Independent All-Age Review of Mental Health, Learning Disability, Autism and ADHD Services in Kent and Medway

1. Purpose

1.1. The Kent and Medway Integrated Care Board is seeking approval to commission an independent, commissioner-led all-age review of mental health, learning disability, autism and ADHD services across Kent and Medway.

1.2. The review will provide a comprehensive assessment of the effectiveness of current commissioning arrangements, provider organisations, service delivery models and wider system architecture. It will establish whether investment (including use of Mental Health Investment Standard), organisational arrangements and patterns of service delivery are achieving the outcomes expected for residents and whether they remain fit for purpose in the context of rising demand, increasing complexity of need, growing financial pressure and the wider transformation ambitions of the health and care system.

1.3. The review will be designed to support the ICB's role as a strategic commissioner and provide an independent evidence base to inform future commissioning decisions. Whilst the review will assess current performance and effectiveness, it will also be explicitly forward looking, establishing the future commissioning architecture, provider landscape and models of care required to improve outcomes, reduce inequalities, maximise productivity and ensure long-term financial sustainability.

2. Strategic Context

2.1. Demand for mental health, learning disability, autism and ADHD services continues to increase across Kent and Medway. Services are experiencing growing complexity of need across children and young people, working-age adults and older adults, alongside continuing pressures within urgent and emergency pathways, community services, inpatient provision and specialist services. Whilst significant investment has been made across mental health and associated services, there remains variation in access, quality, outcomes and patient experience and increasing expectations regarding productivity and value for money.

2.2. As Kent and Medway continues its wider system reset and transformation programme, it is essential that commissioners have a clear understanding of whether current provider arrangements, service models and patterns of investment are delivering the outcomes required by local people. There is also a need to understand whether resources are being deployed effectively across the system and whether current provider structures and commissioning arrangements are supporting the transition towards more preventative, neighbourhood-based and integrated models of care.

2.3. The review will therefore provide a comprehensive assessment of how effectively the current system is operating and what changes may be required to support future delivery. It will establish whether current providers are delivering the outcomes, quality, productivity and transformation expected by commissioners and whether alternative commissioning and delivery approaches would better support the needs of the Kent and Medway population. Aligning strategies will be

important across Commissioning and Provision, as will the building upon existing improvement plans (CQC, Transformation and agreed Capital developments).

3. Scope of the Review

3.1. The review will cover all mental health, learning disability, autism and ADHD services commissioned for the Kent and Medway population. This will include services for children and young people, working-age adults and older people, together with specialist services supporting people with learning disabilities, autism and ADHD. The scope will include Dementia services, with a focus on dementia pathways, memory services, care homes interface and older people's mental health. The review will encompass prevention, early intervention, community provision, crisis services (in-reach model and cafes), inpatient services and specialist pathways and will consider the effectiveness of care throughout the whole patient journey.

3.2. The review will include services provided by NHS organisations, primary care, local authorities, independent sector providers and voluntary, community and social enterprise organisations. In relation to children and young people with mental health needs, the interface with education is vital and will need to be explored. It will assess how effectively these organisations work together as a system and whether current arrangements deliver coordinated, person-centred care and effective transitions between services.

3.3. The scope is to include Specialised Commissioning/Provider Collaborative, for example, forensic services and inpatient services for children and young people.

3.4. The review will be structured around the four layers of care that underpin the Kent and Medway strategic commissioning framework. This will include assessment of the role of primary care, neighbourhood services, intermediate care and specialist and acute services and will consider whether services are commissioned and delivered in a way that supports early intervention, prevention, improves outcomes and reduces reliance on higher-cost interventions wherever clinically appropriate. Wider social determinants of health need to be considered.

3.5. The review will be founded on clinical leadership and input, given its criticality in the ownership of care models across our layers of care, to inform the review.

3.5 Throughout the review, the voice of our service users through their lived experience will be strong in our co-production and collaborative approach. This will be crucial as we recognise the differing needs across our local communities.

4. Assessment of Provider Effectiveness

4.1. A central component of the review will be a detailed assessment of the effectiveness of current provider organisations and provider arrangements. The review will move beyond an assessment of service performance and will examine whether current providers are delivering the outcomes, productivity, value for money and transformation expected by the system.

4.2. The review will assess organisational effectiveness, leadership, governance, operational performance, workforce deployment and organisational culture. It will consider how effectively providers are responding to increasing demand, whether they are implementing innovation and service redesign, and whether they are

making best use of the resources available to them. Particular attention will be paid to clinical productivity, workforce utilisation, estate utilisation, digital maturity, service utilisation and the ability of providers to deliver sustainable improvements in outcomes and efficiency.

4.3. The review will assess whether current provider organisations are delivering an appropriate return on investment and whether existing organisational arrangements support or inhibit the delivery of improved outcomes. It will also consider how effectively providers work together across organisational boundaries and whether the current provider landscape remains fit for purpose in supporting future neighbourhood-based models of care.

4.4. Importantly, the review will identify both strengths and opportunities for improvement. It will establish what is working well, where variation exists and whether alternative provider configurations or delivery approaches could better support the strategic ambitions of Kent and Medway.

5. Clinical Outcomes, Quality and Population Impact

5.1. The review will undertake a comprehensive assessment of the clinical effectiveness of services and the outcomes being achieved for local people. This will include examination of access, waiting times, patient experience, quality standards, patient safety, clinical effectiveness, health inequalities and long-term outcomes.

5.2. The review will consider whether services are improving health outcomes and supporting people to live more independent and fulfilling lives. Particular attention will be given to the experiences of children and young people, adults with severe mental illness, people with learning disabilities, people with autism, people with ADHD and individuals requiring specialist support.

5.3. Benchmarking against both national and local standards, plus against comparable systems will be undertaken to understand how Kent and Medway performs relative to other health and care systems and whether current outcomes reflect the scale of investment being made.

6. Financial Sustainability and Value for Money

6.1. The review will assess the financial sustainability of current arrangements and establish whether existing resources are deployed in a way that delivers maximum value and population benefit.

6.2. This will include analysis of expenditure, investment patterns, productivity, efficiency, service utilisation and the relationship between spending and outcomes. Particular attention will be given to areas of high-cost provision, including inpatient care and out-of-area placements, and the extent to which earlier intervention and community-based approaches could improve outcomes and reduce costs.

6.3. The review should identify opportunities to improve value for money, release resources for reinvestment and support a more sustainable balance between prevention, community provision and specialist services.

7. Commissioning Effectiveness

7.1. A detailed assessment of commissioning effectiveness will form a core component of the review. This will examine whether current commissioning intentions are sufficiently clear, whether contracts and incentives drive the right behaviours and whether current performance management arrangements effectively support improvement and accountability.

7.2. The review will assess how commissioners use data, intelligence, benchmarking and outcomes information to drive decision-making and whether current arrangements provide sufficient oversight of quality, productivity, finance and service performance.

7.3. The review will also assess whether commissioning structures support strategic planning and whether future approaches could strengthen accountability, improve outcomes and accelerate transformation across the system.

8. Future Commissioning and Delivery Model

8.1. Whilst assessment of the current position is important, the primary purpose of the review is to establish a clear direction for the future.

8.2. The review will therefore provide recommendations regarding the future commissioning framework, provider landscape and service delivery model required across Kent and Medway. This should include consideration of future investment priorities, neighbourhood-based delivery models, digital capabilities, workforce requirements, provider collaboration arrangements and the ongoing development of preventative and community-based services.

8.3. The review should make clear recommendations regarding how activity can be delivered within the most appropriate layer of care and how resources can be progressively aligned to support prevention, early intervention and care closer to home. Recommendations should support improved integration between primary care, neighbourhood services, intermediate services and specialist provision and ensure that patients receive care in the most appropriate setting.

8.4. A key output of the review will be to inform the development of the Kent and Medway commissioning intentions for 2027/28 and beyond. The intention is not simply to identify areas for improvement but to support providers through a planned transition towards future models of care. The ICB will work collaboratively with providers through the 2027/28 commissioning intentions process to support pathway redesign, service transformation and the movement of services to the most appropriate layer of care. This will enable resources to be deployed more effectively, strengthen neighbourhood delivery models and ensure that future investment is aligned to improved outcomes, improved patient experience and long-term sustainability.

9. Independence and Methodology

9.1. The review will be commissioned from an independent external organisation with recognised expertise in mental health services, strategic commissioning, organisational effectiveness, healthcare productivity and large-scale system transformation.

9.2. The external organisation will be appointed through an appropriate procurement process and will be required to demonstrate both independence and extensive experience of undertaking comparable reviews elsewhere in the NHS and wider health and care sector. The purpose of commissioning an external organisation is to ensure independence, objectivity and analytical rigour throughout the review process.

9.3. The external organisation will provide independent challenge and assurance to commissioners, providers and system partners. It will undertake a robust assessment of current arrangements using quantitative analysis, qualitative evidence, benchmarking and stakeholder engagement. The review will include assessment of clinical outcomes, quality, finance, workforce, productivity, resource utilisation, demand, activity and organisational effectiveness.

9.4. Independent challenge will also be facilitated and provided by a formal Advisory Group, including independent experts and people with live experience.

9.5. The external organisation will also undertake extensive engagement with patients, carers, clinical staff, provider organisations, local authorities, system partners and community stakeholders to ensure that conclusions are informed by both data and lived experience.

9.6. All findings, conclusions and recommendations will be evidence based and transparent. The final report will provide an independent assessment of the strengths, weaknesses, opportunities and risks associated with current arrangements and will establish a clear roadmap for future commissioning and service delivery across Kent and Medway.

10. Programme Governance

10.1. The review will be overseen through a commissioner-led Programme Board accountable to the Kent and Medway Integrated Care Board. The Programme Board will provide oversight of methodology, stakeholder engagement, programme delivery, emerging findings, final recommendations and implementation planning.

10.2. The Programme Board will maintain oversight of clinical outcomes, quality, finance, provider effectiveness, resource utilisation, commissioning effectiveness, stakeholder engagement, communications and benefits realisation. It will ensure that the review is robust, transparent and focused on deliverable recommendations capable of informing future commissioning decisions.

10.3. The Programme Board will be chaired by the Chair of the Integrated Care Board supported by representation from provider organisations, local government, independent advisers and people with lived experience. A supporting Delivery Board, chaired by the Chief Executive of the ICB, will oversee operational delivery, data collection, stakeholder engagement and implementation planning.

10.4. Formal governance to enable development, ownership and implementation of the review will be required, plan is to introduce the following Reference Groups:

- Clinical Reference Group
- Stakeholder Reference Group
- Service User Reference Group

11. Communications and Stakeholder Management

11.1. Communications and stakeholder engagement will operate as a dedicated workstream throughout the review. Given the importance of mental health, learning disability, autism and ADHD services to residents, patients, staff and partners, maintaining confidence and transparency will be critical to success.

11.2. A comprehensive communications and engagement strategy will be established covering patients, carers, staff, provider boards, primary care, local authorities, voluntary sector organisations, NHS England, elected representatives and wider stakeholders. The strategy will ensure stakeholders are informed, engaged and able to contribute throughout the review process.

11.3. The review will be positioned as a proactive programme of improvement and strategic planning designed to support better outcomes, stronger accountability, improved productivity and long-term sustainability. Communications activity will focus on building understanding and confidence in the review, ensuring transparency of process and supporting the delivery of any future recommendations arising from the work.

12. Expected Outputs

12.1. The review will produce a comprehensive independent report providing a detailed assessment of current provider effectiveness, commissioning effectiveness, clinical outcomes, financial sustainability, resource utilisation and system performance. It will identify strengths, weaknesses, opportunities and risks and will provide clear recommendations regarding future commissioning arrangements and provider structures. An option appraisal is required to inform commissioning intentions, which will include an assessment of potential future models, including benefits, risks, and implementation implications for each option.

12.2. The final report will establish a future-state design for mental health, learning disability, autism and ADHD services across Kent and Medway. This will include recommendations regarding future models of care, provider configuration, workforce deployment, investment priorities, governance arrangements and commissioning mechanisms.

12.3. The report will also include a phased implementation roadmap aligned to commissioning intentions from 2027/28 onwards, setting out how services can progressively move to the most appropriate layer of care, how providers will be supported through that transition, and how benefits will be realised in terms of outcomes, quality, productivity and financial sustainability.

13. Timescale/phasing

13.1. Given the size and complexity of the review, it is proposed to move forward during August/September to progress the procurement process.

13.2. A 16 week programme, assuming an external organisation is mobilised by October (exact programme plan and associated timescale to be developed), will ensure that commissioning intentions can be influenced for 2027/28, with outputs delivered by the end of January 2027.

13.3. Given the scope of the review and challenge of ensuring programme timescales align with the commissioning cycle, potential options could be explored to focus on a staged process which delivers specific outputs earlier, for example, mental health and UEC discharge/flow, ADHD or a primary care/neighbourhood model. The risk of this approach is benefits of alignment/interdependency across the scope of a comprehensive all-age review are not fully understood and delivered.

14. Recommendation

14.1. The Board is asked to approve the commissioning of an independent, commissioner-led review of mental health, learning disability, autism and ADHD services across Kent and Medway.

14.2. The Board is further asked to approve the proposed scope, governance arrangements and stakeholder engagement approach and to support full participation across the system.

14.3. The review will provide an independent assessment of provider effectiveness, commissioning effectiveness, resource utilisation, financial sustainability and clinical outcomes and will inform future commissioning intentions, future models of care and the longer-term transformation of services across Kent and Medway.