Submission from the Integrated Care Board's Chief Executive, Adam Doyle

Introduction and Overview

I am pleased to present my first report to the Health and Adult Social Care Overview and Scrutiny Committee (HASC) as Chief Executive of NHS Kent and Medway Integrated Care Board. In this inaugural report, my aim is to set the scene for the work ahead; acknowledging the significant challenges we face across our health and care system, while also highlighting the opportunities for positive change. The landscape in which we operate is complex, with increasing demands, resource pressures, and the need for innovative solutions. These challenges require us to think differently and act collectively.

Central to my approach is a commitment to partnership. I believe that by working together, across organisations, sectors, and with our communities we can develop new ways of collaborating that are more effective, inclusive, and sustainable. This report will set out the context we are operating in, outline the key challenges before us and set out a new way of working, grounded in shared purpose and mutual respect.

I look forward to working with the Committee and all our partners as we strive to deliver the best possible outcomes for the people of Medway that we serve

1. National Context and Guidance

NHS 10 Year Plan

1.1 The NHS 10-Year Plan is a national document which sets out a bold vision for the future of health and care in England. It seeks to respond to rising demand, widening health inequalities, and financial pressures by committing to a fundamental transformation of how services are delivered. The 10 year plan sets the context in which all ICBs and other health bodies operate.

1.2 Nationally, it is clear that demand is rising; by 2030, the population aged over 65 will increase significantly, driving a 19% rise in acute demand and 1.7 million more GP appointments. Coastal and deprived communities face a 12-year gap in life expectancy nationally which is echoed locally. The NHS faces structural deficits and must deliver efficiency while improving outcomes within the context of recruitment and retention remaining as critical risks. Following engagement, the Plan cites that people want care closer to home, smooth and often digital access, and integrated support.

1.3 The NHS 10-Year Plan marks a turning point in how health and care will be delivered. At its heart is a commitment to move away from a system that reacts to illness and towards one that actively promotes health and wellbeing. This transformation will unfold through three interconnected shifts.

1.4 First, care will move out of hospitals and into communities. Instead of relying on large acute centres for most services, the future model will see neighbourhood health hubs become the focal point for care. These hubs will bring together GPs, community nurses, mental health professionals, and social care teams under one roof, making it easier for people to access joined-up support close to home. For councils, this means a stronger role in shaping local health provision and ensuring that services reflect the needs of their communities.

1.5 Second, the NHS will embrace digital technology as a core part of everyday care. The plan envisions a system where the NHS App becomes the main gateway for patients, offering everything from appointment booking to prescription management. Behind the scenes, a single patient record will allow clinicians and social care professionals to share information seamlessly. Remote monitoring and AI-driven tools will help identify problems earlier and reduce unnecessary hospital visits. This digital revolution will require councils to tackle digital exclusion and ensure that vulnerable residents are not left behind.

1.6 Finally, the NHS will shift its focus from treating sickness to preventing it. The plan sets ambitious goals to narrow health inequalities and improve healthy life expectancy. Prevention will no longer be an afterthought; it will be embedded in every part of the system, from targeted public health campaigns to school-based mental health support. Councils will be central to this effort, using their influence over housing, education, and transport to create healthier environments and tackle the root causes of ill health.

1.7 The NHS 10-Year Plan sets out a series of priorities that will fundamentally reshape how health and care services operate. At the heart of this transformation is the ambition to create a system that is integrated, sustainable, and focused on improving outcomes for every community.

1.8 Integrated working, bringing together NHS organisations, local authorities and voluntary sector partners is a key theme of the plan. The aim is to move away from fragmented decision making to a model where resources, responsibilities and accountability are shared. For councils, this means a clear role in shaping health strategies and ensuring that local priorities, such as housing, education and social care, are fully aligned with NHS plans.

1.9 Alongside governance reform, the NHS will embark on a comprehensive workforce transformation. The plan recognises that the current workforce model cannot meet future demand. New roles will be introduced to support integrated neighbourhood teams, training pathways will be modernised to attract and retain talent, and flexible working arrangements will become the norm. Councils will need to work closely with the NHS to ensure that social care staffing is included in these reforms, as the success of integrated care depends on a resilient and skilled workforce across both sectors.

1.10 Financial sustainability is another cornerstone of the plan. The NHS will adopt value-based commissioning, ensuring that funding decisions are driven by outcomes rather than activity alone. Productivity improvements will be prioritised, supported by digital innovation and streamlined processes. This approach will require councils to engage

in joint financial planning, particularly where health and social care budgets intersect, to avoid duplication and ensure that resources are used effectively.

1.11 Finally, the plan commits to addressing the climate emergency by embedding net zero targets into NHS operations. This will involve reducing emissions from estates, transport, and supply chains, and councils will play a vital role in supporting these efforts through local planning, infrastructure development, and sustainable transport initiatives.
Together, these priorities represent a profound shift in how health and care will be delivered. They demand collaboration, shared leadership, and a willingness to innovate—not just within the NHS, but across the entire public sector.

Medium Term Planning Framework

1.12 NHS England published the Medium Term Planning Framework on 24th October 2025, which set expectations for system transformation over the next three years. Key changes from the traditional operational planning process include a focus on longer term planning, empowering local leadership and resetting the NHS by reducing waiting times, improving access to local care and eliminating unnecessary bureaucracy.

1.13 The framework requires NHS organisations to develop 3 and 5 year plans in response to local population need and aligned to NHS England financial and capital allocations which are due shortly.

Strategic Commissioning Framework

1.14 The NHS Strategic Commissioning Framework was published by NHS England on 4 November 2025. It provides detailed guidance for Integrated Care Boards (ICBs) on their evolving role as strategic commissioners, including an updated commissioning cycle and key enablers for effective delivery

1.15 The Strategic Commissioning Framework sets out a new approach for Integrated Care Boards (ICBs) to move beyond transactional contracting and adopt a population-focused, outcome-driven model. It emphasises commissioning across whole care pathways, aligning resources to deliver better health outcomes and reduce inequalities. This involves using robust data, predictive analytics, and lived experience to inform decisions, embedding value-based criteria, and ensuring transparency in prioritisation.

1.16 The framework also calls for closer integration with local authorities and voluntary sector partners, recognising that health outcomes are shaped by housing, education, and social care as much as clinical services. In particular the framework states that Health and Wellbeing Boards should lead the development of a Neighbourhood Health Plan, which sets out shared objectives across place partners, how the model of care will change based on local need and how commissioners and providers with organise themselves to deliver services in a more integrated way. There is an opportunity for this to build on the existing Kent and Medway Integrated Care Strategy.

2. Local Context and Strategic Diagnosis

2.1 The NHS in Kent and Medway faces significant operational and financial challenges, including:

- An underlying system deficit exceeding £300m, with £118m in deficit support funding currently received.
- Over 225,000 patients on elective waiting lists, with more than 88,000 waiting over 18 weeks.
- Deteriorating performance against some national clinical standards, including areas some of cancer and urgent care.
- Growing demand: by 2030, an additional 1.7 million GP appointments will be needed, and acute demand for those aged over 65 will rise by 19%.
- Marked health inequalities, particularly in coastal areas, with a 12-year lifespan gap.
- Variability in staff experience and performance, and constrained access to capital.
- The highest prevalence of frailty in over-50s in the South East, with the 85+ age group growing fastest.
- Trust and collaboration between NHS organisations, local government, and VCSE partners need strengthening.

3. Kent and Medway NHS Response – Reset, Recovery and Transformation Programme

3.1 Kent and Medway's response reflects the ambition of the national documents and the local context. Coordinating the response to national plans and local context and need, the reset and recovery and transformation programme aims to:

- Stabilise financial and operational performance in 2025/26 through targeted interventions and system-wide cash management.
- Develop a clinically led case for change, focusing on service collaboration, efficiency productivity, and workforce utilisation.
- Accelerate planning for 2026/27, aligning operational and financial plans with national efficiency targets and workforce strategy.
- Fast-track the development of community-based care, supported by digital infrastructure.

4. System Improvement Plan (SIP)

4.1 The SIP sets out a clear roadmap for change, structured around six priority pillars:

- Neighbourhood Transformation
- Acute Service reconfiguration
- Strategic Commissioning
- Leadership and Culture
- Digital and data
- Financial Recovery

Neighbourhood Transformation

4.2 The NHS is committed to bringing care closer to home by creating neighbourhoods that serve populations of around 50,000. These neighbourhoods will become the foundation of integrated care, where health and social services work together to meet local needs. Over the next year, the system will define and sign off neighbourhood footprints and develop locally owned improvement plans focusing on prevention, managing long-term conditions, and strengthening community services.

4.3 Impact: Improved access to care, reduced health inequalities, and stronger integration between health and social care.

Acute Service Reconfiguration

4.4 Hospital services will undergo a major redesign to improve efficiency and clinical resilience. A unified case for change will be completed, followed by local reconfiguration plans and regional reviews in early 2026. This is not focused on identify or structural organisational change in the acute but rather in the clinical efficiency, effectiveness and collaboration between trusts. Maximising benefit for the whole population while focusing on driving up outcomes.

4.5 Impact: Safer, more sustainable hospital services aligned with community-based care.

Strategic Commissioning

4.6 The Integrated Care Board (ICB) will transition into a strategic commissioner role, moving away from transactional contracting towards a model that prioritises value and outcomes. A long-term commissioning strategy will be produced supported by an enabling framework for delivery vehicles that can commission for both system-wide outcomes and local population needs.

4.7 This includes discussion on:

- Joint health and care strategic planning with Kent County Council and Medway Council, ensuring alignment with local Health and Wellbeing Strategies.
- Focus on elective recovery and demand management to tackle long waits and embedded inequalities.
- Governance refresh designed to increase accountability and transparency.
- Integration of social care and community services, particularly through neighbourhood models and joint workforce planning.

4.8 The local approach is underpinned by principles of clinical leadership, system ownership, and place-based delivery. It aims to create a commissioning model that is insight-driven, partnership-focused, and capable of delivering sustainable improvements in health outcomes for Kent and Medway residents.

4.9 Impact: Better resource allocation and accountability, ensuring maximum benefit for patients and taxpayers.

Leadership and Culture

4.10 Transformation requires strong leadership and a culture of collaboration. A system approach to culture and development alongside shared behavioural commitments will be introduced. Governance will be strengthened through the creation of the System Improvement Programme Board.

4.11 Impact: A leadership culture that drives progress and supports productive partnerships.

Digital and Data

4.12 The plan sets out a vision for a single source of truth, enabling clinicians and managers to make decisions based on reliable, real-time information. Digital triage, virtual consultations, and remote monitoring will become standard practice.

4.13 Impact: Improved efficiency, better patient experience, and enhanced system oversight.

Financial Recovery

4.14 Financial sustainability is essential to the success of the plan. The NHS will implement a robust financial recovery programme, stabilising performance in 2025/26 through targeted interventions and system-wide cash management.

4.15 Impact: Reduced deficit and a financially sustainable system.

Engagement and Partnership

4.16 The success of the SIP depends on early and authentic engagement with all stakeholders, including local councils, VCSE partners, and communities. A comprehensive communication and engagement strategy will ensure transparency and build trust. Local authorities will play a vital role in shaping neighbourhood models, aligning health and care priorities, and supporting population health initiatives.

5. ICB Internal Restructure and Reorganisation

5.1 The HASC has previously received a number of updates regarding this area. The reorganisation needs to be seen in the context of the national guidance and the Reset, Recovery and transformation Programme detailed above.

5.2 As set out above, the NHS 10-Year Plan and recent national reforms have set a clear direction for Integrated Care Boards (ICBs) to evolve into strategic commissioners, with a focus on improving population health, reducing inequalities, and ensuring high-quality, sustainable services. The new strategic commissioning framework moves away from transactional contracting and fragmented delivery, towards a model that is insight-driven, outcome-focused, and rooted in partnership working across health, social care, and the wider public sector.

5.3 For Kent and Medway, this marks a substantial transformation in the way the ICB functions. The Board is tasked with halving its operating budget—from £73.5 million

to £38.3 million—to meet national targets. This is being achieved through the 'Reset, Recovery and Transformation' initiative outlined above, and entails major reductions in workforce, the implementation of a revised operating model, and a strong focus on engaging and supporting staff.

5.4 The approach is guided by the principles of clinical leadership, collective responsibility across the system, and delivery tailored to specific localities. Although the transition presents considerable challenges, including the need for cultural adaptation, development of new capabilities, and the careful handling of risks such as workforce uncertainty and financial pressures, the ICB remains dedicated to transparent communication, prioritising staff wellbeing, and maintaining a clear focus on key objectives.

5.5 The scale of this undertaking is immense, given the complexity and scope of the programme. Crucially, the ICB must continue to manage its demanding operational and financial responsibilities, which include overseeing the nation's largest system-wide financial savings initiative and supporting ongoing enhancements in both primary care and access to elective and urgent services.

5.6 The programme is also dependent on a number of external factors, such as:

- confirmation of funding arrangements that will enable the ICB to proceed to staff consultation and redundancy;
- publication of the 'model regional blueprint', which should provide further information on services to be transferred from the ICB to NHSE/DHSC;
- understanding the impact on ICBs of the recent announcement in the Ten Year Plan to dissolve commission support units (which provide back-office functions to many ICBs); and
- securing wider agreements with other ICBs and partners to maximise the opportunity for shared working, such as joint commissioning.

5.7 The ICB has appointed the ICB Executive Director of Corporate Governance as the programme's Transition Director and a programme management team (PMO) has been put in place. A Transition Committee has also been established as a formal sub-committee of the ICB Board. The work of the PMO reports via the Transition Director into the Executive Management Team on a weekly basis and on to the Transition Committee.

5.8 An NHS Kent and Medway Insight and Involvement Group has also been established to support the development of the new Kent and Medway ICB Operating Model. The group is made up of staff from each of our existing divisions and every staff grade across the organisation, and also includes representation from our unions and staff networks. A communications and engagement plan is in place and details how we will effectively involve our staff and engage with our partners.

5.9 At a regional level, south east ICB transition directors meet on a weekly basis and chief executives meet fortnightly. Transition directors oversee the development of plans for those functions which could be shared across multiple ICBs, and also act as the coordination group to choreograph and align ICB plans including staff consultation timetables, recognising the considerable interdependencies across the organisations.

Progress to date

5.10 Over the course of the past few months the following key pieces of work have progressed, in addition to the establishing the necessary governance and programme management arrangements:

- Development of a new Kent and Medway ICB Operating Model, through the staff Insight and Involvement Group: the 'front-end' of the Operating Model has now been developed which details the role, responsibilities, values and behaviours we expect to see within the new organisation; and work is now underway to outline the proposed structural form, governance and decision-making framework that the organisation will operate within. The recently published ICB cultural review outputs will also be played into the operating model.
- On-going development of pan-ICB functional models that would see some functions provided through a single hosted model across the south-east, rather than undertaken by individual ICBs. Further work is progressing on this at pace to finalise proposals to inform the operating model and staffing structures.
- Completion of the NHS Kent and Medway system partnership review, examining the current partnership arrangements in place across provider collaboratives, health and care partnerships and the numerous NHS system programme boards. The recommendations in the review were recently approved by chief executives and will be implemented over the next few months. The overarching expectation is that the system architecture and governance arrangements will be streamlined to ensure greater clarity of purpose and remove duplication.
- Proposals for the new divisional model that will sit underneath the executive team have been developed, subject to consultation, with staffing structures now in development. Modelling of financial allocations has also been completed for each of the functions in order to deliver an average staffing reduction of 49% across the organisation.
- Significant development of staff support packages, both to assist colleagues and line managers during the change programme, and also preparing individuals for seeking new roles and alternative employment post-reorganisation (see more on this later)
- The Transition Committee is currently focused on guiding the Kent and Medway Integrated Care Board through significant organisational changes as part of the programme. Recent meetings have centred on preparing for potential availability of funds and clarifying the application of any scheme across the organisation The committee is also tasked with developing a communication narrative for the new organisation, scheduling briefings for key stakeholders, and liaising with NHS England to resolve outstanding policy questions.

5.11 A major theme is the need to balance statutory duties with the realities of reduced staffing, which presents risks to system resilience and quality assurance. The organisation is actively considering how to share and manage risk across ICBs and

providers. There is a strong emphasis on maintaining staff well-being, morale together with robust governance and financial oversight during the transition, with regular updates to the Board.

5.12 Looking ahead, the organisation is supporting the development of shared services and integrated neighbourhood teams, aiming to embed consistent operating models and digital infrastructure across Kent & Medway. This multi-year transformation is expected to deliver measurable improvements in access, prevention, and local coordination, aligning with the broader Reset, Recovery, and Transformation framework. The work is characterised by collaboration across multiple ICBs, transparent decision-making, and a commitment to supporting staff through change while safeguarding service quality.

5.13 Ultimately, the strategic commissioning framework and the programme together aim to create a more agile, efficient, and effective commissioning organisation. This will enable Kent and Medway to deliver better health outcomes, reduce inequalities, and ensure the best use of resources for its population, in line with the ambitions of the NHS 10-Year Plan.

6. Community Services Procurement

6.1 Over the past two years, NHS Kent and Medway Integrated Care Board (ICB) briefed the Health and Adult Social Care Overview and Scrutiny Committee (HASC) on the rationale, process, and ambitions for the re-procurement of adult and children's physical community healthcare services. The new procurement followed the Provider Selection Regime Regulations (2023), with contracts awarded for five years, plus up to three years of extensions.

6.2 This procurement allows alignment to national priorities, such as the Darzi report's call to move care closer to home and the NHS's 10-Year Plan, which prioritised prevention, digital transformation, and out-of-hospital care. Our aim has always been to ensure patients received the right care, in the right place, at the right time, and to address unwarranted variation in access and outcomes across Kent and Medway.

Contracting Landscape and Rationale

6.3 The ICB previously directly contracted with five main providers for community healthcare:

- East Kent Hospitals University NHS Foundation Trust (CYP only)
- HCRG Care Group (Adults only)
- Kent Community Health NHS Foundation Trust (Adults and CYP)
- Medway Community Healthcare (Adults and CYP)
- Medway NHS Foundation Trust (CYP only)

6.4 These arrangements had grown organically, resulting in uneven service provision. Many contracts were due to expire or had been extended multiple times, necessitating a comprehensive re-procurement. All contracts were extended to allow for a robust procurement process and mobilisation of new providers.

6.5 The procurement was split into six lots, aligned to Health and Care Partnership (HCP) footprints:

- Dartford, Gravesham & Swanley Adult Services
- East Kent Adult Services
- Medway & Swale Adult Services
- West Kent Adult Services
- Kent Children's Services (excluding Swale)
- Medway & Swale Children's Services

6.6 Providers were able to bid for one or multiple lots, and joint bids were encouraged. We have previously clarified that the process was designed to ensure value for money, high-quality care, and equitable access for all residents.

Strategic Fit and Ambitions

6.7 The Community Services Review (CSR), relaunched in February 2024, was the foundation for this procurement. The CSR aligned with the Kent and Medway Integrated Care Strategy Shared Delivery Plan 2024-26, focusing on:

- Developing neighbourhood teams
- Ensuring access to needed services
- Seamless transitions between services
- Addressing health inequalities and prevention

6.8 The Ambitions Document, which we have shared with HASC previousy, outlined expected service improvements and set the direction for transformation over the contract's life. Providers were to be held to account through action plans and Key Performance Indicators (KPIs), reviewed annually.

Service Models and Scope

Adult Services

6.9 We have previously described to the Committee the co-designed model of out-of-hospital care, developed with provider collaboratives and based on national best practice. This model interfaced with urgent care (111/999), single points of access, and aimed to deliver care closer to home. We have assured HASC that, while the ambition was to implement this model system-wide, changes would be developed collaboratively with providers during the contract's first year and beyond, and that there were no plans to diminish current services or access in Medway.

Children's Services

6.10 Following discussions with Medway Council, children's community services in Medway were included in the procurement, ensuring alignment with HCP footprints. Providers were required to demonstrate capability to deliver current services and develop new models focused on integration, locality-based care, single clinical

records, and specialist support. The lived experience of children, young people, and families will be central to service design.

Transition of Care

6.11 We have previously clarified that service specifications for adults and children were jointly developed to ensure smooth transitions, with aligned age ranges and pathways. The procurement covered a wide range of community services, with some (e.g., urgent treatment centres, community mental health) out of scope for now.

Contractual Enhancements and Transformation

6.12 As discussed with the Committee, the contracts have now been awarded on an "as-is" basis for the first year, with a clear expectation of ongoing improvement. Enhancements included:

- Requirement for providers to develop Health Inequalities Action Plans
- Performance incentives for maintaining standards during change
- An ICB-held transformation fund to support service development
- Annual review and refresh of KPIs and action plans

6.13 A Community Services Improvement Group, including stakeholders from across the system, was established to oversee transformation, review service specifications, and ensure services remained fit for the future.

Engagement and Consultation

6.14 It is important to acknowledge that there was insufficient engagement and communication with the Health and Adult Social Care Overview and Scrutiny Committee (HASC). At the outset, we did not involve HASC as we should have, and their concerns and perspectives were not given the attention they deserved. This lack of early engagement led to understandable frustration and a sense of being overlooked.

6.15 However, we have since recognised the significance of this oversight and have worked hard to rebuild trust and establish a more collaborative relationship. We are fully committed to working together with HASC, ensuring that the input is valued and that there is actively involved in shaping the future of community services in Kent and Medway. We have set out a forward plan and introduced a communications and engagement plan with three stages:

- **Stage 1:** Identifying what worked and what needed improvement, through surveys, listening events, and analysis of existing feedback. Over 1.1 million people were reached, with targeted engagement for seldom-heard groups.
- **Stage 2:** Building and testing models of care, with workshops and lived experience panels to refine service design.
- **Stage 3:** Ongoing engagement and consultation on key areas of service improvement, with tailored strategies for each transformation project.

6.16 We have provided HASC with bi-monthly written updates, held workshops, and invited HASC members to join the Community Improvement Group. We have also reiterated that formal consultation would be undertaken for any significant service changes, following best practice and legal requirements.

Financial and Workforce Considerations

6.17 We have previously shared that the financial envelope for the procurement was based on 2024-25 contract values, with a 5% efficiency saving applied. Funding would be uplifted annually in line with the NHS Cost Uplift Factor. Workforce implications were managed through TUPE compliance, robust HR policies, and mobilisation plans to ensure business continuity. Providers were expected to adhere to the ICS People Strategy 2023-2028.

Digital Transformation

6.18 We have highlighted that digital innovation was a core enabler, with expectations for providers to:

- Participate in system-wide digital transformation
- Invest in modern, interoperable digital solutions
- Harness data for improved outcomes and efficiency
- Support digital inclusion and co-design with citizens and professionals

6.19 This approach was fully aligned with the ICB's vision for a digitally enabled, high-performing organisation.

Timeline and Next Steps

6.20 In summary, these have been the key milestones in the process:

- **Spring 2023:** CSR relaunch and contract alignment
- **Feb–June 2024:** Governance and procurement preparation
- **Summer 2024:** Engagement and ITT preparation
- **Autumn 2024:** ITT publication, bids, and evaluation
- **Feb 2025:** Contract award decision
- **Oct 2025:** New contracts commence

6.21 Transformation planning began upon contract execution, with the first year focused on developing detailed transformation plans in partnership with stakeholders.

6.22 The outline timetable for engagement on community services topics is incorporated into the forward plan section below.

Out of scope community services

6.23 There remain some services delivered by Medway Community HealthCare and KCHFT which were not part of the core scope of our new community services

contract. These services will be subject to review over the next six months and any proposed amendments will be notified to HASC.

6.24 A group to look at these services has been set-up to ensure there is clear ownership and assigned commissioners who will lead the review of each of the services. The reviews are focused on looking at how they fit within an end-to-end pathway for patients and demonstrating value for money. The reviews within the next 12 months will recommend either that services are sustainably commissioned, re-designed as part of a new service model or decommissioned where appropriate to do so.

6.25 A dedicated group has been established to oversee rolling review of those community services currently delivered by Medway Community HealthCare and KCHFT, which fall outside the scope of the newly commissioned core contract. This group ensures that there is clear accountability, with specific commissioners assigned to lead the assessment of each service. The review process will be thorough and collaborative, focusing on evaluating how each service integrates within a holistic, end-to-end pathway for patients. The aim is to ensure that services not only deliver value for money, but also contribute to improved outcomes and patient experience.

6.26 Over the next 12 months, these reviews will culminate in recommendations for the future of each service. Options will include the sustainable commissioning of services where there is ongoing need and demonstrable benefit, the re-design of services to fit within a new or improved service model to better meet patient and system requirements, or, where appropriate, the decommissioning of services that no longer align with strategic objectives or best use resources. Throughout this process, commissioners will engage closely with stakeholders and particularly Health and Adult Social Care Overview and Scrutiny Committee to ensure that recommendations are well-informed and that any changes support the broader goals of community service transformation and integrated care delivery.

6.27 The list of services is included in Annex A

7. Forward Plan

7.1 The ICB's commissioning activity will be guided over the next three years by a suite of strategic documents. These include the Medium term 3 and 5 year plans to be constructed and agreed by February as part of the recently announced medium term planning exercise. This will align to medium term (3 for revenue and 4 capital) financial allocations to be issued shortly by NHS England. Our operational planning for 2026/27 is beginning and subsequent years will be guided by our Commissioning Engagement document which we will be providing to HASC shortly.

7.2 We are also developing a Commissioning Strategy to be published in January following publication of the Strategic Commissioning Framework which will guide the future ICB role. Another key document mentioned in the Strategic Commissioning Framework is the neighbourhood plan, which we expect to work closely with the Health and Wellbeing Board on as they lead its development. These will be accompanied by an integrated needs assessment and population health improvement plan on which deep collaboration with Public Health Teams in Kent and Medway will be essential.

7.3 In terms of commissioning priorities, our draft commissioning engagement document sets out a series of areas in which we aim to conduct commissioning exercises to improve and future-proof services over the coming 18 months. These include as key highlights:

- The community services reform facilitated by our new community contract including support to neighbourhood models. This will include the development of clearer strategies to keep people well in communities and to optimise discharge and intermediate care.
- The commissioning approach to neighbourhood health. We will seek early agreement on neighbourhood footprints and the collaborative deployment of staff across healthcare providers with other partners, developing through 26/27 and underpinned by evolution of contractual arrangements. Neighbourhood health will be underpinned by strong GP leadership.
- The planning for improvement in mental health services facilitated by our new all age mental health services contract with KMMH. This will begin after safe transfer of services as they exist in April 2026 and plans will develop during the early part of 2026-27.
- Plans to delivery on the reduction in elective waiting times described by the recent Planning Framework, underpinned by a set of clear contractual arrangements with our provider sector in 2026-27. This is likely to be supported by a set of targeted service amendments designed to optimise the productivity of elective care on which further engagement could well be required.
- Completion of our review of UTC provision with a first phase of decision making likely in early 2026 and focussed on improving the offer at UTCs collocated with Emergency Departments. A further set of conclusions would be reached considering UTC provision as part of the wider community offer, linked to Neighbourhood Health as it develops through 26-27.

8. Conclusion

8.1 This report has provided an update on the significant challenges currently facing the Kent and Medway Integrated Care Board as an organisation.

8.2 It has outlined the context and rationale for our recent actions, and forward plan for organisational change and system transformation including the launch of the new community contract, which marks a pivotal step in our commitment to improving services for the people of Medway. The contract is now live, and we have set out an early-stage forward plan, ensuring that the Health and Adult Social Care Overview and Scrutiny Committee remains closely engaged as key milestones and developments are brought forward for scrutiny and discussion.

8.3 Crucially, this moment represents an opportunity for a reset—not only for the ICB, but also in our relationship with HASC. We are committed to moving forward in the spirit of genuine partnership, learning from past challenges and building on our shared ambition to deliver better outcomes for our communities. By working together, we can ensure that our plans are transparent, our progress is accountable, and our focus remains firmly on the people we serve in Medway. This collaborative approach will

underpin the transformation of local services and help us realise our collective vision for a healthier, fairer future for all.

Annex A – “Out of Scope” Services

Medway Community Health

Service
Community Assessment Service providing triage, assessment, diagnostics and complex treatment for patients suffering from possible musculoskeletal conditions
CHC Fast track referral an urgent NHS pathway that enables individuals with rapidly deteriorating health conditions to receive fully funded care quickly—typically within 48 hours—without needing a full assessment.
Darland House a specialist nursing home operated under Medway Community Health, providing care for adults with dementia or mental health needs with complex health conditions.
Dementia Crisis a specialist community services designed to support people with dementia and their carers at home.
Dynamic Mattress Service the provision and management of specialised pressure-relieving mattresses—particularly dynamic or alternating pressure systems—used to prevent and treat pressure ulcers in patients with complex health needs, especially those discharged early from acute care settings.
End of Life an End-of-life Domiciliary care service. Providing 300 care hours weekly and is referred through the Fast Track Pathway
Infection Control the team works collaboratively across the organisation to ensure best practices are followed in all care settings.

Musculoskeletal Physiotherapy specialised NHS service that assesses and treats conditions affecting muscles, bones, joints, tendons, and nerves. It helps patients manage pain, improve mobility, and recover from injuries or surgeries through tailored exercise, manual therapy, and rehabilitation plans.
Neurological CAS Community Assessment Service for adults with neurological conditions
Occupational hand therapy specialist rehabilitation service focused on restoring hand function and independence for patients with upper limb injuries, surgeries, or neurological conditions
Palliative Care delivers advanced clinical care for palliative care patients in their own homes, in the Hospice, in MFT or within the community
Physio Triage musculoskeletal triage service that assess and direct patients to appropriate physiotherapy or physical therapy pathways.
MedOCC Clinical Pathway Coordination is used to manage service status and patient flow across urgent care settings.
Swale ICP Out of Hours provide urgent and specialist care outside of regular working hours, particularly for patients with complex needs, frailty, or nearing end-of-life
Medway (Medocc & OOH) provide urgent care coordination and crisis response outside regular hours, they are operationally linked to several workstreams and play a key role in system escalation.
DVT - Swale Service provided through Medocc deliver the service based on medical need, including assessment, investigation and initiation of treatment for patients suspected of having a lower limb deep vein thrombosis (DVT)

Kent Community Health

Service
Acute Response Team - Home with Support (NR) enhance the level of integration of a range of services to ensure a more timely and appropriate service response for (i) those patients who are in the community and are at risk of attendance/admission to hospital, and (ii) those patients who have arrived in A&E and could be cared for in the community.
Adults Communication & Assistive Technology Service support people who have difficulties with communication and accessing technology.
Children's Communication & Assistive Technology (CCAT) highly specialised and targeted services using assistive technology to help a small number of children and young people overcome significant difficulties with communicating verbally or using written communication, so they can enjoy themselves, develop independence, participate and achieve
Frequent Service User to ensure that the needs of patients (or parents/guardians) most regularly making contact with urgent/primary care services are met in order to reduce their use of the urgent care system.
Hospital at Home offers acute hospital-level care in a patient's own home or in a care home, avoiding unnecessary hospital admission
LRU 24hr Support (Within ART) first point of contact for all service users across Kent, who wish to make a referral to our community services

Lymphoedema provides equal access to all adult patients with palliative and non-cancer related lymphoedema for evidence-based treatment and management by specialist lymphoedema practitioners
MSK Physiotherapy provide early assessment, diagnosis and physiotherapy treatment and management of MSK conditions for adults 16 years and over
Orthopaedics and SPA MSK Dashboard and therapies dashboard track referral volumes, waiting lists, activity levels and outcomes.
Occupational Therapy Technicians carry out minor home adaptations and support qualified occupational therapists by helping patients regain independence in daily activities through practical rehabilitation tasks, equipment setup, and mobility support
Wound Medicine Centre **wound clinics** Held at GP surgeries give patients fast access to specialist nurses for patients with complex and non-healing wounds
X-Ray offering X-ray services at various locations
Referral Management Centre provide a single point of access for a variety of community and elective care services, ensuring referrals are managed and facilitated appropriately into local services
Medicine Support Unit/ Integrated Pharmacy Team provides medicine optimisation and pharmacy support across community settings, including care homes, urgent care, and end of life pathways.

Safeguarding (CRU) Health input to multi-agency safeguarding planning with the CRU. A single point of access for safeguarding referrals
Pathway 1 capacity: Hilton replacement capacity intermediate care beds commissioned to support Pathway 1. The discharge pathway for patients who need short-term support to recover at home or in a community setting after leaving the hospital. The Hilton Replacement Capacity refers to a block of beds, or services replacing previous provision at Hilton Nursing Home or similar facilities.
Pulmonary Rehabilitation programme of exercise for people with moderate to severe lung disease, which aims to improve exercise tolerance, reduce symptoms and a patient's disability. The idea is to improve a person's quality of life and help them manage their condition.
Health Trainer Vanguard Initiative focused on preventative health and wellbeing support, typically delivered through trained health coaches or peer support workers.
Staffing CHC Consumables provision, management, and funding of non-prescribable equipment and supplies used in Continuing Healthcare settings.