

Submission from K&M ICB

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 Trust

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Summary

This report provides HASC with the Integrated Care Board's current assessment of readiness for the transfer of Children and Young People's Mental Health Services (CYPMHS) and All-Age Eating Disorder Services (AAEDS) from NELFT to Kent and Medway Mental Health NHS Trust (KMMH). As the Committee is already familiar with the background and drivers for change, this update focuses specifically on the ICB's assurance position, remaining risks and the structured oversight arrangements in place to manage the transfer and early stabilisation.

The ICB's assessment is that KMMH and NELFT are on track to deliver a safe and legally compliant Day-1 transfer on 1 April, supported by progress across workforce, governance, and operational mobilisation and digital readiness.

Digital assurance is being managed in two distinct phases:

Day 1 Digital Readiness: Assurance has been provided that staff will have full access to clinical systems, records, prescribing functionality, devices and networks from 1st April. Extensive testing has been completed and there are currently no identified digital risks that would compromise patient safety at transfer.

End-to-End Digital Transition Plan: The full migration of services, data and system ownership from NELFT to KMMH forms part of a longer-term digital transformation programme extending into 2026/27. This is not a Day 1 dependency but remains an area of active oversight to ensure completion against a fully governed and dated roadmap.

There are no identified risks that would prevent safe and legally compliant transfer on 1st April.

1. Background

- 1.1. Across workforce, quality governance, communications, estates, and programme management, there has been consistent and demonstrable progress. TUPE processes, leadership appointments and staff engagement activity have been delivered to plan, offering confidence that the service will have continuity of personnel and experienced clinical leadership at the point of transfer.
- 1.2. The programme infrastructure has functioned effectively, with regular oversight groups, clear escalation routes, and active collaboration between NELFT, KMMH and the ICB. This has enabled timely identification and mitigation of issues and has ensured transparency of risk at every stage.
- 1.3. Quality and governance alignment has advanced, with policy review processes nearly complete and incident and complaints mapping well underway. CQC registration steps are also progressing within expected timeframes, with KMMH and NELFT reporting that there are no Day-1 impediments identified.
- 1.4. Digital testing across devices, networks and system access points has confirmed operational readiness for Day 1.
- 1.5. These foundations provide the ICB with confidence in the safety and continuity of clinical care from Day 1.

2. Active Oversight

- 2.1. Digital delivery is being managed across two clearly defined phases.
 - 2.1.1. **Phase 1 – Day 1 Operational Readiness:** Interim Service Level Agreement arrangements between KMMH and NELFT have been established to ensure uninterrupted access to clinical systems, patient records, prescribing functionality and safeguarding platforms. Device deployment and network testing across multiple environments have been completed successfully. The ICB is assured that digital infrastructure will safely support clinical operations from 1 April.
 - 2.1.2. **Phase 2 – Full Digital and Service Model Transition:** The complete end-to-end migration of services, data and system ownership from NELFT to KMMH forms part of a longer-term operational and digital transformation programme extending into 2026/27. This includes final operating model design, data migration sequencing, system configuration alignment and decommissioning of legacy arrangements.
- 2.2. This phase 2 programme does not impact Day 1 safety or clinical continuity. It remains on the ICB corporate risk register to ensure clear governance, defined milestones and delivery oversight through 2026/27.

- 2.3. The ICB has established the following stabilisation oversight framework:
- Continuation of the ICB Transfer Assurance Group through the early post-go-live phase, ensuring weekly visibility of risks, issues, and mitigations across all domains.
 - Enhanced quality and safeguarding oversight, with specific attention to incident reporting continuity, safeguarding system access, and workforce capacity.
 - Formal escalation routes to the ICB Executive and Assurance Committees for any deterioration in quality, digital operability, prescribing continuity, or safeguarding performance.
 - A structured Quarter-1 review to evaluate the early impact of the transfer, confirm that stabilisation is progressing as planned, and identify any areas requiring further support or intervention.
- 2.4. These mechanisms ensure that, even where risks remain, the ICB retains a clear line of sight and can act promptly to maintain safety and continuity.
- 2.5. Using the mechanisms above, the ICB has identified the following areas for additional assurance to ensure final preparedness before transfer:
- Clinical and operational resilience over the Easter go-live period, including assurance on workforce capacity and enhanced senior cover arrangements.
 - Sustainability of the medical workforce, with clear plans to maintain rota stability and reduce reliance on temporary staffing.
 - A fully governed and dated roadmap for Phase 2 digital and service model transition, including clear milestones into 2026/27.
- 2.6. The ICB's overall judgement is that services are on track to transfer safely on Day-1. Clinical continuity can be maintained, workforce arrangements are stable, and governance alignment is sufficiently advanced to support safe practice from the outset.
- 2.7. The transfer will proceed with continued oversight of the Phase 2 digital and operating model transition, recognising that full system ownership and migration will complete during 2026/27.
- 2.8. The ICB has not identified any residual risks that would compromise patient safety at the point of transfer. The assurance position is therefore: assured for Day 1 safety and operational continuity, with structured oversight of the longer-term digital and service model transition.
- 2.9. While the ICB is assured that safe Day 1 transfer can be delivered, safeguarding system access and reporting continuity will continue to be monitored closely through the early stabilisation period.