

Health Overview and Scrutiny Committee

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 Kent is substantial

1. A brief outline of the proposal with reasons for the change

NHSKM has completed this substantial variation assessment based on the recent decision to award a new Integrated All-Age Mental Health Services (IAAMHS) contract to Kent and Medway NHS and Social Care Partnership Trust (KMPT).

There will be no change to service delivery, level of investment, clinical models, premises used, or access points due to this contract transfer and, as such, NHSKM has assessed that this action of contract award does not constitute a substantial variation requiring formal public consultation at this point.

However, pathways and services may change over time, requiring engagement and consultation as appropriate. NHSKM will share plans for service development 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 across Kent.
- 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:
NHS Kent and Medway Integrated Care Board

Current/prospective Provider(s):

	Current Provider	Prospective Provider
Children and Young People's Mental Health Service (CYPMHS) 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 Kent's Children and Young People's Mental Health Service (CYPMHS), Mental Health Support Teams in schools (MHSTs), and All Age Eating Disorder Service (AAEDS) is North East London NHS Foundation Trust (NELFT). NELFT has indicated its intention to exit Kent and Medway when its current contract ends on 31st March 2026.

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 NELFT's current contracts provides an opportunity for NHSKM to strategically align this service provision into an Integrated All-Age Mental Health Service. This in part, has been driven by feedback from Kent's children and families over the years, who have consistently expressed frustrations experienced with transition. The contract award to KMPT presents 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, families, and people with an eating disorder in Kent. 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 9th October 2025 HOSC 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 CYPMHS / AAEDS within the Integrated All-Age Mental Health Service: 1st April 2026.

3. Alignment with the Kent and Medway Integrated Care Strategy

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Kent's ICS 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 NHSKM has 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 Kent and Medway Integrated Care Strategy¹.

The Kent and Medway Integrated Care Strategy looks at how health and care colleagues from the NHS and local councils can work together to make improvements, and sets out six outcomes:

1. Give children and young people the best start in life
2. Tackle the wider determinants to prevent ill health
3. Support happy and healthy living
4. Empower people to best manage their health conditions
5. Improve health and care services
6. Support and grow our workforce

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 Kent's Health Overview and Scrutiny Committee in February 2024.

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

NHSKM commissioners have a robust understanding of local needs and challenges which have been carefully considered and incorporated into the NELFT service and have been written into the Integrated All-Age Mental Health Service specification.

A key component of Kent and Medway's Integrated Care Strategy is working together, both in terms of 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, contributing towards the requirement for *"improving the transition to adult services"* (Kent and Medway Integrated Care Strategy, shared outcome one) as the services will be delivered via one provider. Having one Integrated All-Age Mental Health Provider will also help achieve this requirement: *"We will transform how we help families access the right support, in the right place at the right time, and make sure the support they receive is joined up across organisations"* (Kent and Medway Integrated Care Strategy, shared outcome one).

¹ [Kent and Medway Integrated Care Strategy :: Kent & Medway ICS](#)

4. 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 Kent 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 NHSKM engagement leads, NHSKM's lived experience lead, as well as Kent and Medway commissioners.

Children, young people, young adults, and families have been engaged through face-to-face engagement events such as the Big Mental Health Conversation, and Youth Summit. 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 survey² hosted by NHSKM has continued to collate feedback and responses, as well as the use of other media, channels, newsletters, and networks.

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

This is not a redesign of services and there will be no change to patient choice options. 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 Kent 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

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

thoughtful, co-produced improvements.

Within the existing services, the clinical evidence-base has been accounted for and incorporated into service delivery. As KMPT will deliver 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.

KMPT 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

NHSM commissioners, including clinical staff, have been involved in reviewing the service specifications. NHSM 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 is planned.

5. 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) NELFT receives approximately 28,000 referrals to services per year, of which approximately 23,000 are for Kent 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.

6. 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 CYPMHA 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.

7. 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 Kent?

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 NHSKM through established contractual arrangements to ensure that access, outcomes and experience remain stable and consistent with the current offer.

8. 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 – the same level of current investment will be moving to the new contract.
- 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 CYPMHS and AAEDS from 1st April 2026 as the existing contracts will expire.

9. 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 NHSKM, 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.

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

NHSKM, NELFT, and KMPT remain committed to ensuring that Kent's population has the opportunity to engage and shape services for the future benefit of children, young people, adults and families.

11. 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, NHSKM does not feel that this action of contract award constitutes substantial variation.