

Health and Wellbeing Board

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Kent and Medway Integrated Care Board: Recovery and Transformation Programme and Outcome of Formal Staff Consultation

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Summary

This report provides the Medway Health and Wellbeing Board with an overview of the Reset, Recovery and Transformation Programme and the outcome of the ICB's formal staff consultation. The programme responds to national requirements for Integrated Care Boards to operate within a significantly reduced running cost envelope, while strengthening their role as strategic commissioners and system leaders.

The consultation confirmed broad support for the strategic direction of travel: a leaner ICB focused on population health, reducing inequalities, and assuring quality and outcomes, rather than delivering services directly. The final model reinforces the ICB's role as a system convenor, working through place-based partnerships, provider collaboratives and neighbourhood arrangements to enable delivery closer to communities and in partnership with local government and the voluntary and community sector.

Feedback from staff and partners emphasised the importance of maintaining strong system leadership, clear performance and regulatory assurance, and robust oversight of statutory functions. In response, the final arrangements strengthen safeguarding, SEND and quality oversight at a system level, retain infection prevention and control as a core assurance function, and reinforce the ICB's capacity to hold the system to account for delivery and outcomes.

The report does not focus on internal organisational detail. Instead, it sets out how the ICB will work differently with partners following implementation, aligning NHS priorities with the Joint Health and Wellbeing Strategy and supporting the Board's role in driving improved outcomes for the Medway population.

1. Recommendation

- 1.1. The Board is asked to note the drivers for change, the outcome of the staff consultation and the final organisational shape and strategic purpose

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.

3. Background

- 3.1. In March 2025, the Secretary of State announced a programme of reform including the abolition of NHS England by April 2027 and a 50% reduction in the combined workforce across NHS England and the Department of Health and Social Care. Shortly after, Integrated Care Boards (ICBs) were also required to reduce their operating costs by 50% by December 2025, in addition to reductions of around 30% since 2022.
- 3.2. The NHS 10-Year Health Plan (July 2025) reaffirmed the role of ICBs as strategic commissioners, operating within multi-year budgets and focused on long-term, outcomes-based decision-making. Under this model, responsibility for service transformation sits with provider organisations rather than ICBs.
- 3.3. In January 2026, the ICB Board approved proposals for a redesigned organisational structure aligned to the Model ICB Blueprint. The proposals were intended to ensure delivery of statutory duties, support long-term financial sustainability, and respond to findings from the Cultural Review. A formal consultation was subsequently undertaken.
- 3.4. Locally, the ICB's running cost envelope reduces from approximately £62m in 2025/26 to around £38.3m (equivalent to £19 per head of population). Workforce modelling indicates a required reduction of approximately 49% WTE to operate within this constraint while maintaining statutory responsibilities.
- 3.5. This has necessitated a stronger focus on core strategic commissioning functions, a simplified leadership and governance model, prioritisation of activities that directly improve outcomes or ensure safe accountability, and the development of integrated multidisciplinary team (MDT) working to reduce duplication and increase organisational resilience.
- 3.6. The programme confirms a clear shift toward the ICB operating as a strategic commissioner and system convenor, rather than as a delivery organisation. This includes:
 - Setting clear system priorities and outcomes.

- Aligning resources to population need.
- Holding the system to account for delivery and performance; and
- Supporting collaboration across the NHS, local government and the voluntary and community sector.

3.7. The ICB will be explicit and clear about its role and symbiotic role of place-based partnerships, provider collaboratives and neighbourhood arrangements, enabling decisions to be taken closer to communities while maintaining strong system-level oversight.

3.8 This approach supports the Health and Wellbeing Board's role in aligning NHS priorities with local authority responsibilities, the Joint Health and Wellbeing Strategy and wider determinants of Health.

4. Consultation overview

4.1 Formal staff consultation was undertaken between 26 January and 12 March 2026. The consultation generated extensive and constructive feedback from colleagues within the ICB and from partners across the Kent and Medway system. We welcomed the input from Medway Council and the response to this feedback is included at Appendix A.

4.1.1 Overview

4.1.2. Responses broadly supported the overall strategic direction of travel, while emphasising the importance of:

- Maintaining strong system leadership and assurance;
- Protecting statutory functions; and
- Ensuring clarity about how the ICB will work with partners following implementation.

4.1.3. The consultation feedback strongly endorsed the ambition for a stronger, more focused Integrated Care Board acting as a strategic commissioner and system convenor, with delivery of improvement taking place in partnership with providers and as close as possible to services, communities and population need.

4.1.4. Colleagues and partners consistently recognised the importance of an ICB that focuses on setting direction, aligning commissioning levers and assuring outcomes, while enabling delivery through collaborative system arrangements rather than acting as an operational delivery organisation.

4.2. Outcome

4.2.1. This engagement has informed the final strategic model, without changing the overall direction or financial parameters of the programme. The proposed organisational structures support a reduction from approximately 770 whole-time equivalent (WTE) posts to around 340 WTE, with a total running cost of £37.37m, remaining

within the statutory running cost envelope of £19 per head of population. Post-consultation refinements have resulted in minor adjustments within directorates; however, the overall financial position remains within the agreed envelope. Subject to completion of all statutory and governance requirements, implementation of the new organisational structure is planned from 1 July 2026.

4.3. Strategic Intent

- 4.3.1. The final organisational model reflects this strategic intent. The ICB will operate through four all-age multidisciplinary teams (MDTs) aligned to population needs and care pathways. These MDTs bring together commissioning, quality, finance, insight and transformation capability to support delivery of agreed objectives, working collaboratively with providers, places and partners. This approach supports earlier and more integrated decision-making and enables improvement activity to be delivered at scale, while remaining grounded in local context.
- 4.3.2. A strengthened focus on population health insight and analytical capability underpins this model. The ICB will make greater use of data, intelligence and population health insight to understand need, identify unwarranted variation and target interventions where they will have the greatest impact. This will support more informed commissioning decisions and help ensure that system priorities are consistently grounded in the lived experience and needs of local people
- 4.3.3. Working in this way requires close and sustained collaboration with partners. The ICB will continue to work with local authorities, including through the Health and Wellbeing Board, alongside NHS providers and provider collaboratives, place-based partnerships and the voluntary, community and social enterprise (VCSE) sector. In its role as strategic commissioner and system convenor, the ICB will bring partners together around shared priorities, align commissioning approaches and investment decisions, and create the conditions for delivery through partnership rather than duplication.

4.4. Performance and statutory duties

- 4.4.1. Alongside this, the ICB will continue to provide strong stewardship and assurance in relation to statutory responsibilities, including safeguarding, SEND, quality and infection prevention and control. These functions are focused on providing confidence, challenge and support across the system, while avoiding duplication of provider responsibilities.
- 4.4.2. A strengthened focus on performance and regulatory assurance is a core component of the final model. Performance oversight sits at the centre of the ICB's role as a strategic commissioner and system

convenor, providing clear line-of-sight from system priorities and outcomes through to delivery and assurance.

- 4.4.3. Responsibility for system performance and regulatory relationships is held by a Director of Performance and Regulation, reporting directly to the Deputy Chief Executive, ensuring that performance, quality and delivery assurance are considered together at the most senior level. This role provides strategic oversight of system performance, supports constructive challenge and support to partners, and ensures a clear, coordinated interface with national regulators. Through this approach, the ICB will provide accountability appropriately for agreed outcomes while working collaboratively with providers, places and partners to address performance challenges and support sustainable improvement.

5. Outcome

- 5.1. For Medway partners, this integrated strategic approach supports clearer alignment between NHS priorities and the Joint Health and Wellbeing Strategy, stronger population-based commissioning and preventative approaches, and delivery of improvement through partnership at place and neighbourhood level. Overall, the final arrangements reflect a shared commitment to working differently as a system, with a clear focus on outcomes, equity and long-term sustainability for the Medway population.

6. Risk management

- 6.1. There are no direct risks for the Council arising from this report

7. Financial implications

- 7.1. There are no direct legal 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

Lead officer contact

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Appendices

Appendix A Medway Council Consultation Response Letter

Background papers

None