ICB SUBMISSION

Health and Adult Social Care Overview and Scrutiny Committee

Thursday 15th January 2026

Integrated All Age Mental Health Services:

Update on the Transfer of Children and Young People's Mental Health Services and All Age Eating Disorders to Kent and Medway Mental Health NHS Trust

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Summary

This report provides an update to the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) on the transfer of Children and Young People's Mental Health Services (CYPMHS) and All Age Eating Disorders Services (AAEDS) to Kent and Medway Mental Health Trust (KMMH). The update provides the Committee with a reminder of the context underpinning the transfer, including system-wide drivers, provider considerations, regulatory requirements and the ICB's robust assurance processes and assessment.

It explains why the Integrated Care Board (ICB) has confidence that the transfer is necessary, in line with statutory obligations and progressing positively. This report also details how the ICB is addressing risks, securing continuity for young people and families, and ensuring that the new all-age model provides a strong foundation for future improvement.

2. Background

2.1. The transfer of CYPMHS and AAEDS to KMMH was triggered by NELFT's intention to exit Kent and Medway at the point of natural expiry of their contracts. The ICB was required to secure continuity of care for Medway's children, young people and those with eating disorders while also considering the long-term direction of mental health provision.

2.2. For several years, families, professionals and partner agencies have highlighted challenges arising from fragmented pathways, particularly at transition between children's and adult services. The ICB has used this opportunity to develop an integrated all-age model that supports smoother transitions, reduces gaps in provision and provides a more coherent and consistent clinical offer.

2.3. In August 2025, the ICB confirmed to Medway's HASC that KMMH was the only provider with the necessary clinical footprint, governance structures, workforce capacity, estate and operational presence across the geography. The Provider Selection Regime (PSR) required evidence that a single capable provider existed and that direct award would minimise risk. This threshold was met. The decision was informed by a multidisciplinary task and finish group covering contracting, quality, clinical governance, safeguarding, legal, finance and digital experts. The ICB Board confirmed the approach, and a contract award notice was published in June 2025. The ICB has received no enquiry or representation from any other party or provider since this notice was published.

2.4. The previous report to Medway HASC in August set out the rationale for the direct award and the system ambition for an all-age service. This January update builds on that foundation by describing progress, key risks, mitigations and the robust assurance model.

3. Assurance Process

3.1. The ICB is responsible for commissioning, assurance, and oversight of the transfer, ensuring that statutory compliance is maintained and that risks are managed effectively. The ICB's role includes establishing and maintaining a robust assurance framework, monitoring progress, and escalating concerns as necessary. This is delivered through constant dialogue with providers and partners regarding quality of care.

3.2. KMMH, as the provider, is responsible for the operational delivery of services, workforce mobilisation, and ensuring that safe and effective services are provided from day one of the contract.

3.3. NELFT, as the exiting provider, is responsible for ensuring that patients, workforce and systems are safely transferred and contracts are closed down safely and effectively.

3.4. All three organisations are working closely to ensure that the transfer is managed in a way that prioritises patient safety, service continuity, and statutory compliance.

3.5. The ICB has implemented a robust and highly structured assurance framework to govern the transfer. This reflects both the complexity of the services involved and the wider regulatory context. The framework is built around six core domains:

- clinical continuity and prescribing
- quality, patient safety and safeguarding
- digital infrastructure
- statutory and regulatory compliance
- workforce mobilisation
- contractual readiness.

KMMH and NELFT are required to provide clear evidence of progress to agreed targets, milestone expectations and escalation routes.

3.6. Evidence for assurance is gathered from KMMH and NELFT, enabling triangulation and early identification of issues. Medway Council staff, through their Partnership Commissioning team are included in the assurance framework as key partners. Assurance meetings involve ICB executive leadership and senior representatives from all partner organisations. This ensures visibility of risk at the highest level and allows rapid intervention where required. The combined Assurance Framework and Transfer Risk Register serve as the single source of truth for monitoring progress, with all risks rated twelve or above reviewed at each meeting.

3.7. The framework also incorporates intelligence from CQC's assessment of KMMH's adult services. Although these services are outside the scope of the transfer, the ICB has aligned its oversight to ensure that emerging quality themes inform the transfer process.

4. Current position and key risks

4.1. The six core domains (see 5.5 above) are assessed on a fortnightly basis using the latest evidence and intelligence. As of December 2025, the ICB have made the following assessment:

- Areas of focus that hold high risk and require robust mitigation: Digital readiness, safeguarding capacity, quality governance.
- Areas of positive progress: Workforce transfer, digital contingency, clinical leadership increased capacity.

4.2. **Digital Readiness:** The existing CYPMHS and AAEDS digital infrastructure involves multiple clinical applications, document management systems and interfaces that support prescribing, safeguarding, national datasets and reporting. A full transfer of these systems cannot occur safely by April 2026. For this reason, the ICB supports KMMH's plan to secure interim access to NELFT systems into 2026/27 through subcontracting arrangements. This ensures clinical operability and mitigates the risk of system failure or data loss. The ICB is awaiting a detailed plan to deliver on this from NELFT and KMMH in January 2026.

4.3. **Safeguarding Capacity:** The ICB has been clear that children's safeguarding arrangements must meet statutory standards from day one. KMMH has progressed a business case for additional safeguarding roles. KMMH are recruiting at pace. The ICB is closely tracking progress and requires KMMH to implement contingency measures should recruitment not align with required timeframes.

4.4. **Quality Governance:** The ICB has directed KMMH to map all incidents, complaints and outstanding Prevention of Future Deaths actions, ensuring nothing is lost in the transition. KMMH must evidence that clinical policies, escalation pathways and supervision structures are aligned and ready for implementation.

4.5. **Workforce Transfer:** Despite the recognised risks, material progress has been made. The workforce transfer from NELFT to KMMH is on track, supported by positive engagement with staff and early confirmation of clinical leadership roles. KMMH has expanded capacity within the clinical leadership effective immediately and will continue through the term of the contract. Continuity of workforce is one of the strongest stabilising factors within this mobilisation.

4.6. **Digital Contingency:** Planning is in place, with KMMH working in-step with NELFT who will retain responsibility for the current digital system architecture

to enable a phased and safe transfer during 2026/27. This avoids rushed or unsafe migration. The ICB has issued formal expectations outlining the evidence required from KMMH ahead of go-live, covering digital milestones, safeguarding structures, quality governance and policy adoption.

4.7. **Clinical Leadership:** The ICB is encouraged by the named clinical leadership within KMMH and the integration expertise transferring from NELFT. Reporting to the ICB Board and scrutiny committees has been established, providing assurance that visibility of risks is maintained.

4.8. KMMH is currently subject to intensive monitoring following CQC inspections of adult services during 2025. These findings do not relate to CYPMHS or AAEDS, however, the ICB recognises the potential concern this may raise for partners and the public and takes these findings incredibly seriously. Recent CQC inspections have prompted a stronger, enhanced approach to quality assurance, with increased scrutiny and support for KMMH. The ICB remains committed to transparency and will continue to report openly on emerging issues, while ensuring that sensitive details are managed appropriately.

4.9. The ICB's confidence level in the quality of KMMH service in early 2025/26 was assured, however recent CQC inspections have prompted a stronger, enhanced approach to quality assurance, with increased scrutiny and support for KMMH. The ICB remains committed to transparency and will continue to report openly on emerging issues, while ensuring that sensitive details are managed appropriately.

4.10. The ICB has taken a firm approach by strengthening oversight, deepening evidence requirements and increasing the frequency of quality discussions within the assurance process. This ensures that learning from CQC scrutiny informs the transfer.

5. Risk management

5.1. The ICB has identified risk across digital readiness, safeguarding, and quality. Mitigations include interim digital access solutions, detailed digital transition planning, safeguarding recruitment and governance alignment. Quality and patient safety risks are addressed through evidence reviews, regular monitoring meetings and strengthened assurance mechanisms.

6. Engagement and Communication

6.1. The ICB has engaged with KMMH, NELFT and local authority partners throughout the process. Engagement and communication will continue throughout mobilisation and beyond. Reporting to the Improving Outcomes and Experiences Committee and the Corporate Risk Register will support transparency and early intervention.

7. Financial Implications

7.1. There are no additional resource implications. The transfer is being delivered within the existing policy and financial framework.

8. Legal Implications

8.1. All legal requirements have been met. The Provider Selection Regime permits direct award where a single capable provider can be evidenced and where the route offers lowest delivery risk. The contract value for 2025/26 is £276.6m. The ICB has followed all statutory and constitutional requirements and has ensured that governance and due diligence have been applied through every stage of decision-making.

Lead officer contact

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