

Project Scope: Review of Kent and Medway CCG’s and Kent County Council’s Integrated Commissioning Arrangement

Who the project affects: People with a Learning Disability and Autistic People

Prepared by	Date	Executive sponsor
Mathew Pelling – Interim Senior Commissioner/Kent County Council	2 October 2020	Clare Maynard – Head of Commissioning/Kent County Council

Project information	
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Project aim	<p>A) To determine the most effective approach to commissioning support for people with a learning disability and autistic people that will;</p> <ul style="list-style-type: none"> ▪ achieve optimum and improving health and other outcomes ▪ maximise choice, control, independence and human rights <p>B) To review the integrated s75 commissioning arrangement between K&MCCG and KCC</p> <p>C) To evaluate existing NHS/KCC LD&A community support and in particular the Alliance Partnership, with options for change to:</p> <ul style="list-style-type: none"> ▪ Innovate to achieve the very best outcomes for everyone ▪ Optimise best value ▪ Deliver the very best service delivery standards <p>D) To support effective codesign and coproduction with learning disabled people, autistic people, carers and their advocates, to deliver person centred innovation and service improvement</p>
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Rationale	<p>1 Background and Context</p> <p>Integrated Commissioning</p> <p>1.1 The current integrated commissioning arrangement for people with a learning disability and autistic people, was agreed in 2015/16 between Kent County Council and Kent’s NHS commissioning partners. The arrangement was set up via an agreement under section 75 of the NHS Act 2006.</p> <p>1.2 The agreement provides for a Learning Disability and Autism (LD&A) integrated commissioning service managed by Kent County Council. However, the service is directly accountable, in terms of joint strategic oversight and performance management, to an Integrated Commissioning Board (ICB). The current ICB voting members are drawn from the senior leadership teams of Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (CCG), with a single voting member appointed to represent Kent’s statutory social care and NHS providers.</p> <p>1.3 KCC is commissioned through the section 75 agreement to:</p> <p>a) Leading the development and implementation of an LD&A joint Commissioning Plan for Kent including:</p> <ul style="list-style-type: none"> ▪ Delivering programme, workstream and project management ▪ Coproduction and engagement with people with LD&A, their carers, advocates, frontline workers and other stakeholders <p>b) To produce comprehensive health, social care and other needs analysis of people with a learning disability and autistic people, to inform both the joint commissioning plan and the plans of each</p>
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s75 partner agency

- c) Working with other commissioners across children, young people and mental health, to ensure that Kent's Transforming Care Plans for people with complex LD&A needs are effectively delivered and in accordance with the 'Building the right support' standards
- d) Ensuring through an Alliance Agreement with KCC, KMPT and KCHFT the effective development, strategic management and performance monitoring of community learning Disability support services to:
 - Support coproduction to deliver innovation and service improvements
 - Deliver strong and improving health, education and other key outcomes
 - Ensure best value against commissioner investment
- e) Effective market shaping and management, including supplier performance, ensuring the provision of high-quality services that can meet the person-centred support needs of Kent's learning disability residents and residents with autistic spectrum conditions
- f) Whole system support and pathway planning ensuring that at every life stage people with a learning disability and autistic people, are supported to be as independent as possible exercising choice and control over how they live their lives

Community Learning Disability Support (Alliance Agreement)

1.4 The Alliance Agreement (1.3 d) enables a collaborative partnership between KCC's Adult Social Care and Health service and the two Kent based NHS trusts that deliver specialist health support to residents with learning disabilities and people with autistic spectrum conditions. However, it also supports a collaborative approach between these providers and council and NHS commissioners, party to the section 75 integrated commissioning agreement, to achieve the following outcomes;

- improved quality of life through increased choice and control, greater independence, better health, and living free from abuse;
- increased life expectancy through good health, reduction of health inequalities, better preventative care and avoidance of crisis escalation;
- better patient/client experience through reasonable adjustments, person-centred practice and a skilled, competent workforce and
- increased support for whole system development through ensuring a sustainable integrated service which will work with other providers to help shape the "market" of support available to people with a learning disability.

1.5 The Alliance Agreement and the community learning disability service arrangements it covers, commenced on the 1 March 2018. The agreement is designed to ensure and support adaptable and agile service delivery, so that services are able to respond to the changing needs, expectations and choices of LD&A residents. Equally to deliver innovation within the context of national good practise and policy changes.

1.6 The section 75 commissioning arrangement provides for an Alliance

Group, which includes the NHS and social care providers that are parties to the Alliance agreement. The lead integrated commissioners who are responsible for the performance and contract management of the Alliance agreement, on behalf of the section 75 partners, are also members of the group.

- 1.7 One of the primary purposes of the group is the develop, facilitate and deliver robust and effective performance reporting to the Integrated Commissioning Board. This includes reliable reporting on the success of the Alliance in achieving key LD health and well being outcomes.
- 1.8 Whereas the section 75 integrated commissioning agreement has no end date, although there are provisions for an annual review, the Alliance agreement expires in March 2021. This necessitates the need for KCC and KMCCG to consider what new contract arrangements will replace it. Equally whether and to what extent changes in community Learning disability provision may be needed, to address;
 - i. service improvement and commissioning deficits;
 - ii. performance challenges and
 - iii. changes in national and local policy and priorities

2 Changing Policy and Planning Landscape

- 2.1 Government policy and NHSE are driving fundamental changes in the way NHS, care and other support services are planned and delivered to achieve better and improving health outcomes. The NHS Long Term Plan aims to support a more collaborative approach to developing localised solutions that can address key health challenges.
- 2.2 The plan envisages achieving these aims through the creation of Integrated Care Systems (ICS) and partnerships, to deliver localised, holistic and joined up plans to achieve better health outcomes for all. ICSs are a partnership of all NHS/health agencies across CCG's; provider organisations; GPs/Primary Care Networks (PCNs) and local councils, local stakeholders, health and social care practitioners and patient groups.
- 2.3 There are 18 localities across England where a 'mature' Integrated Care System is up and running. The NHSE promise is that where an effective ICS collaborative is achieved and agreed by local NHS and council leaders, then they will be given greater control over the operational, financial and performance management of services in their area.
- 2.4 However, how the integrated care system might impact the specialist commissioning of health support and care for people with learning disabilities and people with an autistic spectrum condition, is an emerging NHSE policy agenda. NHSE stated that it's objective for 2019/20 was to enable ICSs to have an advisory role on specialist commissioning but it's not yet clear how far and how fast local Integrated Care Systems will assume a greater leadership role in terms of LD&A health planning and provision.
- 2.5 Kent and Medway are on a pathway to establish an Integrated Care System by 2021. The first step of this pathway has already been achieved with the creation of a single Kent and Medway CCG in 2020, providing whole system leadership in delivering stronger health outcomes for the entire Kent and Medway population. Four integrated care partnerships (ICPs) have also been established to support and develop more localised health planning, involving primary care networks, district councils, KCC, local NHS acute hospital trusts and primary and community health and social care services. The four

ICPs are:

- Dartford, Gravesham and Swanley
- Medway and Swale
- East Kent
- West Kent

2.6 As set out above Kent and Medway's ICS, ICPs and health and social care landscape is evolving. Within this context how decisions and priorities are determined, which affect the funding and support focused on LD&A residents is still being worked out. This particularly applies to how Government/NHSE funding and priorities for people with complex needs is invested. It also applies to monies that are pooled between health and council partners to meet jointly agreed health and wellbeing targets for the whole LD&A community living in Kent.

2.7 There are also considerations about whole system risk sharing and the impact on the strategic direction and finances of each health and council partner. These may be affected by changes in;

- levels, type and complexity of need;
- LD&A age profile;
- expectations, choices and lifestyles of LD&A residents, their families and the people who support them;
- local workforce and the availability of the skills needed to support all LD&A needs;
- supplier markets, costs and pricing and
- broader commitments and wider organisational budget pressures

3 Opportunities and System Challenges

3.1 With the Alliance agreement coming to an end, the creation of a new single CCG and developing changes in the NHSE planning agenda, there's an ideal opportunity to review how Kent County Council and it's NHS partners work together to achieve the very best outcomes for Kent's LD&A residents.

3.2 Kent's planning framework for people with LD&A is complex with several bodies involved with making decisions; ensuring effective performance and Best Value and developing and coordinating solutions to meet changing needs and challenges. These include:

- LD&A Executive Board
- LD&A Oversight Group
- Integrated Commissioning Board (ICB)
- Alliance Group
- LD Partnership Board
- A&LD Collaborative
- LD&A Finance Sub-Group

3.3 Whereas it's important to note that most of these groups make decisions that affect both Kent and Medway, with one group (ICB) solely concerned with Kent, this number of bodies runs the risk of a less focused strategy. Ultimately this may result in a planning framework that's not competent to deliver critical outcomes and priorities. The structure may also make it difficult to achieve focused, flexible, agile and responsive decision making able to efficiently respond to changing performance and events, while ensuring that all key stakeholders remain fully engaged and involved.

3.4 Professional planning support for Kent's whole LD&A system, is not

aligned or managed in a single agency or through a jointly agreed standard operating model. The principle but slightly separate elements of Kent's day to day planning arrangements are set out below:

- a) The section 75 agreement funds two senior Kent County Council integrated commissioners, whose current work programme is dominated by:-
 - i. Coordinating with KCHFT, KMPT and KCC senior managers, the joint planning of front line CLDT support by Alliance providers
 - ii. Working with providers to develop and manage the financial, performance and quality requirements of the Alliance Agreement, KAMCAS agreement and other jointly coordinated NHS and council contracts
 - iii. On-going business planning and project management support, enabling Alliance and other providers to respond to changing demand, new priorities and current and emerging service challenges and crisis
 - iv. Supporting NHS and council finance leads to ensure that joint and pooled spending is managed effectively and in accordance with NHSE and other statutory requirements, as well as maximising new statutory grant and funding opportunities
 - v. Facilitating the operation of LD care pathways with K&MCCG and Alliance providers, including the council's adult social care services
- b) The CCG directly plans and monitors Kent's Transforming Care pathway, including discharges and admissions and the micro-commissioning of individual health and care packages via TCP and CT(E)R programme and commissioning leads
- c) Alongside the s75 commissioners for integration, the council employs specific commissioners who plan and procure social care support for Care Act eligible LD&A residents, inclusive of home care, supported living and care home services.

3.5 Early discussions with senior leaders across Kent County Council, the CCG and NHS providers, have initially validated the risks set out in 3.3. Managers have also indicated that the operating structure described in 3.4, may be adversely affecting the LD care pathway and causing system blocks. There are also management, administrative and reporting inefficiencies, which affect the ability of commissioners to develop new and innovative commissioning plans. This has resulted in Kent's LD&A joint planning arrangements being reactive rather than proactive in responding to emerging good practice and national policy changes.

3.6 Critically current partnership performance, finance and other reporting, may not be providing the clear view needed by senior managers and chief officers. Essentially robust reporting that supports strong accountability and which helps them to determine the most effective commissioning arrangements, best value and that key workstreams are delivering.

3.7 An opportunity but equally a challenge is the CCG's and Council's ambition to develop an Integrated Care System for Kent and Medway. Kent and Medway's ICS is designed to provide whole system support to achieve the best health outcomes for all Kent's people but a new structure is being developed to support the ICS with mental health

	<p>and LDA planning. This is a positive move in terms of placing LD&A needs within the broader framework of raising everyone’s health and well-being. However, it could result in even less focused decisions and accountability, unless a streamlined joint decision making and reporting arrangement is developed to support it.</p> <p>4 Review Aims and Guiding Principles</p> <p>4.1 The review aims to address the issues, considerations and opportunities highlighted above and to collaboratively develop proposals, which will support the design of a fit for purpose planning framework that can plan for all of Kent’s LD&A needs and expectations. Coproducing solutions and making decisions with learning disabled residents, residents with autistic spectrum conditions and the people who support them is a core value. This will drive the development of the options and final proposals that come out of this review.</p> <p>4.2 The following principles will drive and guide the review:</p> <ul style="list-style-type: none"> 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 support direct what we do and how we do it and whether we meet their expectations
<p>Key areas of focus</p>	<p>1 Scene Setting</p> <p>1.1 An initial scene setting phase has been completed, which reviewed:</p> <ul style="list-style-type: none"> ▪ The most recent LD&A strategic and commissioning plans ▪ ¹TCP/LDA and corporate performance, finance and other reports ▪ NHS Digital and Public Health Data ▪ Statutory and peer reviews covering Kent’s LD&A service ▪ NHSE, SCIE, ADASS and other statutory planning, policy and innovation platforms <p>1.2 There have been discussions with senior managers and chief officers across Kent County Council (²ASCH and ³CYP), Kent and Medway CCG and with the two ⁴NHS provider trusts commissioned under the Alliance agreement to deliver community learning disability support.</p> <p>1.3 Initial discussions have also taken place at the Learning Disability Partnership Board and Autism and Learning Disability Collaborative and with advocate organisations.</p> <p>1.4 The following key improvement themes have been identified, which will inform the development of options for change and review proposals:</p> <p>Governance</p>

¹ Transforming Care Partnership

² Adult Social Care and Health

³ Children and Young People

⁴ Kent Community Health NHS Foundation Trust (KCHFT) & Kent and Medway NHS and Social Care Partnership Trust (KMPT)

- Effective leadership through cross agency/stakeholder partnership, supported by robust and clearly understood data and evidence is the focus.
- Rationalising how partner decisions are made, how these are monitored and how best value against partner investment is determined and achieved
- Considering to what extent the national governance and financial frameworks support and allow agile, responsive and flexible decision making?
- Achieving joint council and NHS financial horizon planning that;
 - i. achieves best value;
 - ii. reduces unnecessary spending and
 - iii. achieves whole system sharing of financial risk and benefit realisation
- Developing the LD&A governance structures to support efficient decision making within the developing ICS framework

Performance

- Effective cross agency analysis of national and locally developed health, well-being and other data to support the development of the most effective solutions to addressing critical outcomes
- Robust and objectively measurable performance indicators agreed with all partner agencies, with highly effective and consistent management systems in place to support senior and chief officer oversight of delivery
- A partner performance management system that can efficiently and clearly identify failing performance, the reasons for this and the solutions and actions needed to improve performance

Health and Care Pathways

- Alliance Partnership: There are good examples of effective joint practise across professional disciplines and locality arrangements
- There is a good level of joint operational management, communication and planning when addressing specific individual needs and crisis management
- However, should non-statutory providers be more effectively engaged in cross agency planning and decision making?
- Making the Transforming Care discharge pathway more efficient with more effective joint horizon planning, enabling community resources to respond in the most effective and timely way
- Achieving stronger and closer alignment between the planning and delivery of support and health care services for LD&A adults and services for children and young people with disabilities.
- Developing a much clearer and better integrated 0-25 health and social care offer for people with LD&A, to support a stronger whole life planning pathway
- Evaluating whether providers have the right skills to effectively support complex neuro-diverse needs
- The joint planning framework having a robust workforce development workstream in place

Commissioning

- Considering whether there are key service deficits and what commissioning improvements are required, benchmarking Kent's current provision and interventions against the 'Building the Right Support' service model.
- Developing more effective reporting on service deficiencies and

	<p>key blocks to delivering outcomes, including achieving discharge</p> <ul style="list-style-type: none"> ▪ An on-going and much more focused analysis of what's missing and what practise needs developing across providers and agencies to achieve improving outcomes <p>Whole System Support</p> <ul style="list-style-type: none"> ▪ Having a joint council and CCG standard operating model and memorandum of understanding in place to: <ul style="list-style-type: none"> a) Ensure that council commissioners and TCP/CT(E)R programme and commissioning leads (at all levels) manage an effective joint LD&A care pathway b) Develop and manage a fully integrated finance and performance reporting system, which effectively captures and highlights both whole system and individual partner risk and benefit realisation c) Support fully integrated LD&A programme and project management across the whole Council and CCG system to; <ul style="list-style-type: none"> - ensure that critical commissioning and service delivery improvements are delivered and - chief council and NHS officers are able to make informed decisions on key programme and commissioning plan changes, based on strong evidence-based analysis and options appraisals d) Achieve more comprehensive joint data governance that enables cross agency access to NHS and council performance management systems e) Agree joint financial, business and administrative support to free up commissioning resource, to focus on developing and implementing Kent's LD&A commissioning strategies and plans
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Start date	1 September 2020	Projected end date	31 March 2021
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Project objectives (SMART)

To be determined but might include:

- 1) 75% of all Kent's LD&A residents with a completed annual health check with agreed actions to address improved health and well being
- 2) No more than 57 Transforming Care inpatients
- 3) Lowering LD&A avoidable deaths through an effective LEDER programme
- 4) Improving LD&A life expectancy and healthy life expectancy over the next 5 years
- 5) 86% of Kent's LD&A residents, eligible for Care Act support, supported to live locally and independently either in a home of their own or with the people they choose to live with
- 6) **Need to add SMART evaluated objectives covering ND/Autistic Spectrum Conditions (Michelle S)**

Project scope – IN	Project scope – OUT
<ol style="list-style-type: none"> 1) Review of the LD&A section 75 agreement between Kent County Council and K&MCCG to include evaluating: <ul style="list-style-type: none"> a) The effectiveness of the governance of the agreement via the Integrated Commissioning Board b) The robustness of performance, financial and other reporting and whether this 	<ol style="list-style-type: none"> 1) Further council and NHS integration of statutory LD&A service delivery, both at senior management level and front-line delivery 2) Procuring new NHS providers as an alternative to the current Alliance arrangement 3) Points 1 and 2 are driven by:

- supports strong programme management and decision making
- c) Whether and to what extent user and carer voices are reflected in all key decisions and what changes are needed to ensure their priorities direct strategic planning
- 2) To consider whether the existing joint governance and planning arrangements, across Kent's whole LD&A system can be rationalised to achieve:
 - a) More effective and efficient decision making
 - b) Robust and proactive evidence-based joint commissioning strategies and proposals
 - c) The most effective and efficient management of professional commissioning support, resourced to deliver;
 - High quality advice that supports effective business case development and delivery of key NHS/council transformation plans
 - innovative joint commissioning that achieves best value and strong outcomes and
 - robust whole system programme management
 - d) Whole-system coproduction with LD&A residents, innovation and significant improvements in health and wellbeing outcomes
 - 3) A collaborative review of the Alliance Agreement across NHS and council commissioning leads and Kent's statutory health and social care providers. The review will evaluate and develop options for change based on:
 - a) Whether the current service arrangements offer best practise and value
 - b) What improvements can be incorporated from national examples of good practise in delivering effective joint delivery of community learning disability support
 - c) Whether existing and proposed performance management measures and reporting is robust and will support strong accountability and constant service improvement
 - d) People using support and their carers directing how services develop, are performance managed and improve
 - NHSE's emerging Integrated Care Model emphasises strong collaboration across local NHS, council and community stakeholders in finding solutions to support improving health outcomes
 - The ICS approach is less focused on achieving better value and outcomes through competition between statutory providers
 - The response to the on-going Covid-19 pandemic could be undermined through key statutory agencies and senior managers having to focus on a procurement exercise, restructures and potentially transferring services to new organisations and management
 - The overall context is that the Government's current Covid-19 control measures are intensifying and are likely to remain in place until at least March 2021
 - Initial management comment across KCC, KMCCG and the Alliance Providers, is that the quality of front line delivery and practise, through the joint locality arrangements, is not a concern and they are working effectively

- e) Achieving alignment of Alliance Support with other statutory services to:
- Achieve an effective 0-25 transition and care pathway for young people with LD&A
 - Ensure person centred support through developing a more effective 'wrap around' service design with primary care, mental health and services for people with autistic spectrum conditions

Project scope – TO EXPLORE	Project scope – LINKED PROGRAMMES
<p>1) Whether new LD&A joint governance, including s75 arrangements, should be developed within the context of Kent and Medway's ICS</p>	<p>1) Review of Kent's S75 agreement covering health and support for Children and Young People (C&YP)</p> <p>2) Review and procurement of Kent's Neuro-diverse care pathway</p>

Risk	Mitigation	Owner
1) Lack of partner buy in to the review, including the proposed options for change	<p>a) First phase senior and chief officer scene setting discussions across council and NHS partners to;</p> <ul style="list-style-type: none"> • Establish a joint view of 'As is' successes, issues, challenges and areas to improve; • Agree key partner themes that are in scope of the review and work programmes to co-design options to address them <p>b) Cross agency validation workshops of operational and strategic managers, to agree the final options to be considered by the Integrated Commissioning Board</p>	Mathew Pelling/Project Sponsor
2) A delay in the delivery of the project outcomes, results in the Alliance agreement and related NHS contracts expiring without a viable new solution in place	<p>a) A comprehensive project plan detailing key milestones, actions and delivery dates, has been agreed by senior CCG and council managers</p> <p>b) Weekly project tracking meetings between the project sponsor and project manager are in place, to monitor plan delivery supported by highlight, risk monitoring and exception reporting</p>	Mathew Pelling
3) Concerns from stakeholders including service users, staff and carers, arising from the review outcomes, adversely affects the agreement and implementation of key proposals	<p>a) Designing an effective engagement plan with advocate groups and via the LD Partnership, to ensure user and carer voice influences the review options</p> <p>b) Regular and ongoing discussions and 'check out' at LD&A professional team and locality meetings and face to face catch ups with key operational managers and locality leads</p>	Mathew Pelling

4) Government and NHSE policy changes, Covid and other national and local events impact and delay project delivery	a) Weekly project tracking meetings in place, to anticipate and plan for new and unanticipated project requirements b) Effective working arrangements in place across NHS and council senior managers, supported by robust horizon reporting	Mathew Pelling/Project Sponsor
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Milestone	Start out	Define and scope	Measure and understand	Design and plan	Pilot and implement	Sustain and share
See Appendix 1: Project Plan						

Project team	Role	Time commitment
Clare Maynard	Project Sponsor	Part Time (One Day Equivalent)
Mathew Pelling	Project Manager	Full Time (Five Days per Week)
Xan Brooker	Senior Commissioner (LD Integrated Commissioning)	Part Time (One Day Equivalent)
Michelle Snook	Senior Commissioner (Autism Integrated Commissioning)	Part Time (One Day Equivalent)

e.g. staff time, specialist/expert input, equipment and materials.

Appendices

Appendix 1 – Project Plan



Appendix 1 – Project Plan.pdf