

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 5 March 2021

Decision No: 21/00033

Subject: **Review of Kent County Council’s and Kent and Medway CCG’s Integrated Commissioning Framework, covering health services, social care and community support for people with a learning disability and autistic people**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Governance Board - 27 January 2021

Future Pathway of Paper: Cabinet Member decision

Electoral Divisions: All

Summary: The purpose of this report is to seek **endorsement** of the proposed whole system model as set out in table 1 under section four of this report and appendix 2. The proposals cover the future joint strategic planning and delivery of council services, NHS healthcare and community support for people with a learning disability and autistic people.

The proposals are designed to achieve continuous improvement in how the council, local NHS and their partners plan, deliver and sustain strong outcomes for Kent’s learning disabled and autistic residents. The proposals have been developed based on the findings that emerged from the scoping phase of the review, which are set out in appendix 1 to this report.

The proposals have been codesigned with learning disabled people, autistic people and carers; experts by experience; advocates and third sector organisations; frontline professionals and clinicians, health and council system leaders.

The proposals will streamline several joint planning groups into a single cross agency Learning Disability and Autism strategic leadership and partnership body, supported by a joint programme management unit made up of existing council and CCG commissioners. The proposals will also create a more focused, better led and more accountable council and NHS provider collaborative, able to deliver all key services for Kent’s Learning Disability and Autistic residents.

It is important to note that none of the bodies set out in table 1 and appendix 2 of this report will be decision making but will form part of a more robust and effective partner

planning framework, which will inform key decisions made by the council's Cabinet and related bodies. This will particularly apply to proposals that affect council budgets, spending and priorities.

Critically the report proposals recognise the council's key strategic and democratic role in planning local NHS and council services, aimed at Kent's residents with a learning disability and autistic residents. The proposals enhance the council's role as an equal partner with the NHS in planning healthcare, social care and other services, which support improving the health and wellbeing of people with a learning disability and autistic people.

The proposals are designed to achieve more effective collaborative and strategic leadership with the NHS, without the need for organisational restructure recognising the unique roles of the council and NHS. Therefore, the proposals do not require the transfer of council or NHS staff between organisations and there will be no requirement for significant investment in new roles and systems.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health, on the proposed decision (attached as Appendix A) to:

- a) **ENTER** into such agreements that are necessary with the Kent and Medway Clinical Commissioning Group (CCG) and other local NHS organisations to create a new strategic planning and delivery framework for Kent's residents with a learning disability and autistic people; and
- b) **DELEGATE** authority to Corporate Director of Adult Social Care and Health to finalise and approve the formal agreements to establish the new framework.

1. Introduction

1.1 In September 2020, Kent County Council and Kent and Medway Clinical Commissioning Group (CCG) agreed to review Kent's joint programme for learning disabled and autistic residents. The programme supports the strategic development and delivery, of health and community support for learning disabled and autistic residents. Ultimately the programme should enable effective coordination of decision making and investment, to achieve strong and improving health and wellbeing outcomes.

1.2 The review was tasked with considering three critical issues, including:

- how the council and CCG plan and deliver effective support for people with a learning disability and autism across the whole system;
- what changes are needed across the entire support pathway to improve the health and other outcomes achieved for learning disabled and autistic residents and
- how partners can improve and embed user and carer voice, ensuring this drives all levels of decision making

2. Background and Context

- 2.1 In 2015/16 Kent County Council and NHS commissioning partners, agreed to establish an integrated commissioning arrangement for learning disabled and autistic people. This arrangement was set up via an agreement under section 75 of the NHS Act 2006. The agreement provides for a Learning Disability and Autism (LD&A) integrated commissioning service managed by Kent County Council. This service was established to support:
- a) Development and implementation of LD&A joint commissioning plans
 - b) Production of comprehensive LD&A health, wellbeing and other key data and evidence
 - c) Development of Transforming Care plans for people with complex needs, with other system commissioners in accordance with Government and NHSE national guidance
 - d) Development and performance management of Kent's learning disability community services (NHS and adult social care), which are run via Kent's LDA Alliance Partnership
 - e) Effective market management to ensure the delivery of high quality, person centred and outcome driven support for Kent's learning disabled and autistic residents
 - f) Effective pathway planning ensuring that LD&A residents achieve and sustain independence, choice and control over their whole lifetime from childhood to adulthood
- 2.1 The service is directly accountable to an Integrated Commissioning Board (ICB), with members drawn from the senior leadership teams of KCC and Kent and Medway CCG, with a single voting member representing Kent's statutory social care and NHS providers. However, Kent's ICB sits alongside several other Kent and Medway LD&A planning bodies that include:
- LD&A Executive Board
 - LD&A Adults Oversight Group
 - LD&A Children and Young People Oversight Group
 - Alliance Group
 - LD Partnership Board
 - A&LD Collaborative
 - LD&A Finance Sub-Group
- 2.2 Kent's NHS and council social care management support for learning disabled people, is commissioned and provided through the Learning Disability Alliance. The partners to the Alliance include KCC and two specialist NHS provider trusts (KCHFT and KMPT), which provide Kent's primary and community healthcare and community mental health services. The Alliance is a partnership rather than a single or fully integrated provider and services are commissioned via an Alliance Agreement, which is linked to the NHS provider contracts. A memorandum of understanding that forms part of the Alliance agreement, governs the relationship with KCC's statutory adult social care service.

2.3 The following services are delivered through the Alliance agreement, via various colocated teams across several localities:

- Community Learning Disability Nurses
- Social Work and Care Management
- LDA Occupational Therapy
- LDA Physiotherapy
- Speech and Language Therapy (SALT)
- Mental Health and Learning Disability Nurses
- LDA Psychiatry
- LDA Psychology

2.4 These services are not managed through a single Alliance management structure. Instead, Alliance partners continue to directly manage their services, with an Alliance Group collaboratively providing strategic leadership, service coordination, oversight and performance management. Equally each Alliance partner maintain their own separate corporate data and management systems and budget and financial controls are not directly managed via the Alliance Partnership.

2.5 The Alliance Partnership and governing agreement were set up in 2018 and it's due to expire in April 2021. This provides a great opportunity both to review Kent's model of delivering health and social care support, for its learning disabled and autistic residents and the strategic governance and planning framework that commission these services. This is within the context of Kent's whole LD&A system not meeting some of the critical NHSE targets and a lack of conclusive evidence of the strategic and personal outcomes the system and Alliance is achieving.

3. Review Principles

3.1 The proposals set out in this report, are driven by the single aim of continuous Improvement based on:

- a) Learning from the best by using national, regional and local good practise to inform how we commission and develop interventions that achieve effective outcomes
- b) An attention to detail constantly considering and benchmarking what we do against key national and regional indicators and agreed outcomes
- c) Reviewing what others have concluded about our performance through applying lessons learnt from peer and statutory reviews and inspections
- d) A constant focus on how people needing our support direct what we do and how we do it and whether we meet their expectations

3.2 Based on these principles and the outcome of the scoping and evaluation phase of the review, this report proposes a rationalised whole system approach based on the following key components:

- ❖ A single senior level strategic leadership body of equal partners across the local authority, CCG, user and carer voice and system provider

- ❖ A joint LD&A strategic commissioning and programme management unit, supporting whole system planning, development and change management and the function of the strategic leadership body
 - ❖ A trusted system provider based on an effective NHS and council partnership, delegated to deliver and micro commission all LDA health and social care support
- 3.3 This system, the role of each key component and the underpinning principles that drive them are set out in Appendix 2 of this report.
- 3.4 To achieve the principles set out in 1.9 of this report, a comprehensive evaluation was carried out through a scoping phase of the review that included:
- a) Extensive engagement on key issues and coproduction of potential solutions through:
 - Virtual and face to face discussions with learning disabled people, autistic people, carers and experts by experience supported by video and Easy Read briefings
 - Virtual workshop sessions via the Learning Disability Partnership Board, Autism Collaborative and through virtual group work facilitated through advocate organisations
 - Workshops with frontline practitioners, senior professionals and clinical leads across health, social care, children services and public health
 - b) A review of national good practice case studies and research arising from NHSE's 'Building the Right Support' programme, followed by discussions with system leaders for three leading Transforming Care Programmes including:
 - Southend, Essex and Thurrock
 - Hertfordshire
 - Devon
 - c) An evaluation of commissioning peer reviews and statutory inspections across health and council services
 - d) A series of meetings with LD&A system leaders evaluating:
 - The effectiveness of LDA programme governance and delivery
 - The robustness and accountability of finance and performance management and reporting
 - The impact of national policy change and directives and NHSE requirements and expectations
- 3.5 The conclusions and key themes arising from the scoping and evaluation phase are summarised below.
- Kent's current LD&A governance and programme management framework is:
 - Confusing with several bodies duplicating effort and decision making and ineffectual structural relationships between each body
 - Not competent to develop and implement a whole system strategy and strategic commissioning programme

- Not fully sighted or driven by the priorities, challenges and resource pressures of all partners and is largely reactive to short term issues and targets
- Less than clear about how the voices of learning disabled and autistic people impact or affect key decisions, with a deficient approach to coproduction and system codesign
- Improvement is required in the effectiveness of whole system commissioning and programme management
- Significant improvement is needed in whole system accountability and performance reporting, as investment decisions lack clarity on why and how they were determined and there is a lack of effective data and narrative to demonstrate the outcomes that are being achieved
- Improvement is also needed in the alignment, commissioning and coordination of service delivery across adults, children and young people and complex needs to ensure:
 - Effective and seamless care pathways;
 - Person centred and codesigned support;
 - Outcome driven delivery
 - Stronger market management and micro-commissioning, to address service deficits and to support innovation to address changing needs and expectations

4. Whole System Model

- 4.1 The report proposals and whole system approach were codesigned through key workstreams including:
- LDA Programme Governance
 - Person centred support and the future Alliance provider model
 - Effective planning of healthcare and support for children with a learning disability and autistic children, including the 16-25 transition pathway for learning disabled and autistic young people
 - Whole system financial planning and management, delivery of best value and benefit realisation
- 4.2 The membership of the groups include key NHS and council system leaders across commissioning and LD&A service delivery and frontline practitioners and clinical leads. Alongside these groups there was also extensive codesign of the proposals with experts by experience, advocates and through face to face and group work with learning disabled and autistic people.
- 4.3 The proposal against each of the system elements set out in table 1 below are based on a consensus that emerged from the codesign process summarised under 4.2 above. It is important to note that this consensus offers a strong partner platform from which the proposals can be developed into a strong and fully accountable planning framework. A framework competent to support the development and delivery of a coherent and codesigned LD&A strategy.
- 4.4 However, it is important to understand that for the new governance system to be successful, it needs to take full account of not only health specific priorities, targets and investment needs but should also cover the council's considerable

investment in community and social care support, for the majority of learning disabled and autistic people who have no complex or specialist health needs. Therefore, the proposed whole system governance framework set out in table 1, will support more effective strategic planning and leadership across the entire Learning Disability and Autism (LD&A) health and social care economy.

- 4.5 Kent's whole LD&A economy commissions over £240 million of services per year, with KCC commissioning £180 million of LD&A social care and community support per annum and Kent and Medway's NHS delivering approximately £60 million of services, including specialist LD&A inpatient, transforming care and community healthcare services. This is a substantial level of investment in local LD&A support but the bulk of this support is not directly commissioned or delivered through the NHS or NHSE programmes.
- 4.6 Within this context there are significant financial and resource dependencies that the NHS rely upon, to deliver its key medium to long term LD&A health targets. However, equally the council's broader public health and strategic wellbeing obligations, for its learning disabled and autistic residents, depend on ensuring that the local NHS is able to deliver a highly effective healthcare system. This mutual dependency to deliver key national and local outcomes and targets and best value against this key sector of significant public investment, requires an effectively planned joint system of robust programme governance and leadership.
- 4.7 Critically the proposed model will secure the council's place as an equal partner in key decisions with the NHS, which affect how healthcare services and support for Kent's residents with a learning disability and autistic residents are planned, delivered and held accountable. The model ensures that the council is able to apply its broader strategic leadership role and its experience and knowledge across council members and officers, in developing solutions with the NHS and other partners that raise the life chances, wellbeing and quality of life of Kent's residents with a learning disability and autistic residents.
- 4.8 Further work is underway with the council's financial, legal, governance, policy and strategic commissioning leads, to ensure that the proposed model meets the council's key governance requirements and to ensure that the arrangements described in table 1 and Appendix 2 are fully accountable through the council's decision-making framework.
- 4.9 The Adult Social Care Cabinet Committee is asked to endorse the proposed LD&A governance and whole system model detailed in table 1 and Appendix 2 of this report.

Table 1
Learning Disability and Autism (LD&A) Whole System Governance Proposals

| A) LD&A Strategic Leadership Body | B) Whole System Delivery Partnership | C) System Management |
|---|--|--|
| <p>A single strategic LD&A leadership body made up of the following key but equal voting partners</p> | <p>Whole system delivery of NHS healthcare, council social care and community support for people with a learning disability and autistic people</p> | <p>Programme management and strategic commissioning support</p> |
| <ul style="list-style-type: none"> ▪ Local Authority Director level membership across adult social care, children and young people services and strategic commissioning <ul style="list-style-type: none"> - Key system leaders - Programme leadership & commissioning - Has the authority to commit resources - Can drive through policy and system wide changes ▪ CCG senior director level membership across health improvement, Primary Care Networks and health planning <ul style="list-style-type: none"> - Key system leaders - Programme leadership & commissioning - Has the authority to commit resources - Can drive through policy and system wide changes ▪ Experts by | <ul style="list-style-type: none"> ▪ NHS and council provider collaborative <ul style="list-style-type: none"> ▪ The collaborative led by a single executive management team with a senior accountable officer ▪ Trusted provider status based on: <ul style="list-style-type: none"> - Agreement by collaborative partners to delegate executive leadership and budget control - Contingent on agreement of a robust financial and performance management system by partner agencies - The collaborative commissioning advocates and experts by experience to design and support key provider collaborative systems and service design - Demonstrable on-going evidence of delivery against required outcomes and best value targets | <ul style="list-style-type: none"> ▪ Supports the function of the strategic LD&A leadership body ▪ System wide strategic commissioning and programme management ▪ LDA programme strategy, options appraisal and business case development ▪ Leadership of system and service design ▪ Agreement of **programme and commissioning leads to a whole system LD&A commissioning service based on: <ul style="list-style-type: none"> - Council and NHS LD&A strategic commissioners and TCP/CETR programme leads led within a single unit - A jointly agreed or appointed senior accountable officer to lead the unit - Matrix management of CCG and council staff with no requirement for secondments or employment transfers - Strengthened data |

| | | |
|--|--|---|
| <p>Experience – Empowerment of user and carer voice</p> <ul style="list-style-type: none"> - Key system leaders - Equal partners in decision making affecting whole system strategy and change - On-going work with Experts by Experience, advocates and engagement colleagues to; <ul style="list-style-type: none"> ❖ work out how this will be achieved and ❖ what support will be needed to enable effective and informed involvement <ul style="list-style-type: none"> ▪ Whole system delivery partnership across senior clinical and council social care professional leadership <ul style="list-style-type: none"> - Key system leaders - System delivery and accountability - Senior accountable officer with delegated management authority to act for all partners - Has the authority to commit resources - Can drive through policy and system wide changes | <ul style="list-style-type: none"> ▪ Effective and trusted provider delegation ▪ Whole programme delivery including the transforming care pathway, LeDeR, ND pathway etc ▪ Strong whole system accountability via a jointly agreed and single operating and performance management system ▪ However, no need to second or transfer staff between agencies or to a new 'partnership' ▪ Micro commissioning and market management within frameworks determined by **programme and commissioning leads | <p>and information governance to enable the unit's cross agency access to key systems and data</p> <ul style="list-style-type: none"> - The arrangement governed via a memorandum of understanding |
|--|--|---|

** Council DASS and CCG Executive Director

4.10 The whole system model detailed above and summarised in Appendix 2 is designed to deliver an inclusive evidenced driven approach to governance, based on trusted and collaborative working across all partners and a full understanding of the priorities, opportunities, resources, skills and challenges each partner brings to the table. Trusted and equal relationships based on strong accountability and demonstrable evidence of achievement against key outcomes, are key to the success of the proposed system.

5. Integrated Care Systems

5.1 This approach is consistent with NHSEI's model of delivering significant health and wellbeing improvements, through Integrated Care Systems (ICS). The ICS model envisages that each key element from NHS and council strategic commissioning through to professional and clinical expertise and provider delivery, are equal both in terms of system design and achieving critical outcomes.

5.2 National Health Service England (NHSEI) are consulting on proposals to create Integrated Care Systems as statutory bodies, replacing all existing Clinical Commissioning Groups across England. The consultation points to the Government bringing forward legislation this year, to create the new statutory ICS bodies from April 2022.

5.3 There are strong indications in NHSE's consultation document that the new statutory bodies are likely to be established based on the following key themes and principles:

- The ICS leadership will comprise a statutory Chair, Chief Executive (accountable officer) and Chief Finance Officer
- CCG governing bodies and GP membership arrangements to be replaced by ICS Boards
- The voting membership of the boards will be comprised of local authorities, NHS providers/collaboratives and primary care networks (PCNS) as a minimum
- A strong emphasis on placed based planning and delivery and the building up of primary care, Integrated Commissioning Partnerships (ICPS) and Primary Care Networks (PCNs) to have a greater role in system wide planning and decision making and localised integrated delivery
- All NHS providers will be required to be part of provider collaboratives to;
 - Deliver multiple, better coordinated and aligned services, significantly improving patient experience
 - Achieve economies of scale and significant whole system improvements in key health and wellbeing outcomes
- The collaboratives will become the principle system engine for NHS:
 - Service delivery, planning and management
 - Transformation and pathway design
 - Quality assurance and improvement
- System wide strategic commissioning will be the core function of the ICS with a focus on:
 - assessing population health needs and planning and modelling demographic, service use and workforce changes over time;

- planning and prioritising how to address those needs, improving all residents' health and tackling inequalities and
- ensuring that these priorities are funded to provide good value and health outcomes.
- The above is linked to removing the commissioning of NHS health care services from the Public Contracts Regulations 2015 and repealing legislations that requires competition in the commissioning of NHS services
- This solidifies in the statutory framework the principles of collaboration across the NHS and it's partners and the removal of an NHS market and competition
- NHS providers will again be allowed to realign and merge into large system wide providers to deliver better and more effective economies of scale
- The NHSEI consultation document points to ICS's delegating powers, budgets etc to provider collaboratives rather than using traditional contracting models
- The design and management of performance systems will no longer be based on a commissioner and provider model but on a system wide approach

6. Centre of Decision Making - People with a learning disability, autistic people and carers

- 6.1 The outcome of the approach summarised in Appendix 2 is to achieve strong whole system leadership with the competency to deliver meaningful and substantial improvements, in the quality of life and outcomes achieved for;
- learning disabled people;
 - autistic people and
 - the people who care and support them

- 6.2 Within this context having all experts around the table is critical when deciding strategy; determining key priorities; working out the most effective system and service design and agreeing how resources are invested. Therefore, the proposed new governance model for Kent establishes that the lived experience of people with a learning disability, autistic people and carers is core and needs to start from the heart of planning, through to how services are monitored to ensure strong performance and quality and how systems and services are designed and delivered.

- 6.3 This principle is clearly articulated in NHSE's plan for learning disabled and autistic people with complex needs 'Building the right support, which is summarised by the following important statement:

'People with a learning disability and/or autism as well as their families/carers should be supported to co-produce these plans. The change we need to see is as much about a shift in power as it is about service reconfiguration, and that should be reflected not just in the new services and support put in place (where for instance the national service model calls for the expansion of personal health budgets and high-quality independent advocacy), but in the way service changes are planned and delivered.' *Building the Right Support – paragraph 4.8 page 36*

It is important to note that the principles that underpin this statement are not solely about services or health and social care but critically concern how we all work together to support, ensure and deliver the human and civil rights of learning disabled and autistic people. This includes the right to live their lives the way they choose and to access the full range of opportunities, including education and employment, so they can develop and sustain the good quality of life we expect for all of us.

- 6.4 This is further supported by the 10 principles of patient participation that are set out in NHSE’s guidance for CCGs ‘Patient and public participation in commissioning health and care’ and which are detailed under table 2 below.

Table 2

10 Principles of Patient Participation in Commissioning

| | | | |
|--|---|--|---|
| 1 Involve the public in governance |  | 6 Feed back and evaluate |  |
| 2 Explain public involvement in commissioning plans/business plan |  | 7 Implement assurance and improvement systems |  |
| 3 Demonstrate public involvement in annual reports |  | 8 Advance equality and reduce health inequalities |  |
| 4 Promote and publicise public involvement |  | 9 Provide support for effective involvement |  |
| 5 Assess, plan and take action to involve |  | 10 Hold providers to account |  |

7. Next Phase of Development

- 7.1 System leaders across council and NHS strategic commissioning, programme management, finance, children and young people services and Alliance partners, continue to develop the proposed LD&A strategic planning and delivery model through the workstreams set out under paragraph 4.1 of this report.
- 7.2 These workstreams have been used to establish the key themes that will inform the next phase of the model’s development. These are set out in phase 2 of appendix 2 of this report.
- 7.3 In addition to what is set out in Appendix 2, agreement has already been achieved with system leaders across Kent and Medway CCG and the council’s Children and Young People service that the current planning arrangements for children with a learning disability and autistic children will continue. Whereas the current planning framework for adults with a learning disability and autistic

adults was determined to be ineffective through the evaluation phase of the review, there is a consensus that the Children and Young People Oversight Group and related framework is effective and should continue.

- 7.4 Further development work is on-going in line with the key deliverables and milestones set out in stage 2 of appendix 3. This will support finalising the proposals and putting in place the financial and legal framework required to establish the new LD&A programme governance and provider collaborative model.
- 7.5 The current section 75 agreement that governs the planning and delivery framework described in section 2 of this report, will be replaced by a new section 75 agreement between the council and Kent and Medway CCG. This agreement will detail the governing framework and terms of reference of the proposed LD&A Strategic Leadership Body, including the membership and function but critically the accountability to the council's cabinet and related member bodies.
- 7.6 It is important to note that the new section 75 agreement will define a much broader strategic planning role for the new partner body, across all health and council priorities and services for people with a learning disability and autistic people. However, the agreement will also stipulate that all key decisions will be made by the council's cabinet and Cabinet Member for Adult Social Care and Public Health, in line with the council's constitution and scheme of delegation. A mirror arrangement will be built into the agreement covering the CCGs governing body.
- 7.7 Linked to the new section 75 agreement an NHS provider and council collaborative agreement will be negotiated. This will define the role, function, structure and accountability of the proposed partner executive management team, which will lead the new council and NHS collaborative from the 1 April 2021. It will also detail what services will be delivered and developed through the new collaborative and how quality assurance and performance will be designed and managed. This includes how people with a learning disability, autistic people and carers will be involved in the codesign and joint management of services and performance systems.
- 7.8 These agreements and related governing and delivery structures have been developed and negotiated through the steps set out below:
 - a) A workshop of senior council and NHS system commissioners to finalise:
 - The membership, role and function of the proposed LD&A strategic leadership body
 - The composition and accountability of the joint council and NHS LD&A programme management unit that will support the function of the strategic leadership boardBy mid February 2021
 - b) Internal meetings with key directors and chief officers across KMPT and KCHT to consider the principle, structure, composition and system support, of the

proposed provider collaborative executive management team and chief accountable officer

By the end of February 2021

- c) A similar meeting/discussion at Kent County Council's Adult Social Care and Health Directorate Management Team
By the end of February 2021
- d) Arising from these meetings a further workshop of council/NHS chief officers and provider and commissioning system leads to resolve and agree:
- The new provider collaborative management structure
 - The lines of accountability across partners and to the new LD&A programme Strategic Leadership Body
 - The involvement of Primary Care Networks, system wide clinical leads and commissioners
 - The principles that will determine the development and sharing of key management systems and business support
- Workshop in the first week of March 2021

7.9 Based on this the next stage of decision making will be agreement of the final proposals, LD&A whole system planning and delivery structure and related formal agreements, by Kent County Council's Director of Adult Social Care and Health and Kent and Medway CCG's Executive Director for Health Improvement.

8. Financial Implications

- 8.1 There is ongoing work to consider the financial impact of the proposed model. Work is also ongoing on the design of robust financial systems and reporting, which will support effective joint strategic planning and the delivery of key council and NHS workplans, outcomes, priorities and investment decisions.
- 8.2 The expectation is that the proposed model will not result in any significant additional funding or investment commitment from the council. This includes no expectation of any significant additional staffing or other resource requirements, with the proposed model supported through existing posts and management systems.
- 8.3 Inherent to the proposed LD&A whole system approach, developed through the model, is cross council and NHS planning of all financial resources and investments to achieve improved cross partner horizon planning, risk management and benefit realisation. This includes the planning of council social care and NHS health budgets.
- 8.4 This approach will maximise the investment potential of council and NHS funding, to deliver a significantly improved experience and service delivery for people with a learning disability and autistic people, as well as achieving significant improvement in well-being and health outcomes.
- 8.5 However, it is important to note that the final decisions on all strategic, funding and investment proposals, which arise from the LD&A strategic leadership body described under table 1 in section 4 of this report and which affect council

spending plans, priorities and budgets, will be made by cabinet and council members in accordance with the council's constitution and legal framework.

- 8.6 The financial planning workstream of the review is being led through the LD&A Section 75 Finance Sub-Group of senior council and CCG finance officers. There are also on-going discussions and consultation with the council's Corporate Finance Director and the CCG's Chief Finance Officer.

9. Legal implications

- 9.1 The legal implications of the proposals will be considered through the next phase of the review. This includes considering the implications for existing agreements covering:
- changes needed to section 75 provisions to deliver the proposals and
 - the impact on the proposals arising from statutory guidance that affect these provisions.
- 9.2 Advice and guidance addressing these issues is being considered with senior legal and financial leads across Kent and Medway CCG and Kent County Council.
- 9.3 Their guidance and recommendations will be reflected in the reports seeking final approval of the review proposals, LD&A whole system model and related formal agreements by the council's Corporate Director for Adult Social Care and Health.

10. Equalities implications

- 10.1 An Equalities Impact Assessment (EQIA) has been completed to assess and determine the impact of the proposals and whether and to what extent they will address key health and well-being inequalities that affect Kent's residents with a learning disability and autistic people. The full EQIA is attached as Appendix 4.
- 10.2 The proposals set out in this report to create a more focused, stronger and more accountable planning framework between the council and NHS, are designed to develop and deliver effective solutions to deal with the health and wellbeing inequities and challenges set out above. Critically the proposals put people with a learning disability and autistic people at the heart of decision making from strategic level planning and investment through to the co-design of specific services and interventions.
- 10.3 Within this context the proposals will enable people with a learning disability, autistic people and carers to more effectively challenge where wellbeing inequalities are not being addressed and to work with NHS and council managers and health and social care clinicians and professionals in developing the solutions that deliver against their expectations, life choices, needs and human rights.

11. Other corporate implications

11.1 Discussions are underway with CCG and senior Medway Council colleagues to understand the implications of the proposed whole system model for LD&A planning in Medway.

12. Conclusions

12.1 The whole system model and proposals set out in this report offer a critical and significant opportunity, for the council to more directly influence health strategy, planning and investment covering Kent's autistic residents and residents with a learning disability.

12.2 The model will support the creation of a strengthened, more focused and effective collaborative approach, where the council and NHS work as equal partners. A partnership that leads and develops strategic planning and front-line delivery, which consistently demonstrates significant improvements in the health, quality of life and opportunities of Kent's autistic residents and residents with a learning disability.

12.3 However, the model will cement in the future leadership and governance of how Kent plans for its autistic residents and residents with a learning disability, the principle that they will sit at the heart of decisions making. This principle will extend from strategic level policy and investment decisions through to how their healthcare and services are designed, transformed, monitored and delivered.

12.4 The whole system and governance model set out in this report recognises that the expertise and knowledge of people with a learning disability, autistic people and carers, are critical components to a successful Kent approach. An approach equipped to ensure their good health, human and civil rights and opportunities to pursue fulfilling lives.

13. Recommendation

13.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care and Public Health, on the proposed decision (attached as Appendix A) to:

a) **ENTER** into such agreements that are necessary with the Kent and Medway Clinical Commissioning Group (CCG) and other local NHS organisations to create a new strategic planning and delivery framework for Kent's residents with a learning disability and autistic people; and

b) **DELEGATE** authority to Corporate Director of Adult Social Care and Health to finalise and approve the formal agreements to establish the new framework.

14. Background Documents

<https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-next-steps-integrated-care-systems.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

15. Report Author

Mathew Pelling
Interim Senior Commissioner
03000 417885
mathew.pelling@kent.gov.uk

Lead Officer

Clare Maynard
Head of Commissioning – Strategic Commissioning
03000 416449
clare.maynard@kent.gov.uk