

Diversity impact assessment

| TITLE |
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| Medway Therapeutic Alliance Contract: Initially known as 'Medway's Emotional Wellbeing and Resilience Service' |
| DATE |
| 30th April 2025 |
| LEAD OFFICER. |
| Hannah Christie, Programme Lead for CYP Mental Health and Emotional Wellbeing |
| Gemma Beckwith, Senior Partnership Commissioner for Children and Families, Acute and Community Pathways |
| Denise Blair, Public Health Specialty Registrar |

1. Summary description of the proposed change

What is the change to policy / service / new project that is being proposed?
How does it compare with the current situation?

The proposed changes are to the overarching service delivery of children and young people's mental health and emotional wellbeing services in Medway (as well as Kent).

Medway Council are working in partnership with the NHS Kent and Medway Integrated Care Board to re-shape and re-design the overarching system for children's mental health and emotional wellbeing. The proposed model will streamline contracts across Kent and Medway to better enable partnership working, improve navigation of services and enhance timely access to appropriate support.

The model has been initially termed the 'Mental Health Collaborative' which will consist of three main contracts: Specialist, Education and Therapeutic Alliance. The Therapeutic Alliance contract has been split across Kent and Medway, to align with local authorities. Medway Council will be leading on the procurement and subsequent contract management of the Medway Therapeutic Alliance (which has initially been termed 'Medway's Emotional Wellbeing and Resilience Service').

This service will provide a core offer to children and young people aged 5-18 years (inclusive of their 19th birthday) who are experiencing mild to moderate emotional wellbeing needs. The service will provide children and young people with evidence-based interventions, peer and parenting support, workshops and a consultation offer to the wider system.

This model and proposed changes are in relation to the wider system as opposed to the actual delivery of services in Medway. The offer within the current services will continue to be provided, with transformation and aspirations for a better-connected system across Kent and Medway and between the three main contracts of the Mental Health Collaborative.

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Main changes are:

- Lead provider model (with sub-contracted elements)
- Future transformation and aspirations to better-connect emotional wellbeing services with the Mental Health Collaborative
- Introduction of a Referral and Advice Point to streamline consultation and referrals as well as providing easy access to navigating the wider system

For children, young people, families and professionals the changes will be:

- Provider name (who will provide the core offer)
- Provider name/s for the sub-contracting elements (although all referrals will go through the Referral and Advice Point to ease navigation)
- One website to access for emotional wellbeing needs
- One Referral and Advice Point function
- A streamlined consultation offer to the wider system

2. Summary of evidence used to support this assessment

Eg: Feedback from consultation, performance information, service user.

Eg: Comparison of service user profile with Medway Community Profile

Engagement and consultation with children, young people, families, partners and stakeholders has been conducted since July 2023 to better understand the needs of children and young people (CYP) in relation to mental health and emotional wellbeing.

The following has been carried out across Kent and Medway:

- X2 The Big Conversation Events
- X2 CYP Mental Health Events
- X2 Market Engagement Events
- X2 Young Adult Conferences
- Clinical Reference Group formed (with clinical recommendations for the system changes to the new model)
- Patient and family feedback
- ASC/ADHD Engagement Project
- Data analysis of services/interventions required and accessed
- Service evaluations (SIT, Small Steps, former TOaST service)
- Specialist mental health service review
- Service specification co-design and collaboration
- Medway Council and ICB governance boards

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- Engagement workshops with current and potential providers, stakeholders, parents and carers and children and young people (in relation to specific elements of the service specification).

Following the breadth of insights work carried out we are confident on the changes and transformation that needs to take place to enable children and young people to have:

- Timely access to services
- Early intervention
- Preventative support
- Access to appropriate support
- Improved resilience, confidence and emotional wellbeing
- Reduced complex mental health needs (and reduce onward referrals to specialist mental health services)

The core function of the Medway Therapeutic Alliance will continue to support the emotional wellbeing needs of children and young people in Medway as well as support the priority groups (care experienced children and children who are part of the Youth Justice Service) and those with more challenging needs through sub-contracted services such as Care Leavers, Digital offer, LGBTQIA+, Positive Behaviour and Bereavement.

3. What is the likely impact of the proposed change?

Is it likely to:

Adversely impact on one or more of the protected characteristic groups

Advance equality of opportunity for one or more of the protected characteristic groups

Foster good relations between people who share a protected characteristic and those who don't

(insert Yes when there is an impact or No when there isn't)

| Protected characteristic groups (Equality Act 2010) | Adverse impact | Advance equality | Foster good relations |
|---|----------------|------------------|-----------------------|
| Age | No | Yes | Yes |
| Disability | No | Yes | Yes |
| Gender reassignment | No | Yes | Yes |
| Marriage/civil partnership | No | Yes | Yes |
| Pregnancy/maternity | No | Yes | Yes |
| Race | Yes | Yes | Yes |

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|--|------------|------------|------------|
| Religion/belief | No | No | Yes |
| Sex | No | Yes | Yes |
| Sexual orientation | Yes | Yes | Yes |
| Care experience | No | Yes | Yes |
| Children and Young People who are part of the Youth Justice Service | No | Yes | Yes |

4. Summary of the likely impacts

Who will be affected?

How will they be affected?

The mild to moderate emotional wellbeing offer in Medway will remain the same, however the service delivery model will be streamlined to improve navigation of the wider system to enhance early intervention and preventative support.

Age

The age range for accessing the service remains the same as the current service specification; individuals aged 5 to 18 years inclusive. Additionally young people with special educational needs and disabilities (SEND) or care leavers can access the service until age 25. This advances equality by ensuring that services are accessible to different age groups based on their specified need rather than their age.

Children aged 0 – 5 years can access emotional wellbeing support through a range of services available throughout Medway, including through Medway's Healthy Early Years and Family hubs offer and perinatal support.

Providers can foster good relations by developing good connections with services for CYP age 0-5 and adult services to support in the signposting and referral.

Providers are expected to make reasonable adjustments and adapt their communication to meet individual's and their family's needs by using visuals and simplified language as necessary. Additionally, service materials will be co-designed with CYP, parents and professionals to appeal to CYP across the age range of the service. Further advancing equality by ensuring services are accessible with regards to timings, activities and the format of services delivered.

Additionally, through the inclusion of the Medway Parent Forum and the Medway Youth Council, the views and input of Medway's CYP and parents will be incorporated into the procurement process to shape the new service delivery model.

This should have an overall positive impact on CYP aged 5 -25 as services are collaboratively co-designed to meet their needs.

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Sex and gender reassignment

The new service model will remain available to all CYP who meet the service eligibility criteria regardless of their sex or gender reassignment. Data on sex and gender reassignment is collected as part of the standard Mental Health Service data set. Data collection on sex and gender reassignment will now be part of the minimum data set all mental health therapeutic alliance providers are required to provide of their contract. This should have a positive impact by enabling services to better assess their service user demographics to most appropriately meet their needs. Staff should be trained to ensure they have the knowledge and skills to appropriately collect this information. Additionally, to foster good relations providers within the new model should make strong links with the LGBTQIA+ community organisations to support an understanding of the range of lived experiences of CYP community members within Medway.

Sexual orientation

The service will advance equality by offering tailored support to CYP who identify as LGBTQIA+. It will operate at a lower threshold, meaning LGBTQIA+ children and young people can access the service without a diagnosis or probable mental health condition. The focus of the peer support service will be to create an inclusive and accessible environment where CYP who identify as LGBTQIA+ can share experiences, connect and promote wellbeing.

Medway's therapeutic alliance is open to all CYP who meet the eligibility criteria regardless of sexual orientation.

Sexual orientation data will not be routinely collected as part of Medway's therapeutic alliance offer. It would therefore be difficult to determine the prevalence of CYP service users who identify as LGBTQIA+. This may result in a negative impact as services may not be sufficiently tailored to meet the needs of all CYP. To mitigate against this and to foster good relations the CYP therapeutic alliance should build strong link to LGBTQIA+ community led organisations and support groups to support access to the service and to appreciate the range of lived experiences within Medway. Additionally, within a defined period of time the profile of CYP who access Medway's Therapeutic Alliance should be reviewed to support in the identification and addressing any inequities in access to the service.

Disability

Young people with special educational needs and disabilities can access the service from age 5- 25 years inclusive. This extended age range recognises that some young people with SEND may take longer to transition into adulthood and ensures access to essential services during crucial years of transition. This advances equality by ensuring that services are accessible to different age groups based on their specified need rather than their age.

The criteria for accessing Medway Therapeutic Alliance have been amended to allow CYP who are currently awaiting a diagnosis of SEND to access the service based on their mental health needs, without requiring a confirmed SEND diagnosis. This further advance equality and fosters good relations by

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enabling CYP whose needs are identified but not yet formally diagnosed to access the service, facilitating earlier mental health support.

Additionally as part of the tailored service, the Peer and parenting support offer for parents and carers in relation to Autism Spectrum Condition (ASC), Attention Deficit and Hyperactivity Disorder (ADHD), and those children and young people presenting with associated behaviors and/or needs, will foster good relations by providing a service which acknowledges the complex needs of CYP who may have co-occurring mental health support needs and neurodiversity particularly ASC and ADHD.

Providers are expected to make reasonable adjustments and adapt their communication to meet the needs of CYP and their family by using visuals and simplified language, as necessary. They are required to ensure all locations are accessible and compliant with *The Disability Discrimination Act* and *The Equality Act* and make reasonable adjustments to improve the accessibility needs of people with sensory, physical and mental impairments. Overall, this should have a positive impact as the service aims to ensure that all CYP can effectively access and benefit from the service.

The data requested from Providers currently groups all disabilities together, this may lead to a negative impact as there is a risk that some needs may be overlooked. To effectively tailor services to meet the diverse needs of CYP, providers should collect and report data that clearly differentiates between CYP with SEND and CYP with physical disabilities, stating the primary and secondary care need for children who may have both physical disability and special educational needs.

To foster good relations the provider should build links with community groups and organisations representing CYP with SEND and physical disabilities to promote accessibility to the service and an understanding of lived experiences of community members with disabilities.

Race and religion/belief

The new service model will remain available to all CYP who meet the service eligibility criteria regardless of their ethnic background or religious beliefs. The current service is promoted to a range of settings across the system including education services and council teams, exclusively in English. This approach may have a negative impact on CYP whose first language is not English or whose parents/ carers have limited fluency in English by reducing their awareness of the service and timely access to support services. To mitigate against this and to foster good relations, providers should develop strong links with community organisations for Black and Minority Ethnic groups within Medway to promote access to the service and gain an understanding of the range of lived experiences of different community groups within Medway. Additionally, Providers are expected to make reasonable adjustments and adapt their communication to ensure the offer of support can meet their service users needs and is fully inclusive by removing cultural or language barriers. To advance equality staff engaging with linguistically and ethnically diverse CYP should deliver culturally competent practice.

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Marriage/ civil partnership/ pregnancy

The new service model will remain available to all CYP who meet the service eligibility criteria regardless of their pregnancy, marriage or civil partnership status.

Care Experienced CYP

The service will advance equality by offering a dedicated pathway to tailored support for care experienced CYP. It will prioritise triage, assessment and treatment to all elements of the service meaning reduced waiting time for initial assessment and care experienced CYP receive timely, appropriate and effective support.

Children and Young People who are part of the Youth Justice Service

The service will advance equality and foster good relations by offering a dedicated pathway to tailored support for young people on the criminal justice pathway or at risk of serious youth violence. It will prioritise triage and assessment for all elements of the service meaning reduced waiting time for initial assessment and access to support, minimising the risk of escalating need.

5. What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

What alternative ways can the Council provide the service?

Are there alternative providers?

Can demand for services be managed differently?

6. Action plan

Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

| Action | Lead | Deadline or review date |
|---|--------------------------|-------------------------|
| Health Equity Audit of the service should be incorporated into the service review cycle specified within the commissioning of the new service model. | Hannah Christie/Provider | At 3 year review |
| During service mobilisation, the Commissioner and Provider should establish whether the collection of data on service users' sexual orientation would be useful considering clinical guidance and meaningfulness. | Hannah Christie | Quarter 1, 2026 |
| During the collecting and reporting of disability data; Providers should differentiate between SEND and physical disability and the primary and secondary needs for young people who | Hannah Christie/Provider | Quarter 1 2026 |

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| may have both physical disability and special educational need. | | |
| Recognising the diversity and range of experiences of Medway's CYP, providers should diversify their promotion of the service to both mainstream services and throughout Medway's community organisations and support groups. This should include groups for members who identify from LGBTQIA+ community, from Black and Minority Ethnic communities and members with disabilities. | Hannah Christie/Provider | Quarter 1 2026 |
| During service mobilisation, the Commissioner and Provider should establish whether the collection of data on service users' sexual orientation would be useful considering clinical guidance and meaningfulness. | Hannah Christie | Quarter 1, 2026 |
| During the collecting and reporting of disability data; Providers should differentiate between SEND and physical disability and the primary and secondary needs for young people who may have both physical disability and special educational need. | Hannah Christie/Provider | Quarter 1 2026 |
| Recognising the diversity and range of experiences of Medway's CYP, providers should diversify their promotion of the service to both mainstream services and throughout Medway's community organisations and support groups. This should include groups for members who identify from LGBTQIA+ community, from Black and Minority Ethnic communities and members with disabilities. | Hannah Christie/Provider | Quarter 1 2026 |

7. Recommendation

The recommendation by the lead officer should be stated below. This may be: to proceed with the change, implementing the Action Plan if appropriate, consider alternatives, gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

Funding: the annual funding for this service remains constant over the life of the contract. The last decade has seen a significant increase in the prevalence of CYP with probable mental health disorder and the number of CYP subsequently seeking treatment and support. While there are opportunities to access additional funding for specific elements of the contract (such as LGBTQIA+ provision), commissioners and services must explore how the likely rise in demand for services will impact the sustainability and accessibility of the service within the current funding envelope.

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Sexual orientation: as part of service mobilisation the service commissioner and provider should establish whether collection of data on service users sexual orientation would be useful considering clinical guidance and meaningfulness.

Providers should foster strong links with a range of community organisations such as LGBTQIA+ and Black and Minority Ethnic community groups within Medway to build trust, promote access to the service, seek feedback on service relevance and to gain an understanding of the lived experiences of different community groups within Medway.

8. Authorisation

The authorising officer is consenting that the recommendation can be implemented, sufficient evidence has been obtained and appropriate mitigation is planned, the Action Plan will be incorporated into the relevant Service Plan and monitored

Assistant Director

Date of authorisation