Health and Adult Social Care Overview and Scrutiny Committee

19 August 2026

Changes to ADHD and Autism Services in Kent and Medway

Report from: NHS Kent and Medway Integrated Care Board

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Summary

This report and accompanying appendix sets out an update from the NHS Kent and Medway Integrated Care Board (ICB) on changes that have recently made to Attention Deficit Hyperactivity Disorder (ADHD) and Autism Services in Kent and Medway. This report is also being considered by the Children and Young People Overview and Scrutiny Committee on 12 August 2026 and the draft minutes of its discussion will be shared with this Committee as an addendum report.

1. Recommendation

1.1. The Committee is requested to note the update from the NHS Kent and Medway Integrated Care Board, as set out at Appendix 1 to the report and the draft minutes from Children and Young People Overview and Scrutiny Committee which will be set out in an addendum report.

2. Budget and policy framework

2.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and, in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Background

3.1. On 17 July 2026, the Chief Executive of the ICB wrote to members of this Committee to inform them of changes that had been made in relation to ADHD and Autism Services.

3.2. The letter explained that significant demand for autism and ADHD assessments and treatment over recent years has placed considerable additional pressure on the NHS and its commissioned services, which had resulted in long waiting lists for both assessment and treatment.

3.3. Larger numbers of people had been opting for the Right to Choose (RTC) pathway, which meant that they were opting for referrals to independent providers, contracted and paid by the NHS. RTC had helped some people be seen more quickly but it had also led to a mix of different pathways, inconsistent experiences and clinical outcomes and substantial financial pressure.

3.4. In this context, NHS England has asked all ICBs to work with providers to agree the number of assessments/appointments they can offer during 2026/27 and the budget within which they must deliver them. In its response to that request, the ICB explains that it is strengthening its Indicative Activity Plans (IAPs) with providers to make sure services are safe and fair for everyone, applying to all adult and children's autism and ADHD services.

3.5. An IAP sets out an expected level of activity for the year ahead, allowing services and budgets to be managed fairly. Activity management plans are used across the NHS, up and down the country. They are put in place to help manage demand within the budgets available.

3.6. The letter stresses that the ICB want to ensure that those with the greatest clinical need are seen first and that the funding available is spent on supporting those who need it most. Routine assessments are not expected to start again before April 2027. Referrals are not being stopped, but once the provider has reached the maximum level of activity under the IAP, the patient will be placed on a waiting list unless they meet the priority criteria. The referral will stay on hold and the patient's place in the queue will be protected under the current commissioning arrangements.

3.7. A number of Councillors have been approached by concerned families and patients who have received letters regarding this shift in position and it is for that reason and the level of people impacted, that both this Committee and the Children and Young People Overview and Scrutiny Committee have decided to scrutinise this issue and the ICB's full submission on this issue is attached at Appendix 1 to this report.

4. Risk management

4.1. Reduced access to neurodevelopmental pathways may delay identification of need and access to suitable support. This could adversely affect educational attainment, school attendance, emotional wellbeing and family resilience. This

may increase demand on universal and targeted services including schools, educational psychology, social care and Voluntary Community and Social Enterprise sector if no substantial services are commissioned to support families whilst they wait.

4.2. The changes may have wider implications for the local area's Special Educational Needs and Disabilities (SEND) system. Prolonged waiting times and reduced access to assessments could affect how effectively children and young people with SEND are identified, which may be considered as part of the next Area SEND inspection. While inspection outcomes depend on a range of factors, this represents a strategic risk that should be monitored.

5. Financial implications

5.1. There may be financial implications arising from the changes in this report if waits become longer and only children and young people with very high needs are accessing pathways. Possible additional pressure may be placed on education and social care.

6. Legal implications

6.1. There may be legal implications or risk to the Council arising not from the ICB's situation itself but the need to ensure that the delays do not prevent the local authority from fulfilling its own statutory duties.

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Appendices

Appendix 1 – submission from NHS Kent and Medway ICB.

Background papers

None