

# Stronger Together

## Why we believe Kent Community Health NHS Foundation Trust and Medway Community Healthcare should come together

Summary of the full business case

April 2026



**Stronger  
together**

## About this document

This document sets out why we believe Kent Community Health NHS Foundation Trust and Medway Community Healthcare should come together as one organisation.

It summarises the full business case, which builds on the Strategic Outline Case previously published. The full business case explains why change is needed and how coming together would support safer, more sustainable and higher-quality services for patients, families and staff, as well as partners. It also sets out the expected benefits, the financial case, what the new organisation would look like, and what happens next.

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## Chairs' introduction

**T**his summary sets out the Full Business Case for bringing together Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare Community Interest Company (MCH) into a single NHS foundation trust.

Developed over more than two years of joint working, the proposal is clinically-led, system supported and focused on improving outcomes for patients and communities across Kent and Medway. While the legal form of the transaction is a statutory acquisition of MCH by KCHFT, our clear intent is to take the best of both organisations and remove barriers that limit joined up working.

Demand for community health services is rising as the population grows older and lives with more complex needs, alongside workforce pressures, financial constraints and persistent health inequalities. Although our organisations already work closely together, remaining as separate legal entities restricts our ability to deliver consistent, resilient services at scale. Integration provides a planned and proactive response, strengthening accountability, governance and long term sustainability.

For patients and carers, it is important to be clear that **there will be no immediate changes** to how or where care is delivered. People will continue to receive care from the same teams, in the same places, with services transferring safely as they are now and any future change phased carefully.

For staff, integration offers greater stability, wider career opportunities and improved access to NHS training and development. Colleagues will transfer with full legal protections in place, and staff engagement has been central to shaping this proposal.

We have heard clearly the importance of **protecting Medway's local identity, leadership and partnerships**. Integration does not mean centralising care away from Medway or reducing local services. Strong leadership will be retained, and resources will continue to be allocated based on population need and commissioning decisions.

The financial case demonstrates that integration is affordable, represents good value for money, can be delivered within existing resources, and does not require additional funding from the wider system.

Both Boards believe this proposal will improve equity, quality and consistency of community care, support our workforce and strengthen neighbourhood care. We recommend progressing with the integration and remain committed to continued engagement with patients, the public, staff and stakeholders.



**John Goulston**

**Chair**

Kent Community Health  
NHS Foundation Trust



**Bruce Potter**

**Chair**

Medway Community Healthcare  
Community Interest Company (CIC)

*'We have heard clearly the importance of protecting Medway's local identity, leadership and partnerships.'*

# Why change is needed

**Health and care services in Kent and Medway are under increasing pressure. These pressures are linked and long standing, and they affect how community services are delivered now and in the future.**

## A growing and changing population

- The number of people aged 65 and over is projected to increase by over 40% by 2040
- More people are living with multiple long-term conditions and complex needs
- Demand for community-based care is rising faster than available workforce capacity



## Persistent inequalities

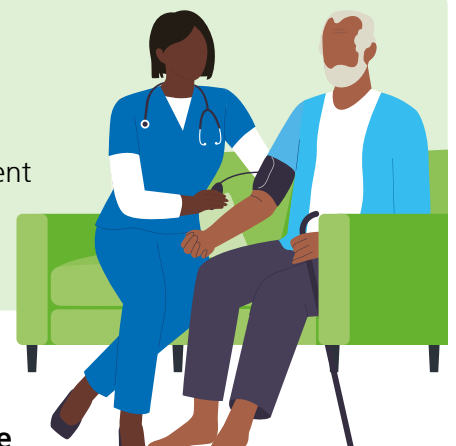
- There are life expectancy gaps of 7–9 years between the most and least deprived communities
- People in deprived areas experience poorer health outcomes and shorter lives
- Community health services play a **key role in prevention and early support**, but inequalities remain significant.

## Services are fragmented

- Community services across Kent and Medway are provided by separate organisations
- Different systems ways of working can make services:
  - services harder to navigate
  - lead to differences in access and experiences
  - create unnecessary duplication.
- Partnership working alone cannot remove all barriers.

## Workforce and financial pressures

- Small specialist teams are vulnerable to vacancies and sickness
- Recruiting and retaining staff is increasingly challenging
- The Kent and Medway Integrated Care System (ICS) faces a recurrent deficit of around £198m, requiring more efficient models of care.



**Taken together, these pressures mean that doing nothing is not an option. Integration is proposed as a planned and proactive response to known challenges, helping create a stronger, more sustainable future for community health services across Kent and Medway.**

# About our two organisations

Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare Community Interest Company (MCH) both provide a wide range of high quality community health services, delivered by skilled and committed staff. The organisations already work closely together and share similar values, but they currently operate as **separate legal entities**, with different systems and governance arrangements.

## About KCHFT

Kent Community Health NHS Foundation Trust is one of the **largest NHS community providers in England**, delivering services across Kent, Medway and parts of East Sussex. The trust provides care for a population of around **1.4 million people** and employs approximately **5,500 staff**, including community nurses, therapists, dentists, doctors and support staff and has an annual turnover of approximately £400 million.

Care is delivered in people's homes, clinics and community hospitals. As an established NHS foundation trust, KCHFT operates at scale, with **strong clinical and corporate governance** and access to national NHS workforce, training and digital programmes. This provides organisational resilience and supports long-term sustainability.



## About MCH

Medway Community Healthcare is a **community interest company and social enterprise**, established in 2010 to deliver NHS funded community health services for people in Medway and surrounding areas. MCH provides a wide range of planned, urgent and inpatient community services and employs around **1,250 substantive staff**, supported by bank and flexible workers.

Services are delivered in homes, clinics, schools and community settings. With an annual turnover of approximately £80 million, MCH reinvests any surplus back into local services. However, as a smaller standalone organisation, it is more exposed to workforce and financial pressures, which has been a key consideration in proposing integration with a larger NHS foundation trust.



# What the future integrated NHS trust will look like

The two organisations will come together as a **single NHS foundation trust**, retaining the name **Kent Community Health NHS Foundation Trust**. The integrated organisation will have:

- **one Board and executive leadership team**, providing clear accountability
- **strong place based leadership in Medway**, with local visibility, influence and partnership arrangements explicitly preserved
- **shared clinical, operational and corporate systems**, reducing duplication and supporting consistency
- a **larger and more resilient workforce**, with improved access to NHS training, development and career pathways
- a **single community provider voice** within the Kent and Medway system.

## Preserving local identity and relationships

Integration does **not** mean moving care away from local communities. Services will continue to be delivered locally, supported by:

- **strong leadership** in Medway and across Kent
- **ongoing partnerships** with local authorities, primary care networks and voluntary sector organisations
- **operating arrangements based around neighbourhoods and communities.**

Engagement made it clear that **preserving Medway's identity and influence is essential**. In response, the proposed operating model:

- retains **distinct leadership for Medway as a place**
- protects existing local partnerships and system relationships
- ensures **local voices continue to shape decisions**, where this improves patient care.

Overall, the integrated organisation combines the **scale, stability and statutory role of an NHS trust** with the **local knowledge, relationships and community focus** that staff, partners and communities value.



# How care will work in the future

For patients, families and carers, there will be **no immediate changes** to where or how care is delivered as a result of integration. People will continue to receive care from the **same teams**, in the **same places**, and services will transfer safely as they are now at go live.

Any future changes will be **planned, phased and clinically led**, with patient safety, quality and continuity of care as the overriding priorities.

## More consistent and joined up care

Over time, bringing services together will support:

- **more consistent care pathways**, based on agreed best practice. *For example, people with similar needs can expect clearer and more consistent approaches to assessment, treatment and follow up, wherever they live*
- **reduced unwarranted variation** across Kent and Medway. *This helps reduce differences in access or experience that are not explained by clinical need*
- **better coordination between professionals and services** *For example, nurses, therapists and other professionals working more closely around the same person*
- **smoother transitions between services or stages of care** *Such as clearer handovers when someone moves from hospital to community support, or between specialist and general services.*



Together, this will help make services **easier to understand and navigate**, improving people's overall experience of care.

## Neighbourhood and preventive models of care

Integration supports national and local ambitions to:

- **provide more care closer to home**, where appropriate. *For example, avoiding unnecessary hospital visits by supporting people in their own homes or local clinics*
- **strengthen neighbourhood teams and ways of working** *So professionals based in the same area can work more closely with GP practices, social care and voluntary organisations*
- **focus more on prevention and early support** *Helping people manage long term conditions earlier and stay as well as possible for longer.*

Bringing teams together within a single organisation supports **multidisciplinary working** and **clearer clinical leadership across all parts of the NHS**.



## Digital alignment and information sharing

Being one organisation will, over time, support:

- **Better alignment of digital systems**, where this improves care.  
*Reducing the need for staff to use multiple systems for the same person.*
- **Safer and more efficient sharing of information** between teams.  
*So professionals have access to the right information at the right time.*
- **Less duplication of records and processes.**  
*Reducing the need for people to repeat their story and for staff to recreate information.*

This supports **better clinical decision-making**, improves continuity, and helps deliver **safer, more coordinated care**.



## What this means for patients and communities

For patients, families and carers, integration is designed to deliver clear and tangible benefits over time, while ensuring continuity, safety and quality of care throughout the change. The ambition is not to disrupt existing services, but to strengthen them so people experience care that is more coordinated, consistent and responsive to their needs, regardless of where they live in Kent and Medway.

### What people can expect

At the point of integration, people should notice **continuity rather than change**:

- Services will continue to be delivered from the same locations by the same teams
- Appointments, referral routes and access points will remain the same initially
- Care will continue to be provided locally and, wherever possible, closer to home

Over time, bringing services into one organisation will make it easier for patients, families and carers to:

- Navigate services without being passed between organisations
- Experience smoother transitions between different teams and services
- Receive more consistent levels of access and quality standards across Kent and Medway.

### Improving outcomes, experience and equity

Bringing services together supports improved outcomes and experience through:

- **Earlier intervention and prevention**, helping people stay well for longer and reducing avoidable hospital admissions. *For example, aligning neighbourhood teams and urgent community response services across Kent and Medway makes it easier to provide rapid support at home and prevent unnecessary hospital stays.*
- **Better coordination for people with complex or long-term needs**, with professionals working more closely together across teams and services. *For example, integrated community nursing, therapy and specialist input supports smoother community rehabilitation and more joined up care for people with frailty or long-term conditions.*

- **More consistent care pathways**, based on shared standards and best practice. *For example, standardising community therapy and rehabilitation pathways reduces unwarranted variation so patients receive the same level of service, regardless of where they live.*

### The same standard of care for everyone

A single organisation makes it easier to identify variation and health inequalities across Kent and Medway. This allows services to be shaped around the needs of local communities and resources targeted where they can have the greatest impact, supporting fairer access and more equitable outcomes.

A consistent theme raised through engagement was concern that integration could result in resources being taken away from Medway. The Full Business Case is clear that this is **not the intention**. Funding will continue to be allocated on the basis of population need. There are **no proposals in the Full Business Case** to remove funding from Medway or reduce local services as a result of integration

Instead, the purpose of bringing the organisations together is to **level up services**, reducing unwarranted variation and ensuring people in Medway benefit from the same access to specialist expertise, workforce resilience and clinical support as elsewhere. Integration also strengthens Medway's position within a larger organisation by improving financial resilience and enabling investment decisions to be made on the basis of need and outcomes, rather than organisational boundaries. This supports fairer, more equitable services for Medway communities over the long term



### Safety, quality and continuity

Keeping people **safe and well cared for** is the top priority throughout the integration.

Care will continue as normal at the point of integration, with services moving across **as they are now**. People will keep seeing the same teams and using the same services.

Any changes in the future will be **carefully planned and introduced step by step**. Clinical leaders will be closely involved to make sure changes are safe and based on what works best for patients.

This approach helps make sure care remains **safe, reliable and consistent**, without disruption, while improvements are made over time.



# What this means for staff



**Staff engagement has highlighted concerns about job security, workload and organisational culture. These concerns are understood and have informed the integration plans. Integration is intended to strengthen stability and support staff, while ensuring changes are planned carefully and handled fairly.**

## Greater job security and stability

Moving to a single NHS trust provides a more stable organisational footing than operating as a smaller standalone organisation. Staff will transfer with legal protections in place, and any future workforce changes will be **subject to engagement and formal consultation**.

## Wider career opportunities

Being part of a larger organisation creates more opportunities for development without needing to change employer. For example:

- a community nurse could progress into specialist or leadership roles
- therapists could access broader training and supervision networks
- support staff could develop new skills across a wider range of services.

## Stronger, more resilient teams

Small teams can be vulnerable when staff leave or are absent. Integration allows:

- better sharing of cover between teams
- reduced reliance on agency staff over time
- improved peer support, particularly in specialist services.

## Fairer access to training and development

As part of an NHS foundation trust, staff will have **improved access to national training programmes and professional development funding**. Over time, this supports recruitment, retention and staff wellbeing.

## A shared culture built on values

Staff told us that culture matters. Integration creates the opportunity to **deliberately build a shared culture**, bringing together:

- the **scale and stability** of an NHS trust
- the **local knowledge, relationships and community focus** of Medway services.

This work will be shaped with staff and grounded in shared NHS values.



## What this means for partners and the wider system

Bringing the two organisations together provides benefits across the Kent and Medway health and care system, including:

- a **simpler organisational set-up**, making it easier to work together
- **clearer accountability**, with a single community provider for the majority of community services, working with partners
- a **stronger and more joined up community provider voice** within the wider system.

**Overall, integration supports shared system goals for prevention, neighbourhood based care and long term sustainability, helping services work together more effectively to improve outcomes for local communities.**

Partners can expect:

- **continued place based relationships**, with local services and partnerships remaining central
- **better alignment with system priorities**
- **more effective collaboration** across health, care and the voluntary and community sector.



## Financial case and value for money

The financial case shows that bringing the two organisations together is **affordable and makes good use of public money**. The integration does **not need extra funding from the wider NHS** and can be delivered **using existing resources**, with plans in place to deal with any financial pressures that arise during the change.

Over time, working as one organisation is expected to deliver savings. This isn't about cutting patient services; it is mainly about **working more efficiently together** – the majority of benefits come from non pay efficiencies and improved ways of working. This helps create a stronger and more stable financial position for community health services across Kent and Medway.

The benefits come from:

- **avoiding duplication** in day to day support and administrative work
- **simpler and more joined up corporate and support services**

- **better coordination of staff and services**, helping teams support each other
- **built in financial contingency**, so risks can be managed safely.

Overall, the integration provides a more secure financial base for the future, helping the organisation **look after public money responsibly while continuing to focus on safe, high quality care for patients**. Any changes that follow integration will be **carefully planned and subject to engagement** and consultation, with patient care and service continuity remaining the top priorities.



# What people told us and how we responded

Engagement with staff, patients, carers, partners and stakeholders highlighted key themes. We have published details reports on our Stronger Together webpage on what we have heard and how we responded. Here's some examples:

## You said: Protect local identity and relationships

We did: Built local leadership into the operating model

## You said: Job security matters

We did: Confirmed employment protections and NHS terms

## You said: Don't disrupt services

We did: Phased integration and continuity of front-line care

## You said: Culture matters

We did: Committed to a cocreated culture and staff involvement.

Feedback has directly shaped the final proposal

## Delivering the change safely

A detailed integration plan and outlines clear governance, defined workstreams, programme management, risk controls and a realistic plan to reach the proposed go live date of **Thursday, 1 October 2026**. All legal and regulatory requirements are included. Patient safety, quality and service continuity are embedded throughout the plan.

## Governance and accountability

Following integration:

- the organisation will be accountable as an NHS foundation trust
- regulated by NHS England and other statutory bodies
- overseen by a single Board with clear responsibilities.

Local accountability will continue through local leadership.

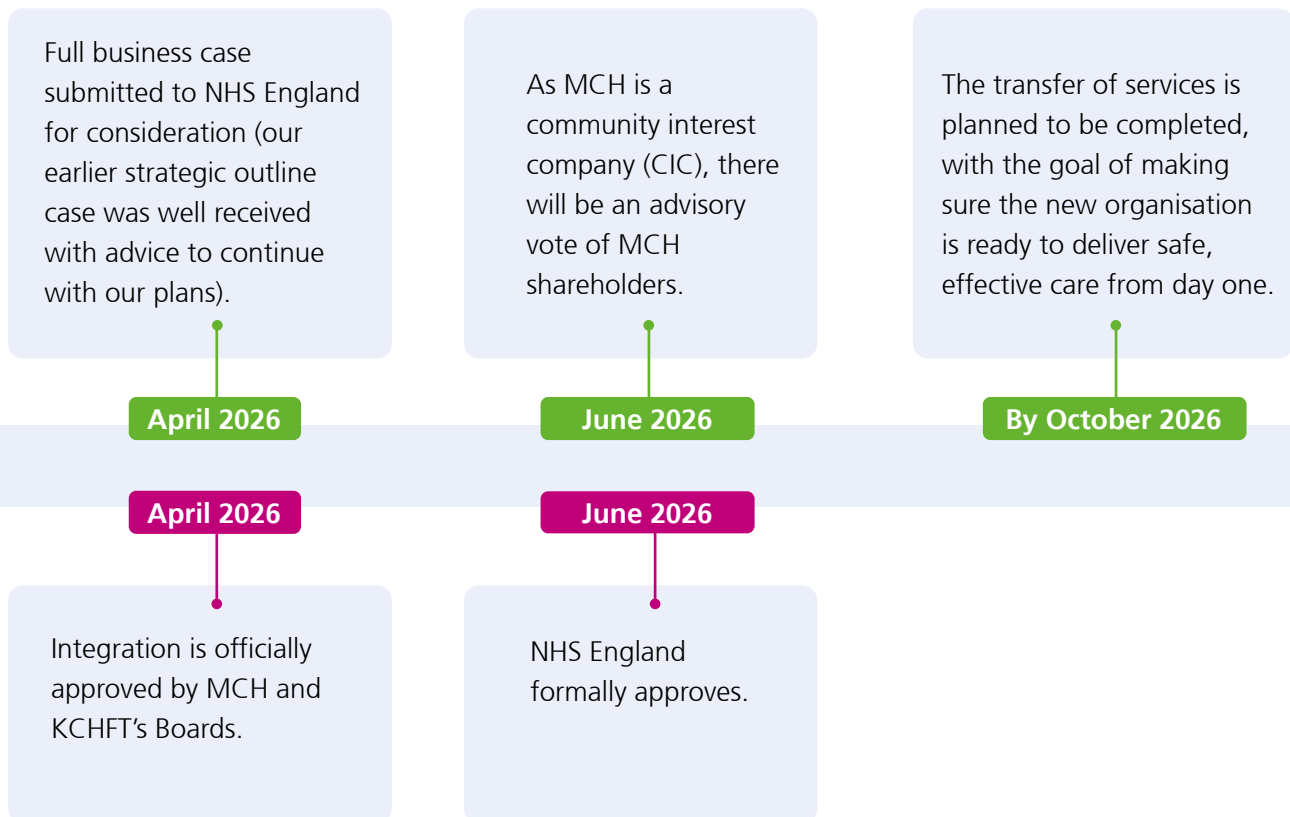


# What happens next

**Both Boards agree that becoming one organisation is in the best interests of patients, colleagues, local communities and the wider Kent and Medway system. They recommend progressing with the integration of MCH and KCHFT.**

The full business case has been reviewed against NHS England's key lines of enquiry (KLOEs) and provides strong assurance across all areas. It highlights particular strengths in the strategic case, quality and safety, people and culture, digital planning, the operating model, the financial case and delivery planning.

## Key milestones




Our communities and colleagues will be involved throughout this process. Your feedback will help shape how services are delivered. There will be opportunities to ask questions, share concerns and help make the new organisation work for everyone.

## How you can stay involved

There are many ways in which you can give us your views. You can:

 **email us at** [kchft.comms@nhs.net](mailto:kchft.comms@nhs.net)

 **write to us at:**  
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Trinity House  
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Regularly updated frequently asked questions are available on the website. They are available here on our dedicated [Stronger Together webpage](#).



## Alternative formats

If you need communication support or would like this in an alternative format, please contact the KCHFT Communications and Engagement Team.



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