



The 'Big Live Talk' Health Event

Faversham and the NHS 10 Year Plan

*What should our
neighbourhood expect?*

Final Report

January 2026



Foreword

The publication of the *NHS 10 Year Plan* prompted us to run a second ‘live talk’ health event for Faversham. With its emphasis on *Neighbourhood Health*, the Plan presented an opportunity to consider how the aspirations of the town, as developed at our 2024 event, could now be achieved.

We are pleased to say that what has emerged is a clear, practical way to begin the development of a more neighbourhood-oriented health and care system for the town and its surrounding villages.

For that we must thank the participants, local people who gave up an evening to demonstrate, once again, that they understand what makes a community healthy and how health and care services are best planned and managed.

Thanks too for the contribution from our excellent NHS ‘expert panel’. These four senior NHS managers and clinicians used their insider knowledge to talk about how the *10 Year Plan* might work in practice and what a shift to neighbourhood health might mean for Faversham.

We are also grateful for the continued support of the Faversham Town Council, the Kent and Medway Integrated Care Board and particularly the Centre for Health Service Studies at the University of Kent. It is only by working in partnership with them that the *Faversham Healthy Futures* project has been possible.

Gill Wagstaff and Laurie McMahon
Faversham Healthy Futures
January 2026

The Beginnings...

Back in 2022 we were witnessing what appeared to be a centralisation of local health care decision-making to a county level, first to a *Sustainability and Transformation Partnership* and then to the *Kent and Medway Integrated Care Board (ICB)*¹. We feared that this new organisation - which now looked after a population of nearly two million people – would not recognise the importance of working with small, cohesive communities like ours.

We were also concerned about the potential impact of extensive house building in and around the town. There seemed to be no one thinking about what a new and potentially much enlarged community might mean for our health and health care services – especially for *primary* care.

So, we decided to see if we could find a way of increasing the influence of our community in the health care planning process. We talked to *Faversham Town Council* who agreed to support us and then met with the *Centre for Health Service Studies (CHSS)* at the *University of Kent* to talk about how we might work in partnership. As a result, the *Faversham Healthy Futures* project was born.

Our first task was to engage with people from the town and the neighbouring villages² to understand how they felt about the health and care services available to them. To do that, in the spring of 2023, we held an exhibition in the Town Hall whilst at the same time running an on-line and postal survey to which 130 people responded.

A full report of the exhibition and the survey can be found on our website³. Not surprisingly, what emerged were concerns about access to primary and community care and about waiting times for acute services. However, much of the comments were about how our services ought to be provided in the future. Key to this was the idea that primary, community and social care needing to be better integrated under *local* management and that a much wider range of diagnostic and specialist out-patient services should be provided in the town. People also felt that older people deserved better care in their homes and that there should be a more consistent approach to helping those with long term conditions ‘live well’. Equally prominent, was the call to prevent ill-health and promote healthy living. Improving air quality, providing sufficient green space for recreation and encouraging exercise through improved roads and paths for cycling, walking and running were all mentioned.

The event helped us develop a good working relationship with the Kent and Medway Integrated Care Board and the East Kent Health and Care Partnership. We talked with them about going further to build up public understanding and interest. With the help of the CHSS we went on to design a ‘Live Talk’ event. This involved people coming together and working in small, facilitated groups to explore, in a more interactive way, how our health and care services needed to develop. This event ran in July 2024.

¹ See Appendix 3 for a description of the ICB’s formal function

² Throughout this report ‘Faversham’ should be taken to mean ‘Faversham and neighbouring villages’

³ <https://favershamtowncouncil.gov.uk/directory/faversham-healthy-futures/>

What emerged was a sophisticated view of what was required to make Faversham a healthier place to live. A summary of their ideas is shown in Appendix 1. The report on the 'Live Talk' (also available on our website) was well received by the Town Council and led to conversations with the ICB about how we could support them in planning and running services in partnership with local people.

Unfortunately, this coincided with major changes to NHS structures at a national and regional level and the project had to mark time. However, from informal news of the impending NHS *10 Year Plan* we learnt that working at what was called 'neighbourhood' level would be a central theme. This presented an opportunity to restart the project and run an event about the implications and opportunities of the 10 Year Plan for Faversham.

This 'Live Talk' Event

Our objectives for the event were; first to hear from local health and care service providers about how the *NHS 10 Year Plan* will deliver the improvements we need; second to clarify where the responsibilities will lie for planning and delivering our services in the future and third; to understand how the Faversham community and its health and care providers can develop effective 'partnership working' at a local level.

The *10 Year Plan* did not specify which part of the NHS system should be responsible for delivery and it was already becoming clear that ICBs across the country were developing different approaches to suit local circumstances. Therefore, we needed to hear directly from our local health and care providers about how they thought it was going to work. We also wanted to make sure that Faversham people had time to discuss what they had heard so, rather than use a conventional 'questions from the floor' approach, we decided to run facilitated discussion groups of six or so people. In essence, the first half of the programme was about *listening* and the second half designed to encourage *talking*.

The Listening

Rather than a series of presentations, we decided to run the session like a 'Question Time'. Our expert panel of contributors were:

- Dr. Jonathan Bryant, GP; Medical Director, East Kent Health & Care Partnership; Primary Care Clinical Lead, Kent and Medway Cancer Alliance
- Pauline Butterworth, Deputy Chief Executive and Chief Operating Officer, Kent Community Health NHS Foundation Trust
- Rachel Dalton, Chief Allied Health Professional Officer, Kent Community Health NHS Foundation Trust
- Cedi Frederick, Chair, Kent and Medway Integrated Care Board

To guide the discussion, we suggested a few questions that had emerged from conversations about the *10 Year Plan*.

- 1) What services currently provided in acute hospitals can be 'localised'? When will this happen?
- 2) How quickly will the quality and accessibility of home, primary and community services improve? What about social care?
- 3) Will there be a single organisation with management responsibility for service planning and delivery in Faversham and neighbouring villages? How will local people and the voluntary sector be involved in planning? How will local citizens hold the system to account?
- 4) How does the local authority and its services fit into all this?
- 5) What physical facilities will we need to deliver the new 'devolved' service pattern? Is there a plan for how the buildings funded by the NHS will be used?
- 6) How will the anticipated new, 'joined-up' IT technology support all this?
- 7) What moves will there be in terms of wider health promotion and disease prevention?

As you can see, Questions 1&2 were about service improvement, 3&4 were about management and governance, 5 was about buildings, 6 was about technology and 7 was about public health and disease prevention.

What our expert panel said...

a) Service Improvement

The role of acute hospitals has changed. They are not set up to deal with frailty issues, mental health or multiple complex conditions. There needs to be more advance planning for treatment within the community to avoid hospitalisation. Although the hospitals appear willing for outpatient appointments to take place in the community, there is no strategy or plan in place for this to happen.

The role of the ICB has changed to that of 'strategic commissioning', i.e. deciding what services to buy. It was acknowledged that the NHS wants to spend more money in the community, but it is difficult to move money around. In East Kent there is already a community diagnostic centre in Dover, and one is soon to be opened in Thanet. So, some progress has been made - from which Faversham should learn.

Social care is a key component of service improvement. The role of the hospital should be to diagnose, provide intervention if required and then discharge. Around 300 acute beds in East Kent are taken by people who are medically fit but have no care in place. *Home First*⁴ has been used in Kent to help with improving hospital discharge. There may be learning here.

⁴ See Appendix 3

b) Management and Governance

The *10 Year Plan* does not indicate who should lead on developing neighbourhood health. Neighbourhood services could be led by GPs, the Acute Trust or a Community Trust. The decision about where the responsibility lies for turning the *10 Year Plan* into something meaningful for Faversham must be made quickly.

The NHS hasn't listened enough to the people who receive services. Public engagement – especially at a local level - needs to improve so that their ideas are brought in to the 'thinking' of the ICB. Currently, there is little local accountability and this must change.

c) Buildings

Faversham has three key sites providing NHS services; the Cottage Hospital, Faversham Medical Practice (which includes the Urgent Treatment Centre) and Newton Place Surgery. Before deciding how the existing spaces can be used or whether new facilities are required, there must be a collective agreement about what services are required and where those services are best provided. Faversham needs an estates plan for all its NHS (directly and indirectly) funded facilities if incremental and uncoordinated developments are to be avoided.⁵

d) Public Health and Disease Prevention

Social determinants – such as housing, income, air quality, green space and education – have a significant impact on a community's health and mental wellbeing. The NHS and local authority must work more closely together to improve life in deprived areas. Childhood obesity is a societal issue and there needs to be increased health and lifestyle education in schools. *OneYou*⁶, which supports people for weight loss and smoking cessation, might provide useful learning.

There must be change; the current way of operating is not sustainable. We cannot wait until people get sick and have to attend A & E. The *10 Year Plan* will not deliver without people, organisations and communities developing local answers.

Our Experts' Concluding Remarks

- A 'centre of influence' on the NHS side needs to be identified so that Faversham knows who to talk to. Without that, it will be more difficult to take neighbourhood health and care forward.
- There needs to be a clearer 'contract' between the NHS and the community (especially the voluntary sector) to ensure the community plays its part in improving health.
- The ICB is keen to work with Faversham because there has already been such a lot of interest and commitment to improving the health and wellbeing of their community.

⁵ Since the event, this issue has become of greater significance. It appears that Section 106 bids to Swale Borough Council and conversations with housing developers about health and care facilities are being conducted without a clear NHS estates plan that considers the longer-term implications of a shift to more community-based health services. This plan – which will require proper public engagement - is urgently required.

⁶ see Appendix 3

The Talking

We set no particular questions for the eight facilitated working groups⁷ but not surprisingly, their discussions followed similar themes to those raised by our expert panel. Below we have clustered the key points raised by the groups. Taken together, they provide a comprehensive and practical guide to developing a Neighbourhood Health system for Faversham.

a) Comments about acute services

- As an operating principal, services like out-patient appointments, diagnostic tests and less invasive treatments should be brought out of hospital and into neighbourhood settings.
- This would have to be carefully planned with the acute sector partners so as not to compromise clinical quality or efficiency.
- This 'localisation' would make services far more accessible for local people and enable better integration with other services especially primary care.
- It raises an issue about the NHS' utilisation of our current buildings and where these services be located.
- *Estuary View* in Whitstable, is an example of how more community based acute services could be provided.

b) Comments about Care in Community Settings

- Our community services should be better integrated and managed locally – especially in relation to admissions to the Cottage Hospital.
- There has been a serious reduction in facilities for short-term respite care with serious consequences for patients and their families. Lack of care home spaces has the knock-on effect of preventing discharges from acute hospitals.
- There needs to be more home care and rehabilitation services to prevent patients deteriorating and having to go into hospital. These services need to be better co-ordinated with or by GPs.
- The contribution made by the voluntary sector is not well understood or recognised by the NHS. The voluntary sector in Faversham provides a comprehensive range of supportive services to the community.
- There is also an effective coordinating body – the *Faversham Community Networking Group* – that represents nearly 90 charities, voluntary groups and statutory organisations. This powerful community asset is not being sufficiently involved.
- There has been little mention of mental health services – they need to be an integral part of any initiative to develop neighbourhood health models.

c) Comments about GPs and primary care services

- GPs need to understand more about the services provided by the charitable and voluntary sector and especially in relation to social prescribing.

⁷ See the names of discussion group facilitators in Appendix 2

- With exceptions, the interface between patients and their GPs is not satisfactory. The GP systems are not always 'patient friendly' and can require a level of knowledge about on-line services that many patients do not have.
- There has been poor communication between GPs and the community about the ongoing practice merger⁸. The implications and benefits for local people are not understood. The resignation of - it is said – eight respected local GPs and talk of nursing and administrative staff redundancies do not boost confidence.
- The role of GPs seems to be changing. There is concern that they will be left to manage complex, integrated local services.

d) Comments about public health and 'prevention'

- We need to understand the difference between prevention (actions taken to stop an existing condition worsening) and the wider determinants of public health.
- These 'wider determinants' such as air quality, green spaces, water quality, public transport and social housing are probably beyond the reach of a neighbourhood health system.
- The NHS has to demonstrate working in harness with their local authority partners to achieve improvements to the environment and more particularly, to increase the level of social housing available to local people.
- The community can help with issues such as using their influence to limit fast food outlets, smoking cessation and supporting positive mental health.
- Greater effort is needed in working with our schools around health education in general and childhood obesity in particular. Neighbourhood Health arrangements will facilitate this.
- People need to be helped to take responsibility for their health and for maintaining a healthy lifestyle. This work must recognise the inequalities that exist across the town.

e) Comments about the scope and nature of Neighbourhood Health

- Neighbourhood Health needs to have citizens actively involved in the planning and co-design of services. This may be new to some NHS organisations that have limited their relationship with citizens to top-down communication and token consultation.
- Acute hospital services must be part of neighbourhood planning and management even though they are provided by a 'distant' NHS Trust.
- To make a difference, Neighbourhood Health must take a more holistic approach to the planning and management of *all* health and care services required by local people.
- This cannot be achieved when there is such a large number of separate organisations all individually managing and planning services for Faversham people⁹.

⁸ This refers to the merger between the Newton Place Surgery and the Faversham Medical Practice.

⁹ Kent and Medway Integrated Care Board, East Kent Hospitals University Foundation Trust, Kent and Medway NHS and Social Care Partnership, Kent Community Health NHS Foundation Trust, Faversham Medical Group, Estuary View Medical Centre, Swale Borough Council, Kent County Council, multiple private sector care organisations together with any number of national and local voluntary organisations.

- Sometimes it even feels like a competition – especially now funding is getting tighter. This can lead to a lack of shared information, duplicated effort, inefficiencies and a lack of any overall strategy.
- To avoid this ‘silo working’¹⁰ something more than a partnership committee or ‘task force’ is required. As one participant said, ‘something where participants leave their lanyards behind’. This will probably require a single entity with responsibilities, resources and sufficient agency to integrate services at a local level.
- A ‘single entity’ will make it easier for local people to be involved in the planning of their services and to hold the providers of services to account. The Kent Community Health NHS Foundation Trust was identified as the most obvious ‘umbrella’ for this entity.
- There was concern about how other important providers were going to be involved. Often cited were the local GPs, the local voluntary sector and most particularly – as providers of services to the community - local authorities.
- In moving to ‘neighbourhood’ we must remain sensitive to developments in local government. Regarding local government reform, it must be remembered that for Faversham, all of the administrative and professional relationships associated with health and care, are with Canterbury and Ashford with almost no connection to Medway.
- Paradoxically, we must ensure that we remain sensitive to the needs of people who are dependent on services in Faversham but live in the surrounding villages.

f) Comments about Faversham’s community voice

- If local people are going to be more actively involved in working in partnership with health and care providers, they need to be represented by something more than occasional ‘Live Talk’ events!
- There needs to be a consistent, reliable and representative ‘body’ with which the health and care system can engage.
- For that, it may be better to build on the reputation and experience of an existing group or organisation rather than try and create something new.

¹⁰ ‘Silo working’ is when organisations, departments or teams operate in isolation, with little to no communication or collaboration. It occurs when groups focus solely on their own priorities, processes and goals, rather than on the broader, unified objectives of an integrated health and care system.

In Conclusion

From the remarks of our expert panel and the comments made by the discussion groups, it seems that there is broad agreement about what *Neighbourhood Health* should look like in Faversham. However, starting to make it all happen will require two parallel developments:

- First, there needs to be a more formal and consistent way of representing local people's interests in relation to their health and care. Something like a *Citizens' Assembly* would enable the community to more effectively co-design services with those providing services and, equally important, hold them to account. Developing such a body should probably be the responsibility of *Faversham Town Council*.¹¹
- Second, the health service and its partners need to create a *single entity* – perhaps under the umbrella of the *Kent Community Health NHS Foundation Trust* – that will be responsible for planning and integrating the delivery of health and care services for the people of Faversham. We expect this development to be led by the *East Kent Health and Care Partnership* and overseen by the *Kent and Medway Integrated Care Board*.

There has already been a great deal of learning about citizens' involvement in developing community-oriented healthcare systems. However, the *Faversham Healthy Futures* project has taken things about as far as they can go. Now that a way forward is clear, the health service must take the lead if all the benefits of *Neighbourhood Health* are to be realised for the people of the town and surrounding villages.

'In Conclusion' sounds like an ending but hopefully we have arrived at a beginning!

¹¹ Immediately after the event, the Town Council's Community Committee met and asked the Faversham Healthy Futures project to work with them on the design of a Citizens' Health Assembly.

Appendix 1: Output from the 2024 FHF 'Live Talk'

- Improving access, quality and efficiency by decentralising and localising services and...
- Integrating and managing those services locally.
- Securing the right human and physical resources to do that
- Associated concern that the current local buildings/facilities not being utilised to best effect
- Rebalancing provision of care to include more home/social support/ health promotion/etc.
- Stronger focus on preventing illness - rather than just treating it.
- Better local mental health and NHS dentistry services urgently required
- More emphasis needed on supporting young people –
- Tackling the immediate problem of obesity – especially in school-age children
- Concern that NHS not reassuring public about the impact of any new housing developments on services
- Concern too that Local Authority's planning process does not focus sufficiently on creating healthy environments – open spaces/cycling/walking/air quality/water treatment etc. Does the NHS have any influence?

Appendix 2: Discussion Group Facilitators

- Dr Jonathan Bryant
- Rachel Dalton
- Sarah Harvey
- Matthew Hatchwell
- Jacob McMahan
- Aoife Prendergast-Knight
- Dr Melanie Rees-Roberts

Appendix 3: Definitions, Acronyms and Web Links

- **ICB - Integrated Care Board** - Responsible for strategic commissioning for a large area, in our case Kent and Medway. They decide what services to purchase to meet the needs of their area.
- **KCHFT - Kent Community Health NHS Foundation Trust** - see <https://www.kentcht.nhs.uk/about-us/>
- **EKHCP – East Kent Health & Care Partnership** - - HCPs bring together health, social care, voluntary sector organisations and local government across smaller areas such as East Kent. They play a fundamental role in the way health and care is provided for people in their area,
- **Home First:** see <https://www.england.nhs.uk/urgent-emergency-care/improving-hospital-discharge/case-studies/home-first-service/>
- **OneYou:** see <https://www.kentcht.nhs.uk/service/one-you-kent/>