

**Kent and Medway**

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Dear David,

Re: Response to Medway Council's Consultation Submission on the Proposed ICB Organisational Structure

Thank you for your detailed and constructive response to the consultation on the proposed NHS Kent and Medway ICB organisational changes. We value our strategic partnership with Medway Council, and we recognise the particular pressures and statutory responsibilities you hold — including the forthcoming ILACS inspection, the SEND area inspection cycle, and the wider implications of the Children's Wellbeing and Schools Bill.

The ICB is undertaking a significant and deliberate transformation of its operating model, aligned with national policy, the Model Integrated Care Board Blueprint, and our developing Operating Framework. This transformation is designed to strengthen strategic commissioning, maximise system value, ensure financial sustainability within the national £19-per-head running cost requirement, and enhance our capability as a system convenor. Our revised operating design provides a more coherent approach to planning, performance, intelligence, contracting, and quality, delivered through multidisciplinary commissioning teams, clearer accountability, and strengthened governance.

We are committed to ensuring this transformation supports, rather than destabilises, local authority partners. In that spirit, we respond below to each area of concern raised.

1. General Concerns About the All-Age Commissioning Model

We recognise your concerns about ensuring specialist focus for both children and adults in an all-age model. The ICB's new operating structure is expressly designed to retain specialist expertise where required, through:

- Multidisciplinary Commissioning Teams (MDTs) with defined population segments, including dedicated clinical, professional, analytical and programme leadership.

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- A strengthened Strategic Commissioning Function, consolidating provider intelligence, performance, planning, and contracting under unified leadership, enabling a more consistent and evidence-led approach across all age groups.
- Alignment to the Model ICB Blueprint, which reinforces a shift to population health, prevention, local context, and more granular commissioning.

Assurance:

The structure ensures neither adults nor children are deprioritised. Specialist clinical and commissioning expertise will be embedded within the MDTs, and statutory duties under the Children Act, Care Act, and NHS Framework remain fully resourced at a strategic level.

2. Children and Young People

2.1 Mental Health (including crisis pathways)

You raised concerns about the deletion of the Associate Director (Pathways – Complex and Crisis) role. Within the new model, crisis leadership will be delivered through the MDT governance structure, (with a proposed specific MDT for MH/LDA ensuring continuity of weekly system calls and escalation oversight. The strategic commissioning function explicitly includes responsibility for complex pathways and multi-agency interfaces.

Assurance:

A named senior lead will continue to coordinate crisis pathways across acute, mental health, community and social care partners. We recognise the importance of this function and will confirm the individual role as part of final implementation.

2.2 Safeguarding, SEND, LAC, Child Death Review

The Operating Framework reinforces safeguarding and quality functions as core statutory responsibilities.

While the structure reduces duplication and management layers, it retains:

- Protected Child Death Review capacity
- Designated clinical roles
- A strengthened Quality and Nursing leadership function
- Explicit responsibilities for SEND, LAC, and safeguarding within the executive quality portfolio

SEND Capacity

We acknowledge the scale of children with EHCPs across Kent and Medway and the pressure on statutory timescales. The ICB's strategic commissioning redesign ensures SEND functions remain aligned to statutory responsibilities, supported by system-wide performance oversight.

Assurance:

- The remaining Designated Clinical Officer (DCO) capacity will be supported through the MDT model and shared clinical leadership functions.
- Tribunal support and quality assurance of health advice will be maintained through the Quality and Clinical directorates.
- The ICB is aligning its SEND responsibilities with national reforms and will actively participate in partnership boards, inspection preparation, and ongoing monitoring cycles.
- Support to new statutory expectations (e.g., kinship, additional LAC duties, MACPTs) will be embedded through the safeguarding leadership team.

2.3 LAC Health, IHAs and Out-of-Area Oversight

We recognise performance concerns about Initial Health Assessments. Under the new model:

- Quality oversight and statutory reporting remain protected via designated doctor/nurse functions.
- Business continuity plans ensure no gaps in operational clinical input during transition.
- The commissioning MDT provides clearer accountability for performance, escalation, and contract management with providers

Assurance:

We will ensure sufficient clinical capacity across Looked-After Children's pathways, including quality assurance for out-of-area placements and foster carer medicals.

2.4 Continuing Care & LDA

The ICB acknowledges the importance of multidisciplinary complex needs panels. Through the new MDT model:

- Representation for Continuing Care, LDA and Complex Cases is explicitly protected.
- Strategic commissioning redesign places complex care oversight into a unified governance structure.

Assurance:

We will continue to resource and attend Medway's Complex Health Funding Panel, and we do not envisage cost-shifting or delays in assessments.

3. Adults

3.1 Transition, Continuity of Care and Complex Adults

Your concern about delays, placement breakdown and crisis escalation is understood. The end-to-end commissioning cycle, due to go live for FY26/27, is specifically designed to avoid these gaps through:

- Clearer roles and responsibilities across planning, contracting, and performance.
- Matrix MDT working with defined senior accountable leads.
- Strengthened escalation routes within the commissioning/quality interface.

Assurance:

A named senior commissioning lead will be in place for transition oversight and case continuity for Medway residents.

3.2 Market Shaping & Specialist Placements

The council raised concerns about system-wide standardisation and the £19 per-head allocation. Current ICB design principles explicitly require:

- Locality-sensitive commissioning
- Shared decision-making with councils on MHLDA markets
- Risk-based commissioning with provider insight and population data
- Compliance with financial requirements without shifting costs to partners

Assurance:

We will retain joint involvement in market-shaping decisions, ensure risk assessments precede placement changes, and commit to transparent rationale for use of the running cost envelope.

3.3 Avoiding Financial Pressure or Cost-Shifting

The Board Assurance Statement confirms the structure is designed to deliver statutory and blueprint-defined functions within the approved cost envelope and without transferring financial burden to local authorities.

Assurance:

- Section 117 and other joint funding agreements will continue to be jointly governed.
- Any efficiency measures will not be used to displace responsibility onto councils.
- We commit to full transparency on the impact of the £19-per-head requirement.

4. Medway Locality Influence and Neighbourhood Model

We fully acknowledge Medway's high-need population and the importance of maintaining strong local influence. The ICB's Neighbourhood Health Model and development of local footprints are designed to secure:

- Localised decision-making
- Integration of primary, community, acute and mental health data
- Alignment to local authority geographies where clinically and operationally appropriate
- Clear 'hub and spoke' delivery arrangements, supported by the Strategic Commissioning and Neighbourhood Transformation pillars

Assurance:

Medway representation will be explicitly built into governance, transformation groups, and market-shaping forums.

5. Business Continuity During Transition

The ICB has established a robust transition programme aligned to Change-25, including risk management, workforce planning, and business continuity arrangements.

Assurance:

- No statutory function will be left unassigned at any point during implementation.
- Where vacancies exist, we have contingency cover through matrix teams, interim clinical leadership, or shared regional functions.
- Transition risk is overseen through the Transition Committee and system PMO with appropriate mitigation actions.

Conclusion and Strategic Forward View

We welcome Medway Council's engagement and challenge. Your feedback strengthens our design, and the issues you raise align with our ambition to become a more effective, population-focused strategic commissioner. Our Operating Framework sets out clearer decision-rights, strengthened governance, multidisciplinary commissioning models, and transparent accountability. These reforms — grounded in the Model ICB Blueprint, Strategic

Commissioning Framework, and our Reset and Recovery priorities — aim to deliver a more consistent, responsive and equitable system for all our communities.

We remain committed to partnership working, joint governance, and shared accountability for outcomes. As the structure is finalised, we welcome continued dialogue on implementation, locality priorities, statutory responsibilities, and how we collectively ensure the best possible outcomes for Medway's children, young people and adults.

Please do not hesitate to contact us to arrange further discussion or to explore any area in more detail.

Yours sincerely,



Natalie Davies
Transition Director
NHS Kent and Medway ICB