

Health and Adult Social Care Overview and Scrutiny Committee

14 October 2025

Kent and Medway Integrated Care Board Community Services Procurement and 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 service mobilisation ahead of service commencement
- outline the next steps to service transformation planning to ensure we fully engage throughout the lifetime of the contract to achieve the best for our populations.
- outline key risks and associated mitigations.

1. Recommendations

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 reaching the end of its fourth and final 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. Further to bid submissions by **14 February**, bid evaluation and moderation was conducted and the resulting contract recommendation was approved by the Board on **22 April**.
- 3.4. As no challenges to the decision were received during the 'standstill' period, on **8 May**, NHS Kent and Medway announced the contract award 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). **NB** Further to the agreement of the Lead Provider and supported by legal advice, the ICB amalgamated the six contracts into one, in order to streamline the contract management process.
- 3.5. Contract assurance and mobilisation planning commenced with the preferred provider at the Contract Launch meeting on **12 May** with KCHFT and their sub-contractors, where a list of contract queries was confirmed for resolution in order to progress to contract sign off (main contract and sub-contracts) by the **30 June** deadline.
- 3.6. Contract agreement was delayed further to the NHS England approval approach which necessitated a KCHFT Board self-certification process to confirm the Trust was 'fit for purpose', as well as the resolution of outstanding contract queries.

- 3.7. The main contract was agreed on **8 August**, following which the sub-contracts with HCRG and MCH were also concluded.
- 3.8. Further to contract sign off, full service mobilisation activity is underway, including the planned transfer of services and staff (TUPE) from the two providers of in-scope children and young people (CYP) services who were not party to the successful bids: East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Medway NHS Foundation Trust (MFT), as well as the necessary Data Protection Impact Assessments (DPIAs) to assure the data transfer processes.
- 3.9. Plans are on track for services to 'go live' on **27 October 2025**. The contract will run for at least five years with an option to extend by up to three years.

4. Governance Arrangements

4.1. Contract Management Committee

Governance arrangements to support contract mobilisation and management, as well as service improvement and transformation planning, were reviewed at the first monthly Contract Management Committee (CMC), chaired by the ICB's Chief Financial Officer, on 12 June. The CMC reports into the ICB's Executive Management Team.

4.2. Steering Committee Closure

Further to the establishment of the CMC, the Community Services Steering Committee concluded its role in overseeing the procurement process through to contract sign-off. The Committee reviewed the project to date, including lessons learned, which will inform the final programme report following service 'go live' and the handover to ICB Program teams.

4.3. Joint Mobilisation Group

Service mobilisation is being monitored by the ICB through weekly Joint Mobilisation Group (JMG) meetings involving representatives of the lead provider and sub-contractors, as agreed by the CMC, to which the JMG reports.

5. Service Transformation Planning

- 5.1. As Lead Provider, KCHFT is scheduled to deliver a full contractual Transformation Plan based on the Ambitions document published as part of the Invitation to Tender, by 31 March 2026.
- 5.2. A new Transformation and Improvement Group will develop this and is now scheduled to begin meeting to confirm objectives and start collaborative co-production of the plan.

- 5.3. Reporting into the CMC, this KCHFT-led group will comprise providers, VCSEF groups, Medway's HASC and Kent's Health Overview and Scrutiny Committee, Healthwatch and other patient representatives, and the ICB, who will work together to determine how our ambitions can be best met.
- 5.4. The Group will be supported by a dedicated communications and engagement sub-group, whose membership will include subject matter experts, to ensure comprehensive patient, staff and community co-production and to guide the external communications and engagement process for proposed change, including any necessary public consultation, making sure re-designed community services – adults, children and young people - are fit for the future.
- 5.5. The group will review the ambitions document with its focus on:

Adults: A new model of care including 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.

- 5.6. Importantly, this review will also reflect the ambitions of the Ten-Year Plan (published after the ITT) including the 'left shift' of services from acute to community, supported by the evolving Neighbourhood Health model. These ambitions supplement the content of the Ambitions document with greater clarity about the direction of NHS policy.
- 5.7. People who use services, as well as staff, will be involved – putting their voice and experience at the heart of what we do. Our engagement will attempt to group issues that are sensibly discussed 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.
- 5.8. 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.
- 5.9. Engagement will be overseen by a patient or lived experience panel recruited from service users and from community members. Engagement will include:
- pre-engagement with service users and staff, there will be a series of workshops and to which HASC members will be included in those invited.
 - further development e.g. through potential to publish proposals on pathways of care – confirming specifics with staff and patients following workshops.
 - oversight from the patient or lived experience panel.

- 5.10. 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 HASC 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.

6. Risks and Issues

- 6.1. The key risks and mitigations identified by the ICB are summarised below:

1. Maintaining dual focus on delivery and transformation

Risk: We must maintain focus on day-to-day delivery of services whilst planning for transformation as we mobilise the contract.

Mitigation: The Lead Provider is confident that the mobilisation plans including staff TUPE transfer (CYP services for East Kent Hospitals Foundation Trust and Medway Foundation Trust transfers to the community providers) are sufficiently robust to mitigate this risk, also recognising that the majority of services will continue to be delivered by the current providers. Risk monitoring through the weekly JMG and monthly CMC meetings.

2. System interdependencies

Risk: We will need to retain focus on alignment to other key programmes - ICS strategy, ICB priorities/ transformational areas, recovery programmes

Mitigation: Transformation planning work will take a wide view of potential interdependencies and future changes, for example that driven by work on Neighbourhood Health.

7. Risk management

- 7.1. There are no significant risks to the council arising from this report.

8. Financial implications

- 8.1. There are no financial implications for the council arising from this report.

9. Legal implications

- 9.1. There are no legal implications arising from this report.

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Appendices

Appendix 1 – Community Services Ambitions Document

Background paper

None