.£1.8bn), including completion of bid evaluation and Contract Award
- outline the next steps to contract sign-off and service 'go live'
- outline key risks and associated mitigations
- update on communications and engagement plans to make sure we fully engage throughout the lifetime of the contract to achieve the best for our populations.

1. Recommendation

1.1. Members are asked to note the update.

2. Budget and policy framework

2.1. 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 Medway. 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.

- 2.2. Given that the re-procurement includes children's services, this Committee still remains the responsible Committee to lead on the scrutiny of this in line with Committee's terms of reference set out at section 21.2 (c) of Charter 4, Part 5 of the Council's Constitution, which states: "The Health and Adult Social Care Overview and Scrutiny Committee will be the lead on scrutiny of health insofar as it relates to the transition between childhood and adulthood or where consultation by relevant NHS bodies or relevant health service providers bridge services for children and adults, with participation by representatives of the Children and Young People Overview and Scrutiny Committee when such matters are discussed".

3. Background and timeline

- 3.1. The phased work programme for the reprocurement of adults and children's physical community healthcare services is now in its fourth phase.
- 3.2. The tender for four adult lots (Dartford, Gravesham and Swanley; East Kent, Medway and Swale and West Kent), plus the two children's lots – Medway and Swale and the rest of Kent was published in December 2024.
- 3.3. The deadline for bid submissions was 14 February 2025, following which the submissions were comprehensively evaluated and moderated.
- 3.4. Bid evaluation, moderation and contract recommendation was conducted, as summarised below.
- 3.5. Some patients, who expressed an interest during engagement around community healthcare services last year, were involved in this process; and were part of the evaluation and moderation panel further to receiving training from the ICB's procurement agency.

3.6. Timeline

- 3.6.1. **28 March** - moderation was completed by 65 evaluators for the c.400 bid responses to questions to achieve agreement on final scores, as overseen by Arden & Gem (AGEM).
- 3.6.2. **w/c 31 March** - AGEM completed the Contract Award Recommendation Report (CARR) which was confirmed through their internal governance processes. The CARR was submitted to Capsticks for review and feedback, ahead of submission to NHS Kent and Medway's Executive Management Team (EMT), which approved publication to the ICB Board.
- 3.6.3. **14 April** – approved CARR issued to the Board.

4. Contract award, mobilisation and contract commencement

4.1. The final stages of the process are set out below:

- 4.1.1. **22 April** - extraordinary ICB Board meeting for CARR approval, following which letters were sent to providers and the eight-working day 'standstill' period commenced.
- 4.1.2. Following outcomes being presented to NHS Kent and Medway's Board in a contract award recommendation report, an intention to award notice was published and updates sent to local authority chief executives and other stakeholders.
- 4.1.3. **7 May** - completion of the required 'standstill' period, no challenges were received, contract assurance and mobilisation planning commenced with the preferred provider.
- 4.1.4. **8 May** - NHS Kent and Medway was able to announce that new contracts had been awarded to Kent Community Health NHS Foundation Trust (KCHFT) as lead provider in a partnership between themselves, HCRG Care Group (HCRG) and Medway Community Healthcare (MCH). Successful bidders announced via ICB channels and emails to key stakeholders, including Medway Council's chief executive and HASC clerk.
- 4.1.5. **30 June** - expected contract sign-off date.
- 4.1.6. **By 31 October** – the latest date by which the preferred provider will complete mobilisation, including development of Data Protection Impact Assessments (DPIAs) and Service Development Improvement Plans (SDIPs) and take over the contracted services, but could be earlier if the process is completed sooner (see below).

Actions	26-May-25	02-Jun-25	09-Jun-25	16-Jun-25	23-Jun-25	30-Jun-25	07-Jul-25	14-Jul-25	21-Jul-25	28-Jul-25	04-Aug-25	11-Aug-25	18-Aug-25	25-Aug-25	01-Sep-25	08-Sep-25	15-Sep-25	22-Sep-25	29-Sep-25	06-Oct-25	13-Oct-25	20-Oct-25	27-Oct-25
Contract assurance period inc 1st meeting 12/5																							
Mobilisation planning commences with preferred provider																							
Transformation planning commences with preferred provider																							
Key Milestone: Contract/s signed																							
Mobilisation period continues																							
Transformation planning continues																							
Information governance (DPIAs) developed with Provider																							
Service Development Improvement Plans (SDIPs) developed with Provider																							
Key Milestone: Contract/s start date (by wc 27.10.25)																							

4.2. Contracts are due to begin by 27 October and will run for at least five years.

4.3. There is an opportunity to reduce the mobilisation period by up to two months:

- to expedite the process, mobilisation planning will commence in parallel with the contract negotiations, i.e., from the end of the standstill period on 7 May.
- the process will include transfer of staff from those existing providers who have not been awarded the contract, which may take 6 to 8 weeks to allow

for lead-in period, staff consultation and payroll transfer; and may require time to mitigate risks, e.g. challenge.

- 4.4. The ICB's risk and issue log is subject to weekly review and mitigating action by the ICB CSR Phase 4 Task and Finish Group, and review by the monthly ICB CSR Steering Committee. The top three risks and mitigations are summarised below:

- 4.4.1. **Mobilisation / transformation capacity** – Clarify ICB expectations of the resource needed to work with the Provider through the Joint Mobilisation Group to ensure a comprehensive mobilisation plan (based on bid submission and Provider exit plans) and support the Provider in the development of the Transformation Plan. Review system stakeholder support including Health & Care Partnerships (HCPs).
- 4.4.2. **Substantial Variation (SV)** - Agreement between the Provider, that is also applied to subcontractors, with the Councils and ICB regarding the agreed understanding and process for raising 'SVs', prior to contract sign-off. Service Change Oversight Group (SCOG), including Director of Communications and Engagement, are developing the criteria with stakeholders. Continue to improve relationships with HASC through on-going engagement by ICB Director of Strategic Commissioning and Operational Planning.
- 4.4.3. **Loss of traction on current Improvement / Transformation projects** - Agree what improvement/transformation work is already underway and will continue at pace further to contract award. Ensure all work underway is factored into new contract SDIPs as current projects.

5. Next phase of engagement: Planning for contract start

- 5.1. As part of the submission process, providers were asked to set out their plans for engaging people who use their services and involving staff, as well as a range of questions about how they will communicate with patients.
- 5.2. A new community services transformation and improvement group, as cited in the Ambitions Document included in the Invitation to Tender, will develop transformation plans for adults and children and young people's services. The group, comprising stakeholders including providers, Voluntary Community, Social Enterprise and Faith (VCSEF) groups, Medway's Health Advisory and Scrutiny Committee and Kent's Health Overview and Scrutiny committee, Healthwatch and other patient representatives and NHS Kent and Medway, will work together to determine how our ambitions can be best met.
- 5.3. Our ambitions will inform the development of a Transformation Plan to be published by KCHFT and their partners to the ICB by 31 March 2026 for approval, with agreed milestones and deliverables confirmed through costed service development improvement plans (SDIPs).
- 5.4. The group's role will include regular review of service specifications, to reflect any changes from the implementation of our ambitions, making sure

redesigned community services – adults, children and young people - are fit for the future.

- 5.5. Critical to this will be development of a communications and engagement sub-group, whose membership will reflect the make-up of the community improvement group and include subject matter experts, to ensure there is adequate patient, staff and community involvement. The engagement we carried out in summer of 2024 and previous engagement carried out by partners shows what matters most to people using services and, also, what matters to staff.
- 5.6. Following contract sign off, the group will review the ambitions document with its focus on:
 - **Adults:** Ageing well, community nursing, community outpatients' appointments, diagnostics, elective community hubs, end of life care, frailty, integrated specialist services, intermediate care, rehabilitation, single point of access – out of hospital urgent care.
 - **Children's:** A new model of care, which demonstrates integration, services as close to people as possible, a single clinical record, elective community care, specialist care, therapies, community nursing.
- 5.7. The group will look at different areas of community healthcare services, identifying how best to make sure they meet the ambitions we have already set. We will involve people who use services and staff in these development plans – putting their voice and experience at the heart of what we do.
- 5.8. Some developments may be grouped together around areas of care or service use to meet the needs of the population. For example, to improve frailty care, several services may need to change. In these cases, we will engage on them together.
- 5.9. Each change will have its own communications and engagement plan, specific to services users, audiences and scale.
- 5.10. From Spring 2026, engagement and, where relevant, consultation on the agreed transformation plans will begin.
- 5.11. There will be discussion with Medway and Kent's health scrutiny committees to agree levels of engagement or formal consultation on each project, depending on the change envisioned and in line with an agreed approach to the management of major change.
- 5.12. Engagement will be overseen by a patient or lived experience panel – we will recruit this panel from users and from community members. Engagement will include:
 - **pre-engagement** with service users and staff, which will usually take between three and four months, but up to six for some areas identified as needing bigger change. There will be a series of workshops looking at each

area for transformation and developing a proposed pathway of care. HASC members will be invited to workshops

- **further development** through publication of pathways of care – checking with staff and patients following workshops
- **oversight** from the patient or lived experience panel.

5.13. Our fundamental communications and engagement principle is to make sure there is enough time built into work to ensure full engagement and formal consultation, where necessary. We will work with the committee to make sure we continue to carry out meaningful engagement with our population, and we will continue to engage with members at every available opportunity.

5.14. Implementation of the costed Transformation Plan, including necessary engagement and consultation, is expected to be two years although, if required, a third year has also been built into the contract with the Provider.

6. Risk management

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

7. Financial implications

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

8. Legal implications

8.1. There are no direct legal implications for the Council arising from this report

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Appendices

None

Background papers

None