

Proposed integration between Kent Community Health NHS Foundation Trust and Medway Community Healthcare Community Interest Company

1 Overview

- 1.1. This paper provides an update on the proposal for Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare CIC (MCH) to come together as one organisation.
- 1.2. In July 2025, the trust and CIC announced they were at an early stage of developing a strategic case to explore the potential benefits and implications of working more closely. The strategic outline case was submitted to NHS England in July – with the preferred option of coming together as one organisation, with MCH's staff and services transferring to KCHFT.
- 1.3. In November 2025, feedback was received from NHS England and we are now progressing with a full business case, which we expect to be submitted in April 2026. If agreed, integration is expected to be completed on 1 October 2026. A summary of the strategic outline case is included as appendix 1 and can be read at www.kentcht.nhs.uk/strongertogether.
- 1.4. We are keen to continue engaging with system partners to understand perspectives, ensure alignment with wider system plans and identify opportunities or concerns.

2. Background and strategic rationale

- 2.1 As part of the strategic case for increased collaboration of community services, we have considered a range of options open to us in terms of organisational form and the pros and cons of each.
- 2.2 These options ranged from a “do minimum” option, increased collaboration in a number of different forms, exploring coming together with acute partners, to our preferred option that is bringing KCHFT and MCH together as one NHS foundation trust organisation. This would involve MCH's staff and services transferring to KCHFT.
- 2.3 There are four primary reasons why the two organisations are looking to increase collaboration:
 - **We have rapidly increasing demand and complexity** – our populations are growing with increasingly complex conditions and we have long waiting lists for some services.
 - **Our communities face significant health inequalities** – and differences in service provision across our geography
 - **We have small specialist teams with recruitment and retention challenges** – national workforce shortages are seen across the country and both organisations have varying high vacancy factors, with a rising risk of retirements from community healthcare staff, which make some services fragile.

- **We face significant financial challenges** – the Kent and Medway system as a whole, faces a significant financial challenge. It is the responsible approach to maximise our resources for direct patient care.

3. Benefits and risks:

3.1 As part of the development of the full business case, we will further define the benefits and risks of increased collaboration. At a high level, the expected benefits are set out in the table below:

Benefit grouping	Key themes
1. Better care and outcomes	<ul style="list-style-type: none"> • Addressing health inequalities • Strengthening community-based care models • Improved care pathways and access to services • Expanding intermediate care • Targeting resources to priority areas • Reducing unwarranted variation
2. Resilient, highly-skilled and stable workforce	<ul style="list-style-type: none"> • Expanded carer development opportunities • Increase workforce stability and staff retention • Equity in pay award funding
3. Innovation, improvement and service resilience	<ul style="list-style-type: none"> • Enable digital innovation • Improved integration of digital platforms • Streamline governance for data sharing • Enabling cross-organisation patient pathways • Service resilience • Reduced duplication • Access to education and investment funding
4. Financial and operational efficiencies	<ul style="list-style-type: none"> • Corporate synergies • Rationalisation of estate • Stronger purchasing power • Strategic investment planning • Synergy with Kent and Medway Mental Health Trust footprint.

3.2 As part of the strategic case, we have also considered identified a number of potential risks associated with closer working, as set out below, and are considering appropriate mitigations.

- **Cultural integration:** Differences in organisational culture, governance, and operating models could impact the success of the integration and the attainment of expected benefits.
- **Service disruption:** Potential for short-term instability if service transformation or workforce alignment is not carefully planned and resourced.

- **Workforce retention:** Risk of losing key staff during the transition if clear communication and support are not provided.
- **Impact on BAU performance:** Risk that performance and ultimately quality of care suffers due to the demands and distractions of the integration/transformational change; potentially linked to leadership burnout due to the pressures of the integration requirements.
- **Digital and data alignment:** Challenges in aligning IT systems, data governance, and analytics across two different infrastructures.

4. What we have heard so far about our plans

4.1 We know that any change of this scale must be shaped by the people it affects, and we continue to engage as we move towards developing a full business case.

4.2 To ensure that staff, patients and public, and our wider partners understand our rationale and can feedback on our proposal, we have:

- published a summary of our strategic outline case – www.kmstrongertogether and an easy read version is also available
- summarised our plans and rationale in KCHFT's Community Health magazine and extended distribution for our next edition to Medway residents
- shared a simple animation, which describes the challenges we face and why we think we can improve the quality of care we provide by coming together
- launched a survey for patients, which is currently live, with more than 200 responses
- surveyed staff and wider stakeholders
- engaged with impacted staff across staff events and discussions
- engaged with patients, public and seldom heard groups
- responded to questions and concerns by publishing frequently asked questions on our intranets and public website
- provided briefings to key stakeholders through e-bulletins and meetings where appropriate
- planned a public event as part of our conversations about [neighbourhood care](#) at Pilkington Building, University of Greenwich, Gillingham from 1 until 4pm on 4 February.

4.3 So far, the majority of partners we have spoken to are broadly supportive of our proposals in principle and they believe this aligns with the current strategic objectives and the priorities of the Kent and Medway integrated care system.

4.4 Many patients and public groups understand the rationale – however often need more understanding of what services the community trust provides. There were some concerns that people will have to travel further for care, however this is not the intention.

4.5 Many staff support the idea of collaboration to reduce duplication and improve quality; however, we have heard concerns from staff about the need for clarity of job

security alongside assurance that patient care standards will not decline during the transition and the importance of retaining funding for Medway.

4.6 Together, we have also explained to staff our intention that if it is agreed that MCH's staff and services transfer, we do not plan on changing the name from Kent Community Health NHS Foundation Trust at this time. Our rationale for this is that KCHFT also provides care in East Sussex and London, so KCHFT's name isn't a description of everywhere it provides care, but it is recognised and trusted. Council boundaries are also under review nationally, so aligning to 'Kent and Medway' could quickly become outdated. A name change would cost a significant amount of public money, at a time of significant financial challenge, without improving care. Keeping KCHFT's name ensures stability and clarity during this transition.

4.7 More detail about what we have heard can be found in our summary strategic outline case.

5. Next steps:

5.1 We are continuing to engage with our staff, patients and wider stakeholders. The full business case is due to be submitted in April 2026, with a view to MCH staff and services joining KCHFT as an NHS foundation trust in October 2026.

5.2 The final decision will need the approval of both our Boards, KCHFT's Council of Governors, NHS England and NHS Kent and Medway Integrated Care Board.

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Appendix 1: *Summary strategic outline case for the integration of Kent Community Health NHS Foundation Trust and Medway Community Healthcare.*