

**MEDWAY COUNCIL**

Gun Wharf  
Dock Road



## Health Overview and Scrutiny

### Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

#### 1. A brief outline of the proposal with reasons for the change

**Commissioning Body and contact details:** Kent and Medway Integrated Care Board (ICB)

**Current/prospective Provider(s):**

- **Current:** Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare CIC (MCH)
- **Proposed:** A single integrated NHS foundation trust (KCHFT) incorporating MCH services

**Outline of proposal with reasons:**

The proposal is to integrate Medway Community Healthcare CIC into Kent Community Health NHS Foundation Trust to form a single community services provider across Kent and Medway.

**The integration is organisational in nature and does not involve immediate changes to service delivery, locations, or access arrangements.** Patients will continue to receive care from existing teams in the same locations.

The proposal is for the integration of Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare (MCH), through the statutory acquisition of MCH by KCHFT. This will bring staff, services, assets and liabilities into a single NHS Foundation Trust, operating as a unified organisation, while retaining the strengths of both partners.

**Reasons for change:**

- **Increasing demand and complexity:** Rising population growth, ageing and more complex health needs are placing significant pressure on community services across Kent and Medway.
- **Fragmentation and duplication:** Separate organisations create

organisational boundaries, duplication of functions and inconsistent patient pathways, limiting the pace and scale of transformation

- **Workforce and financial pressures:** Workforce shortages and financial constraints impact sustainability, particularly for smaller providers, making standalone models increasingly unsustainable.
- **Need for integrated care models:** Integration supports neighbourhood-based, preventative care and enables a shift from hospital to community settings in line with NHS and ICS priorities
- **Improved quality and consistency:** A single organisation will enable standardised pathways, unified governance and more consistent, high-quality services across the region.
- **Greater efficiency and sustainability:** Integration reduces duplication, improves economies of scale and provides a more stable and resilient platform for long-term service delivery.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

Formal approval of the Full Business Case by both organisations' Boards was secured on 15 April 2026. This was followed by consideration by KCHFT's Council of Governors, in its role in relation to a material transaction, on 29 April 2026.

An advisory vote of Medway Community Healthcare (MCH) shareholders was subsequently held on 2 June 2026, with the outcome informing the MCH Board's decision-making, which supported progressing with the integration.

The Full Business Case has been submitted to NHS England for assurance and approval, with a planned decision date of end of June 2026.

The decision to proceed with the transaction remains contingent upon:

- NHS England assurance and approval
- Completion of statutory regulatory processes, including the Competition and Markets Authority (CMA) and Care Quality Commission (CQC) requirements.

Subject to these approvals, the target implementation (transaction) date is 1 October 2026.

**3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The proposal aligns with the delivery of Medway's Joint Health and Wellbeing Strategy (2024–2028) by strengthening community-based, preventative and integrated models of care, supporting its four key themes.

The proposal contributes to the strategy as follows:

- **Healthier, longer lives for everyone:**  
The integration supports a shift towards prevention and early intervention, enabling more coordinated, neighbourhood-based services and integrated care pathways tailored to local population needs. This will help improve population health outcomes and support people to live healthier, more independent lives for longer.
- **Reducing poverty and inequality:**  
The integrated organisation will use a population health management approach to identify and respond to need, enabling targeted interventions for high-need and deprived communities, particularly in Medway where inequalities are most pronounced. This supports earlier identification of risk, improved access to services, and more equitable outcomes across different population groups.
- **Safe, connected and sustainable places:**  
By strengthening community services and supporting delivery of care closer to home, the proposal contributes to more sustainable local services, reducing reliance on hospital-based care and supporting services that are accessible within communities.
- **Connected communities and cohesive services:**  
Integration will remove organisational boundaries and create a single provider, enabling more seamless working between community health services, primary care, social care and the voluntary sector. It supports the development of Integrated Neighbourhood Teams, improving coordination of care, reducing duplication and ensuring more joined-up, person-centred services.

Overall, the proposal aligns strongly with the strategy by delivering more preventative, locally integrated care, reducing inequalities through targeted

support, and strengthening partnership working to improve outcomes for the Medway population.

#### **4. Alignment with Kent and Medway Sustainability and Transformation Plans.**

The proposed integration of KCHFT and MCH is strongly aligned with system plans by supporting system-wide priorities for integration, prevention, and the shift of care from hospital to community settings.

The proposal contributes by:

- Enabling the “left shift” of care, strengthening community provision and reducing reliance on acute services through more proactive, neighbourhood-based care models.
- Reducing duplication and improving efficiency, supporting financial sustainability across the system in line with transformation objectives.
- Supporting integrated system working, through a single community provider better able to lead and coordinate care across partners, including primary care, local authorities and the voluntary sector.
- Improving population health outcomes, particularly by addressing health inequalities and enabling consistent, high-quality services across Kent and Medway.

#### **5. Please provide evidence that the proposal meets the Government’s five tests for service charge:**

##### **Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

The FBC provides clear evidence of proportional multi-channel engagement, with patient and public feedback influencing both the design and delivery of the proposal, supporting compliance with the “strong public and patient engagement” test.

Engagement has included a wide range of stakeholders, including:

- Patients, carers and the general public
- Healthwatch and patient advocacy groups
- Local authorities and scrutiny committees
- ICS partners, NHS providers and primary care
- Voluntary, community and social enterprise (VCSE) sector organisations
- Staff, trade unions and internal representative groups
- MPs, councillors and wider system stakeholders.

Engagement activity included the wide distribution of surveys and use of established networks to reach patients and the public, enabling feedback to be gathered effectively, with the support of Healthwatch.

The consultation identified key themes:

- Broad support in principle for integration, provided it delivers tangible improvements
- Strong emphasis on improving access, reducing waiting times and simplifying navigation of services
- High importance placed on maintaining local services and continuity of care
- Recognition of opportunities to reduce duplication and improve service resilience and integration.

Feedback from patients, the public and stakeholders has been actively used to shape the proposal, including:

- Refining communication, messaging and assurances (e.g. around local access and continuity)
- Influencing the design of the clinical model, particularly maintaining local, neighbourhood-based services
- Strengthening focus on access, integration, and patient experience improvements.

The FBC demonstrates that engagement findings have been systematically incorporated into the business case.

There is a commitment to continue communication and engagement. To ensure Medway's voice is represented in the new organisation, a Medway public and a Medway staff governor is to be recruited.

## **Test 2 - Consistency with current and prospective need for patient choice**

The proposal does not reduce patient choice.

No services are being removed or restricted. Over time, the proposal is expected to:

- improve access
- reduce variation
- make services easier to navigate

Evidence from engagement shows that patients value choice primarily in terms of access, location, and flexibility, including the ability to book appointments at convenient times, access services locally, and move between services where appropriate.

However, feedback also indicates that current arrangements can limit choice, with patients reporting:

- Uncertainty about which provider delivers services
- Limited flexibility in appointment locations and access routes
- Perceived reliance on GP-led referral pathways rather than patient preference
- Variation in service availability across Kent and Medway (“postcode” differences)

The proposed integration addresses these issues by supporting:

- A more consistent and equitable offer across Kent and Medway, reducing variation and improving access regardless of location
- Clearer pathways and navigation, making it easier for patients to understand and access available services
- Improved access to services across a wider geography, enabling patients to receive care closer to home or choose alternative locations where appropriate
- More joined-up care delivery, supporting continuity and reducing duplication when patients move between services.

The proposal is consistent with, and aims to strengthen, patient choice by improving access, reducing variation, and enabling more flexible and integrated service pathways, directly responding to issues raised through patient and public feedback.

### **Test 3 - A clear clinical evidence base**

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

--

The proposal is supported by:

- evidence of fragmentation and variation in current services
- workforce and demand pressures
- benefits of integrated community provision.

Expected benefits include:

- improved coordination of care
- more consistent pathways
- improved outcomes and patient experience.

No groups are expected to be disadvantaged.

**Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety**

The proposal has been developed with system partners, including the ICB, and is aligned to system priorities.

Clinical safety is central to the integration approach, supported by:

- robust governance
- phased “safe transfer” arrangements
- continuity of care throughout transition.

**Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:**

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The proposal does not include any reduction in hospital bed numbers.

## 6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

- No services will be withdrawn
- No immediate changes to service locations
- No changes to how patients access services at point of integration.

Over time, the proposal is expected to:

- improve access and coordination
- reduce duplication and confusion
- maintain care as locally as possible.

## 7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The proposal reflects:

- projected growth in the over-65 population
- increasing prevalence of long-term conditions
- rising demand for community-based care

Integration supports a more scalable and resilient response to these demographic pressures.

## 8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

The Equality and Diversity Impact Assessment indicates an overall positive impact by:

- reducing variation in access
- improving coordination for vulnerable groups
- enabling better targeting of resources.

No adverse impacts are anticipated, as services remain locally delivered. Mitigation includes ongoing monitoring and engagement with affected groups.

## 9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

The proposal:

- can be delivered within existing resources
- improves efficiency through reduced duplication
- supports long-term sustainability

It is not driven solely by cost savings but by service quality and resilience.

The "do nothing" option would increase financial and operational risks over time.

## 10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

The proposal is supported by:

- digital alignment programmes
- workforce planning
- estate rationalisation

There are no immediate transport impacts as service locations remain unchanged.

## 11. Is there any other information you feel the Committee should consider?

There is ongoing commitment to communication, engagement and transparency throughout implementation.



**12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

It is considered that this proposal does not constitute a substantial variation in service provision, as:

- there are no immediate changes to services, locations or access
- care will continue to be delivered locally
- the proposal relates to organisational integration rather than service reconfiguration.

Members are invited to determine whether they agree with this assessment.