

SUBMISSION FROM THE ICB AND KCHFT

13 October 2026

Kent Community Health and Medway Community Health Care Integration Update

Report from: Dr Clare Thomas, Deputy Chief Operating Officer Kent Community Health NHS Trust (KCHFT) and former Interim Chief Operating Officer Medway Community Healthcare (MCH) until 30th September 2026

Chris Neill, Interim Chief Strategic Commissioning Officer, NHS Kent and Medway Integrated Care Board.

1. Purpose

1.1 The purpose of this paper is to update the Committee on the integration of Medway Community Healthcare and Kent Community Health NHS Foundation Trust. Following the previous report, the Committee requested details of the key performance indicators being monitored to provide assurance on patient access and waiting times after integration on 1 October 2026. The indicators have been selected because they are either nationally monitored or relate to services experiencing increased demand or pressure, where bringing the organisations together provides opportunities to improve access, capacity and outcomes for patients.

2. Progress on integration

2.1 On 1 October 2026, the integration of Medway Community Healthcare CIC with Kent Community Health NHS Foundation Trust (KCHFT) was completed, bringing the organisations together as one provider of community health services. The transition was completed as planned, with services continuing to be delivered by the same local teams and colleagues transferring on their existing terms and conditions.

2.2 In total, 1,250 MCH colleagues transferred to KCHFT. Face-to-face induction sessions were held in Medway to welcome colleagues, provide practical information and support a smooth transition. The Urgent Treatment Centre service did not form part of the integration, having transferred to Medway NHS Foundation Trust on 28 September, while the Intermediate Care and Reablement Service was awarded to a different provider following a Medway Council procurement process.

2.3 At the time of writing, early implementation has been stable, with no material disruption to patient care identified through established oversight arrangements. This reflects the commitment set out by the trust's chair and chief executive to maintain continuity for patients, support colleagues through the transition and bring together the strengths of both organisations. The transfer does not change KCHFT's commitment to Medway; it strengthens the trust's ability to work with local partners to attract investment, develop services and tackle health inequalities. Medway will remain a

distinct place within the future neighbourhood model, with its identity, local relationships and community needs continuing to shape how services develop.

2.4 Integration is the starting point for longer-term service and organisational development rather than an end point. Work continues to align systems, clinical pathways and ways of working, while protecting local service delivery and learning from areas of strength across both organisations. Operational performance, patient access, quality and any emerging transition risks will continue to be monitored and reported through the appropriate governance arrangements.

2.5 This report provides the first post-integration update on key performance indicators and establishes the baseline against which future trends in access and waiting times for Medway residents will be assessed.

3. Key performance indicators

3.1 Following a committee request, key waiting time metrics will be routinely monitored and reported to provide assurance on the impact of integration on patient access and waiting times for Medway residents.

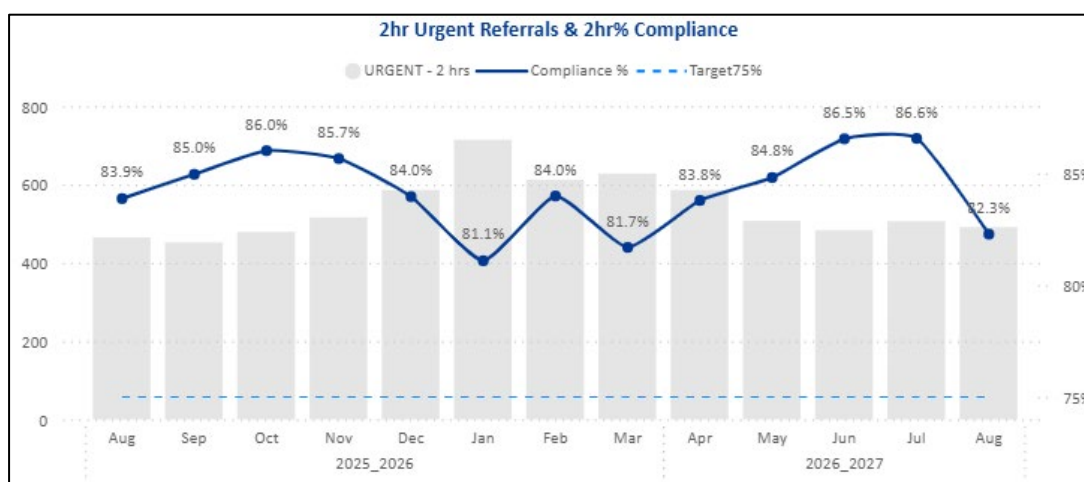
3.2 A suite of key performance indicators has been established to monitor the impact of service integration. Regular reporting to the Committee will provide oversight of performance trends and enable assessment of improvements in patient access and waiting times for patients compared with the pre-integration baseline.

3.3 Supporting narrative will be provided alongside each metric demonstrating progress to date and highlighting planned improvement initiatives or areas of challenge that will impact outcomes and access for patients across Kent and Medway.

4. Assessment of Key Performance Indicators

4.1 Two-hour urgent response

The graph below shows two-hour response trend, currently at 82.3% against a 75% target:

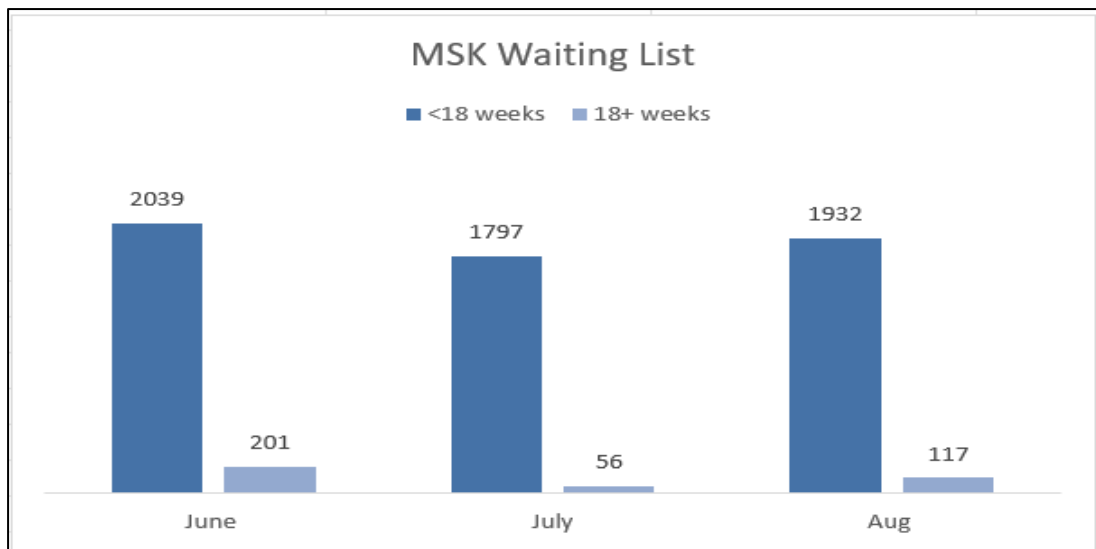


- Compliance remains strong and continues to exceed target levels of 75%. This metric is anticipated to remain consistently above the 75% target.

4.2. Waiting times for planned care services

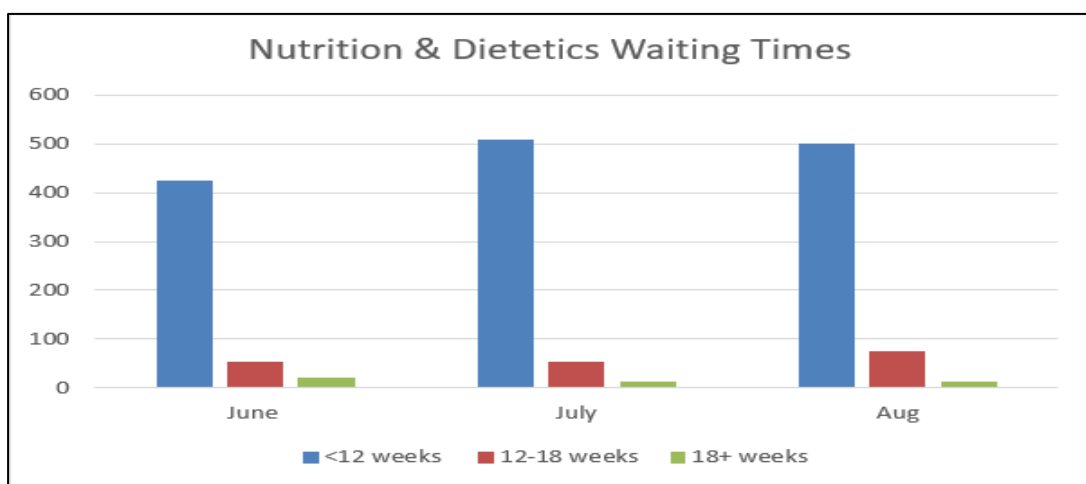
The following graphs show current waiting times in three key focus areas:

4.2.1 Musculoskeletal (MSK)



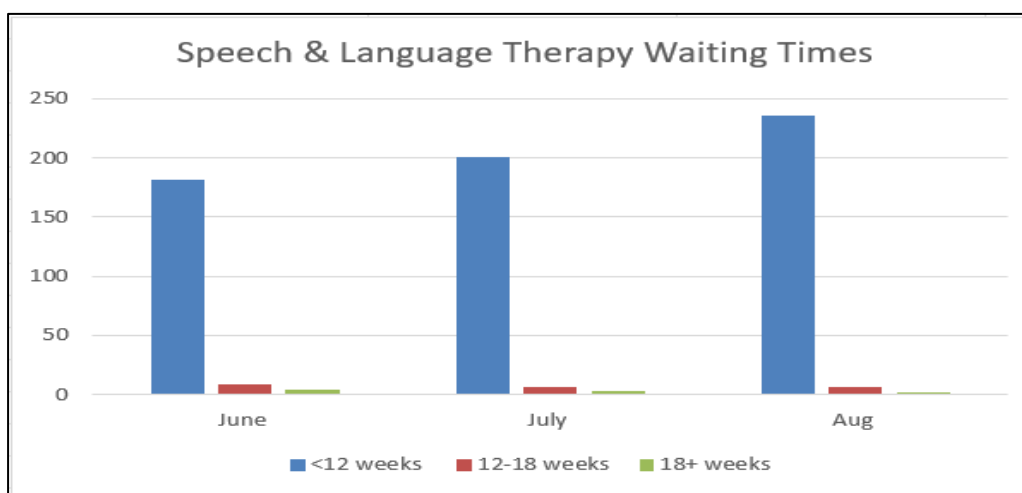
- Current MSK recovery initiatives are focusing on improving access, with 100 additional patients seen in August and further capacity planned through redesign of clinic schedules and closer working across the whole Kent and Medway geography.
- Demand across triage and physiotherapy services continues to be monitored following changes in Any Qualified Provider (AQP) provision, which has increased demand and therefore pressure on MSK pathways. Collaborative work with commissioners is ongoing to manage demand and timely access to care by proposing additional weekend clinics.
- It is anticipated that waiting times could increase if further capacity is not created. However, monitoring of the waiting list and patient outcomes is in place to ensure that potential clinical risks are identified.
- Working with KCHFT, the Medway service will work to the national 18 week standard and a stretch ambition of 12 weeks.

4.2.2 Nutrition and dietetics (N&D)



- A service-wide validation exercise of current caseloads and waiting lists is underway to identify areas to improve demand management and ensure waiting lists accurately reflect current patient need.
- Workforce capacity is being strengthened through targeted recruitment within Nutrition and Dietetics.
- Working with KCHFT, the nutrition and dietetic service will work to the National 18 week standard and a stretch ambition of 12 weeks.

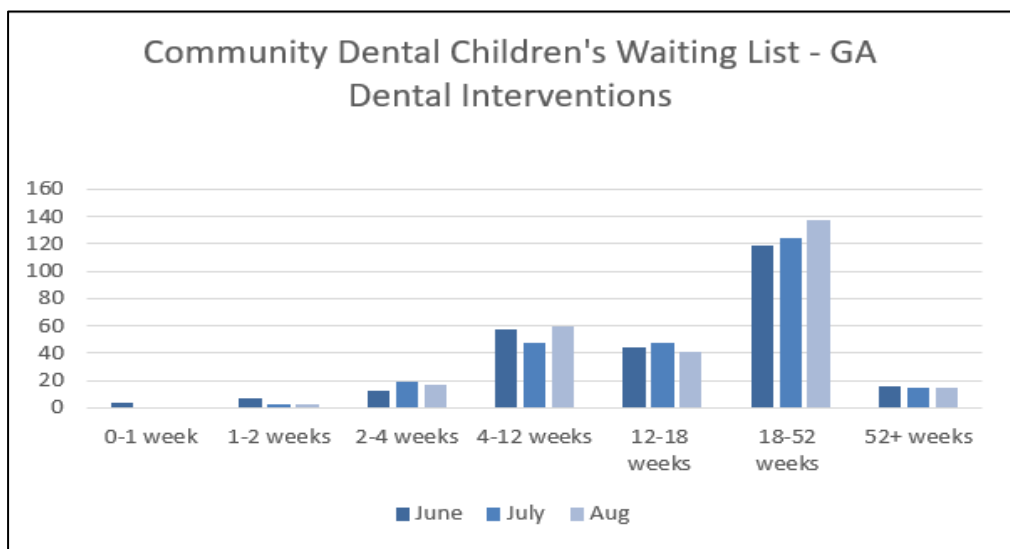
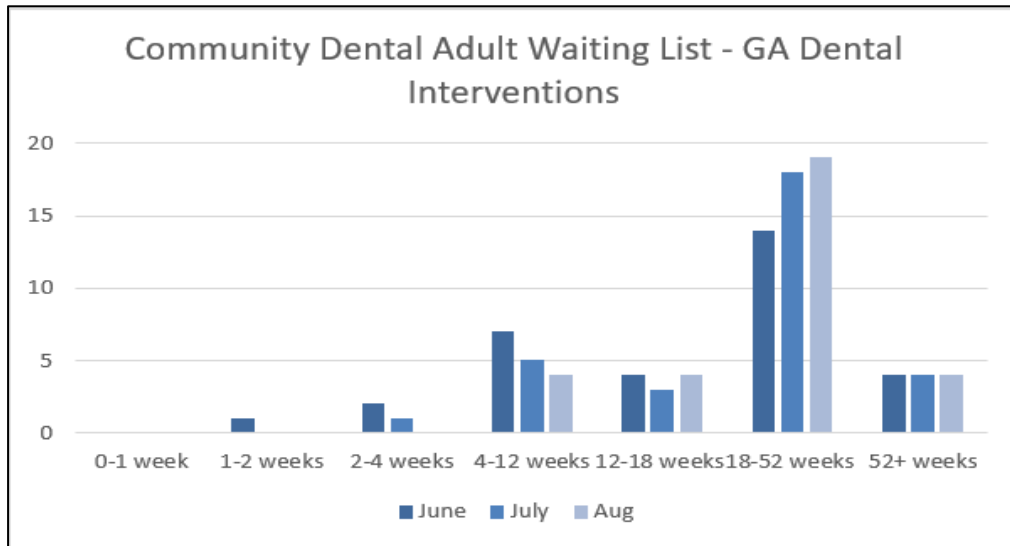
4.2.3 Speech and Language Therapy (SLT)



- The above chart shows the waiting list position between June and August.
- Following the recent TUPE transfer, the SLT service is adapting to a revised team structure, with staff undertaking additional responsibilities and targeted upskilling to maintain service resilience.
- A validation exercise of caseload and waiting lists across the service is planned over the coming month to ensure waiting lists accurately reflect current patient need and demand.
- Development of a group education model is progressing, which is expected to support improved access and reduce waiting times

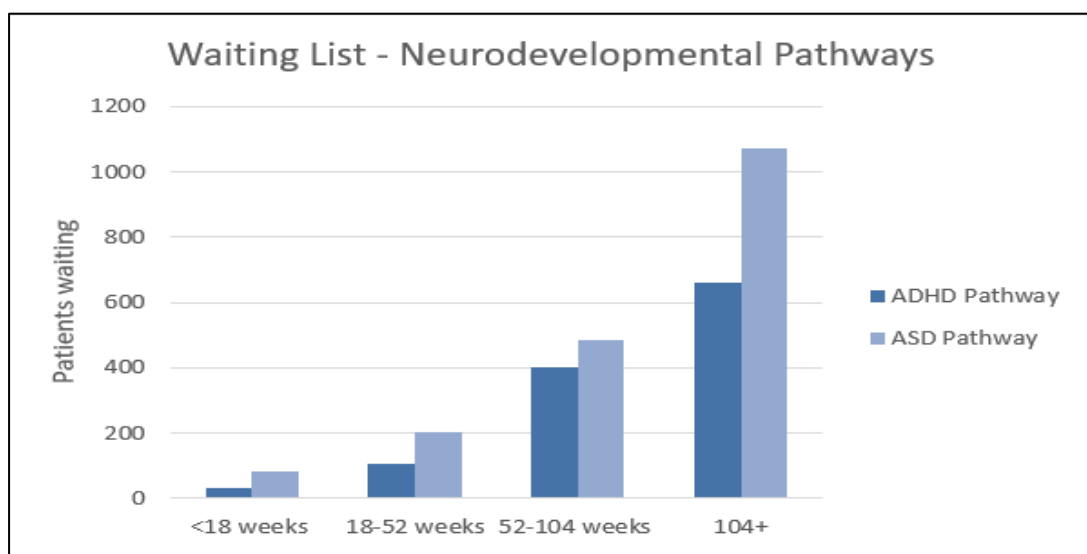
- Working with KCHFT, the SLT service will work to the national 18 week standard and a stretch ambition of 12 weeks.

4.2.4 Waiting Times for Dental General Anaesthetic (GA) Interventions



- Above charts show the waiting list position for both adults and children
- Targeted recovery plans with acute general anaesthetic providers are being implemented to significantly reduce waiting times, with the expected elimination of all patients waiting over 52 weeks and a 30% reduction in overall GA waits by the next update. This additional capacity will also enhance access for patients requiring more complex care.
- Following the intensive recovery programme, partners will work collaboratively to develop a sustainable long-term general anaesthetic model that supports continued improvements in access, capacity and waiting times.

4.2.5 Waiting Times for Children's Neurodevelopmental (ND) Pathways



- Despite sustained high demand, growth in the neurodevelopmental intervention waiting list has been stabilised during 2026, reflecting the positive impact of actions taken to improve the balance between capacity and demand.
- Actions are in place to support implementation of a redesigned neurodevelopmental pathway in alignment with the KCHFT model. This will introduce earlier appointments with community paediatricians allowing earlier support while further information is gathered to support a diagnosis. We are working towards a more sustainable approach to demand management and reducing the number of patients experiencing extended waits. The new pathway is planned for implementation in early 2027.
- In addition to this, the service is currently working with the local authority, schools and parents to adopt a needs-led approach to supporting children with ND presentation, this includes early support and packages of support such as sleep and behaviour management in addition to a 'waiting well' offer involving agreement of a management plan for each child while we consider the need for a diagnosis.

5. Development of a community frailty service in Medway

5.1 On 1 October 2026, KCHFT working with system partners, launched a Frailty Hospital at Home Service with the established Medway Urgent Community Response. The service has started initially on a small scale for Medway with a plan to extend to Swale over the next month. The service will build towards a full seven-day model with senior clinicians available to support people to receive hospital level care at home. This is an area that has been a gap in provision in Medway historically and so it is a priority to develop.

5.2 The initial model will start small and be phased. It is a partnership between KCHFT, Medway Foundation NHS Trust and HCRG. The total specialist workforce across Kent and Medway is small and so the service will need to build slowly and include a training and recruitment programme for clinicians.

5.3 An initial update and evaluation will be presented to the committee after six months.

6. Darland House

6.1 On 23 July 2026, Medway Community Healthcare temporarily closed Darland House in Gillingham to new admissions following quality concerns relating to workforce, safeguarding and safety. Darland House is a 40-bed specialist continuing healthcare nursing home for adults with complex dementia and mental health needs. A safeguarding referral was made, the Care Quality Commission was notified and a Section 42 enquiry is under way with the local authority. Admissions remain paused while a full review and improvement work continue.

6.2 From 1 October 2026, as part of the transfer of MCH services, Kent Community Health NHS Foundation Trust assumed responsibility for Darland House. Both organisations worked jointly in advance of the transfer, and additional leadership and clinical support has been put in place at Darland House. Oversight arrangements include monitoring resident safety, supporting staff, coordinating placement planning and maintaining communication with residents, families, health and care partners and regulatory bodies.

6.3 The immediate priority remains the safety and wellbeing of residents and support for their families and carers. No date has been set for reopening to new admissions. Any future reopening will be subject to completion of the review, delivery of the required improvements to ensure high standards of care. KCHFT will work with commissioners to assess the needs of the population and design a delivery plan against the commissioned requirements. The committee will be kept updated.

7. Advice and analysis

7.1 Regular reporting against these services will be maintained to provide assurance on waiting times.

7.2 KCHFT will maintain a risk register to ensure that the risks related to long waits are captured and mitigated, including use of harm reviews and waiting well initiatives.

7.3 Work will continue with the ICB to ensure services and pathways meet the needs of the local population in Medway.

8. Climate change implications

8.1 No direct climate change implications have been identified. Improved pathway efficiency and reduced unnecessary patient journeys may contribute to a marginal reduction in carbon emissions over time.

9. Financial implications

9.1 There are no specific financial implications arising directly from the contents of the report.

10. Legal implications

10.1 There are no specific legal implications arising directly from the contents of the report.

Lead officer contact

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