

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

This substantial variation assessment has been completed based on the award of this contract to KMPT. There will be no changes to service delivery, clinical models, premises or access points due to this contract transfer and as such, it has been assessed that this action of contract award does not constitute a substantial variation requiring formal public consultation at this point.

However, it is likely that pathways and services may change over time and that that will require engagement and consultation as appropriate. The plans for service development will be shared with the Committee and stakeholders in advance to seek support that ensures that local populations are engaged and heard.

As service models emerge and the opportunity for integration develops, there may be future service changes where the threshold for substantial variation is met. To ensure this is managed appropriately, the contract includes a requirement for KMPT to adhere fully to the agreed protocols for managing service change, including public engagement and formal consultation where applicable. The following requirements are contractually embedded:

- Co-production with children, young people and families in local areas, including Medway
- Local governance and named local leadership within the KMPT delivery model
- Routine engagement with primary care, schools, children's services, public health and other key stakeholders
- Alignment with statutory duties relating to substantial variation and consultation

Commissioning Body and contact details:

Kent and Medway ICB

Current/prospective Provider(s):

	Current Provider	Prospective Provider
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Medway's Young People's Wellbeing Services (MYPWS) which includes the Mental Health Support Teams in schools (MHSTs)	NELFT	KMPT
All Age Eating Disorder Service (AAEDS)	NELFT	KMPT
Adult Mental Health Services (AMHS)	KMPT	KMPT

Outline of proposal with reasons:

The current provider of Medway's Young People's Wellbeing Services (MYPWS), Mental Health Support Teams in schools (MHSTs) and All Age Eating Disorder Services (AAEDS) is North East London NHS Foundation Trust (NELFT) and has indicated its intention to exit Kent and Medway.

In response, NHS Kent and Medway (NHSKM) has undertaken a process to secure a sustainable provider capable of maintaining continuity of care, protecting the workforce, and advancing a long-term integrated model of support.

The expiry of the current contracts provides an opportunity for the ICB to strategically align this service provision into an Integrated All Age Mental Health Service. This in part, has been driven by feedback from Medway children and families over the years, who have consistently expressed frustrations experienced with transition.

The expiry of the contracts has presented a unique opportunity to address this longstanding feedback by integrating the mental health offer.

The award of the Integrated All Age Mental Health Services contract to KMPT delivers a range of immediate benefits to children, young people and families and people with an eating disorder in Medway. The overriding priority throughout the contracting process has been to maintain continuity of care while securing a safe, stable and future-ready service model. Further detail of benefits can be found in the 20th August HASC paper.

- 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.

The Contract Award Notice was published on 30th June 2025.
Mobilisation of Children and Young People's/AAED Services within the Integrated All-Age Mental Health Service: 1st April 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

Whilst the ICB have assessed that the implementation of this contract does not represent a substantial variation, the integration of the contract will have benefits that align with the Medway's Joint Local Health and Wellbeing Strategy (JHWBS) strategy which are described below:

The JHWBS¹ outlines four priority themes to improve the physical, mental health and wellbeing of Medway residents and reduce inequalities:

1. Healthier and longer lives for everyone
2. Reduce poverty and inequality
3. Safe, connected and sustainable places
4. Connected communities and cohesive services

These priority themes, and the actions and feedback that underpin them, are addressed through the Integrated All Age Mental Health Service and the Mental Health Collaborative model. The Mental Health Collaborative model was presented to the Medway Children's Overview and Scrutiny Committee in January and March 2024 and frames the Medway Therapeutic Alliance procurement which was presented to HASC in February 2025 by Medway Partnership Commissioning.

The response below outlines some key areas where the Integrated All Age Mental Health Service will contribute towards Medway's JHWBS priorities. The integration of the Kent and Medway mental health system has the overarching aim to ensure *"Good mental health is enjoyed by everyone"* (JHWBS, theme one) and the Mental Health Collaborative model, which the Integrated All Age Mental Health Service will be part of, has been structured with input from Kent and Medway residents².

The NELFT staff currently delivering the MYPWS and AAEDS will transfer, ensuring (alongside the service specification) that there will be no changes to the service as it transfers. Over time, and with consultation from Kent and Medway residents and patients, as well as stakeholders including HASC, service areas which will benefit from further integration will be explored.

Medway Partnership and the ICB's commissioners have a robust understanding of local needs and challenges which have been carefully considered and

¹ [Joint Local Health and Wellbeing Strategy | Joint Local Health and Wellbeing Strategy | Medway Council](#)

² [Children and Young People: mental health and wellbeing | Have Your Say In Kent and Medway](#)

incorporated into the NELFT service and have been written into the Integrated All Age Mental Health Service specification. There are enhanced offers of support in Medway for children known to Youth Justice, Rivermead Community Special School pupils, children in care and children known to social services, including care leavers. The enhanced offer of support will ensure *“outcomes are improved for those in vulnerable and disadvantaged groups, such as children in care and care leavers” (JHWBS, theme two)*, *“ensure children are healthy, happy, and safe” (JHWBS, theme one)*, ensure *“vulnerable adults (e.g. care leavers and the 18-25 population in their own right due to high prevalence of mental ill health) lead fulfilling lives in a caring environment that ensures their wellbeing and safety” (JHWBS, theme one)*.

A key component of Medway’s Joint Local Health and Wellbeing Strategy is connectedness, both in terms of Medway residents being able to connect with services and services being able to connect with each other. The Integrated All Age Mental Health Service will enable better connectedness for children, young people and adults requiring mental health support, especially those within the young adult cohort. This should contribute towards ensuring that *“when people move between services, their journey is seamless” (JHWBS, theme four)* as the services will be delivered via one provider. Having one Integrated All Age Mental Health Provider will also help *“everyone find and access services and information easily” (JHWBS, theme four)*.

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

The Kent and Medway Integrated Care Strategy ³ states our Integrated Care System will:	The Integrated All Age Mental Health Service will:
<ul style="list-style-type: none"> • Give Children and Young People the best start in life 	<ul style="list-style-type: none"> • continue to provide tailored, enhanced support for Medway’s vulnerable children • close the gap between children’s and adult mental health services, particularly for the vulnerable 16–25 cohort
<ul style="list-style-type: none"> • Tackle the wider determinants to prevent ill health 	<ul style="list-style-type: none"> • work closely with Medway education, public health, social care, youth justice, safeguarding partnership and children’s services and other key stakeholders
<ul style="list-style-type: none"> • Support happy and healthy living for all 	<ul style="list-style-type: none"> • not downgrade of access, investment or quality. All key services will remain available to Medway families in their current form
<ul style="list-style-type: none"> • Empower patients and carers 	<ul style="list-style-type: none"> • Medway residents and professionals will have a direct role in shaping any future improvements, backed by robust governance and oversight arrangements

³ [Kent and Medway Integrated Care Strategy](#)

	<ul style="list-style-type: none"> co-production with Medway children, young people and families is a contractual requirement
<ul style="list-style-type: none"> Improve health and care services 	<ul style="list-style-type: none"> develop a phased integration strategy which will be mutually agreed and formally reported to this Committee
<ul style="list-style-type: none"> Support and grow our workforce 	<ul style="list-style-type: none"> retain/recruit staff with the relevant skills and experience, committing to maintaining existing clinical relationships and minimising change. KMPT and NELFT have developed a joint mobilisation plan including workforce mapping, safeguarding alignment, and shared oversight of risk and quality. review and align clinical supervision, safeguarding frameworks and governance arrangements, ensuring seamless continuation of care. have clear messaging and engagement with existing staff to support retention and morale. enable investment in workforce development, shared training programmes, and future system-wide capability building due to the contract's long-term duration.

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

Patients and the public have been involved in planning and developing the Mental Health system model for children and young people. Consultation and engagement on the Mental Health Collaborative model have taken place over the last 2 years across Kent and Medway, led by Kent and Medway engagement leads, the NHS Kent and Medway lived experience lead as well as Kent and Medway commissioners.

Children, young people, young adults and families have been engaged in a number of face-to-face engagement events such as the Big Conversation, Youth Summit, and the Children and Young People's Mental Health Event (Medway specific). These engagement events as well as summer and autumn activities, groups and meetings across Kent and Medway engaged 487 children and young people, young adults as well as parents and carers with around 981 written contributions, including poems, drawings, podcasts and short films.

An online survey hosted by NHS Kent and Medway has continued to collate feedback and responses, as well as the use of other media, channels, newsletters and networks.

In addition, within the MYPWS and Medway Council Partnership Commissioning Team are ICB-funded participation workers whose role is to engage service users and collate feedback and co-produce service changes.

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

There will be no change to patient choice options. This is not a redesign of services. The current offer will transfer, and service continuity is contractually protected.

There will be no downgrading of access, investment or quality. All key services will remain available to Medway families in their current form, with clinical teams supported to remain in post.

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?

This contract has been deliberately structured to ensure a stable and clinically safe transfer of services, followed by a phased and locally led approach to integration. The aim is to protect what is working, avoid unnecessary disruption, and create space for thoughtful, co-produced improvements.

Within the existing services, the clinical evidence base has been accounted for and incorporated into service delivery. As KMPT will be delivering the same as the existing service initially, the clinical outcomes will remain consistent and improve as the benefits of integration are realised. There will not be any groups who are less well-off due to the transfer of services.

The Provider will adhere to national and local clinical guidance e.g. NICE and will be contract monitored regarding their compliance and outcomes for patients.

As outlined in questions 3 and 4 above, the Integrated All Age Mental Health Service is expected to deliver against local priorities and will also deliver against aspects of the Government's 10-year plan.

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

ICB and Medway Partnership Commissioning clinical staff have been involved in reviewing the service specifications. The ICB and Medway Partnership Commissioners led a clinical reference group in 2023/24 to review the existing clinical model and improvements have been made through the Service Development and Improvement Plan within contracts.

The move to a new provider will maintain continuity of care while securing a safe, stable and future-ready service model.

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).

No acute bed reduction planned.

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)?

- a) There are approximately 28,000 referrals to NELFT services per year, of which approximately 5,000 are for Medway patients. There are no plans for restriction of accessing the service both in terms of pathway or premises.
- b) Services are not being withdrawn from any patients
- c) No new services will be available to patients
- d) Patients and carers will not experience changes to the way they access services.

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?

- a) The demographic projections within the integrated service specification include data from the Local Authority population forecast toolkit. Socio-economic data from the Ministry of Housing, Communities & Local Government and Census data to focus on ethnicity were also used for analyses of demographics. The national NHS England surveys were used to estimate prevalence and need alongside data from existing services.
- b) As the MYPWS and AAEDS existing specifications and contracts are transferring, there are no anticipated changes for future patients flows and catchment areas. Any changes during the term of the contract will require KMPT to ensure that appropriate engagement is undertaken.

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?

There will be no changes to service delivery, clinical models, premises or access points because of this contract transfer. Activity within the integrated contract will be monitored by the ICB through established contractual arrangements to ensure that access, outcomes and experience remain stable and consistent with the current offer.

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'?

- a) The change is not anticipated to drive a significant change in demand
- b) This change is not driven by financial implications
- c) There is assurance that the proposal does not require unsustainable level of capital expenditure
- d) The change will be affordable in revenue terms
- e) No change would result in gaps in critical services relating to children's mental health and eating disorders from 1st April 2026 as the existing contracts will expire.

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

- a. From April 2026 onwards, KMPT will be responsible for delivering services in line with the contract and service specifications. However, the first 12 months of delivery will focus on stabilisation and maintenance. By March 2026, KMPT must submit a detailed Integration Strategy to the ICB, to be mutually agreed by September 2026. Integration delivery must begin by April 2027, with evidence of progress, early impact, and ongoing engagement
- b. There are no expected transport implications – pathways, premises and access will remain the same.

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

The ICB, NELFT and KMPT remain committed to ensuring that the Medway population have the opportunity to engage and shape services for the future benefit of children, young people, adults and families.

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

Within the framework stated under Question 1, the ICB do not feel that this action of contract award constitutes substantial variation.