

From: **Rory Love, Cabinet Member for Education and Skills**

**Sarah Hammond, Corporate Director for Children, Young People and Education**

To: **Children, Young People and Education Cabinet Committee – 6 March 2024**

Subject: **24/00008 Special Educational Needs - Therapy Contracts**

Classification: **Unrestricted**

Past Pathway of report: **None**

Future Pathway of report: **None**

Electoral Division: **All**

**Summary:** This report requests permission to continue with annual contracts, issued by NHS Providers, for the current Special Educational Needs (SEN) Therapy services. The future commissioning intentions are to align with the NHS Kent and Medway timeline to re-procure their Community Services, and specifically jointly commission an Integrated Therapy Contract for 1 September 2025.

The current annual contract values are £752,905 with East Kent Hospital University Foundation Trust (EKHUFT) and £1,526,586 with Kent Community Health Foundation Trust (KCHFT).

This requires agreeing a retrospective contract for the financial year 2023/2024 and a future contract for 17 months from 1 April 2024 to 31 August 2025.

Permission is also sought to review and bring the Kent and Medway Communication and Assistive Technology service into the new jointly commissioned Integrated Therapy Contract, under the NHS Kent and Medway Community Services re-procurement.

**Recommendation:** The Children, Young People and Education Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Education and Skills on the proposed decision to:

A) Retrospectively contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2023 to 31 March 2024 for the provision of SEN Therapies

B) Contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2024 to 31 August 2025 for the provision of SEN Therapies

C) Agree to the review the Kent and Medway Communication and Assistive Technology service and to incorporate into the wider recommissioning of SEN Therapies

D) Agree for the exploration of joint commissioning with the NHS for the wider provision of SEN Therapies to include in the re-procurement of NHS Community Services

and

E) Delegate authority to the Corporate Director of Children, Young People and Education, in consultation with the Cabinet Member for Education and Skills and the Corporate Director of Finance, to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the decision.

## **1. Introduction**

- 1.1 The 2015 Special Educational Needs and Disability (SEND) Code of Practice, sets out that Speech and Language Therapy, Occupational Therapy, Physiotherapy and Assistive Technology should be jointly commissioned.
- 1.2 KCC is working towards a jointly commissioned Integrated Therapy Service, which will include the Kent and Medway Communication and Assistive Technology Service (KMCAT), to maximise the use of finite resources from local authorities, schools, colleges, and the NHS improving outcomes for 0–25-year-olds with SEND and their parents/carers.
- 1.3 The joint aim is to establish a new jointly commissioned service by September 2025, to fall in line with NHS Kent and Medway's broader recommissioning of a unified Community Service Offer.

## **2. Therapies Contracts – current context**

- 2.1 KCC and NHS Kent and Medway hold separate Therapy contracts with the same two large NHS Trusts;
  - East Kent Hospital University Foundation Trust (EKHUFT) and
  - Kent Community Health Foundation Trust (KCHFT).The total annual value of NHS Kent and Medway contracts is £18.5M and KCC's contracts are £2.28M in addition to the £18.5M.
- 2.2 The contracts held by KCC are for the provision of an Integrated Therapy Service which provides specialist Speech and Language Therapy, Occupational Therapy and Physiotherapy for Special Educational Needs (SEN) and Education Health Care Plans (EHCP) educationally relevant health services. Services are primarily for school aged children, and the majority of the activity for children and young people have significant speech, language and communication needs.
- 2.3 These are legacy contracts, that predate the Special, Educational Needs and Disabilities (SEND) Code of Practice 2015. The original contracts were put in place in 2011, at the time, to formalise already longstanding working arrangements between the Council and the NHS Providers. There is an identified audit trail back to 2018 of the contracts being signed annually, within the SEN service.

2.3.1 The EKHUFT annual contract value of £752,905 provides service coverage for the following districts in East Kent:

- Folkestone and Hythe
- Ashford
- Dover and Deal

2.3.2 The two KCHFT contracts cover East and West Kent. The East Kent annual contract value is £610,037 and service coverage for the following districts:

- Canterbury
- Thanet
- Dartford

2.3.3 The West Kent annual contract value is £916,549 and service coverage for the following districts:

- Gravesham
- Maidstone
- Sevenoaks
- Tonbridge and Malling
- Tunbridge Wells

2.4 The rationale for the geographical coverage of the 2011 contracts is unclear.

2.5 There are known commissioning issues for the west of Swale, part of Teynham, Sittingbourne and the Isle of Sheppey, neither of the above-mentioned providers cover that area. The Therapy provision is provided in the West of Swale by Medway Community Health under contract to NHS Kent and Medway.

2.5 These historic contract arrangements were identified when reviewing the Council's contracts and agreements and with a request from NHS Providers to secure increases.

2.6 Under direction from the Directorate Management Team (DMT), further information has been requested from the NHS Providers. The contracts cover the provision of staffing of Therapists, with no detail of performance information. As the contracts are written by two different NHS providers, they do not have consistency across to identify any meaningful comparison.

2.7 Information that has been provided is detailed in this report. The tables below show for each Provider, the percentage of staff funded by these contract within the total Therapy service and the number of full-time equivalent (FTE) posts.

East Kent Hospital University Foundation Trust		
Type of Therapist	% of post funded by KCC	Whole Service KCC funded FTE
	East Kent (Ashford, Folkestone, and Dover)	
Speech and Language Therapist	17%	8.14
Occupational Therapists	13%	2.56
Physiotherapist	0%	0

Kent Community Health Foundation Trust				
Type of Therapist	% of post funded by KCC			Whole Service KCC funded FTE
	North (Dartford, Gravesham and Swanley)	West (Tunbridge Wells, Tonbridge, Maidstone, and Sevenoaks)	East (Thanet, Canterbury and Coastal)	
Speech and Language Therapist	33%	38%	11%	17.8
Occupational Therapists	0%	5%	0%	2.64
Physiotherapist	13%	5%	0%	0.74
Generic Therapy Assistants	17%	14%	17%	

2.8 The tables below show by Provider the most recent trends of referrals, assessments and waiting lists. It is noted that EKHUFT do not count interventions separately. The KCHF numbers waiting for intervention has been problematic as numbers include those currently receiving intervention as well as waiting so should be interpreted with caution. Again, a lack of consistency in how each organisation records information makes drawing any meaningful conclusions about performance difficult.

East Kent Hospital University Foundation Trust				
Data for Speech and Language Service ONLY				
Average number of referrals per month	May-23	Jul-23	Sep-23	Nov-23
Average number of referrals per month	83	55	67	177
Total no. waiting for assessment	539	259	98	70
No. children on wait list more than 12 weeks (assessment)	407	148	40	16
Total no. waiting for intervention	n/a	n/a	n/a	n/a
No. children on wait list more than 12 weeks (intervention)	n/a	n/a	n/a	n/a

Kent Community Health Foundation Trust				
Data for Speech and Language Service ONLY				
Average number of referrals per month	May-23	Jul-23	Sep-23	Nov-23
Average number of referrals per month	268	230	113	179

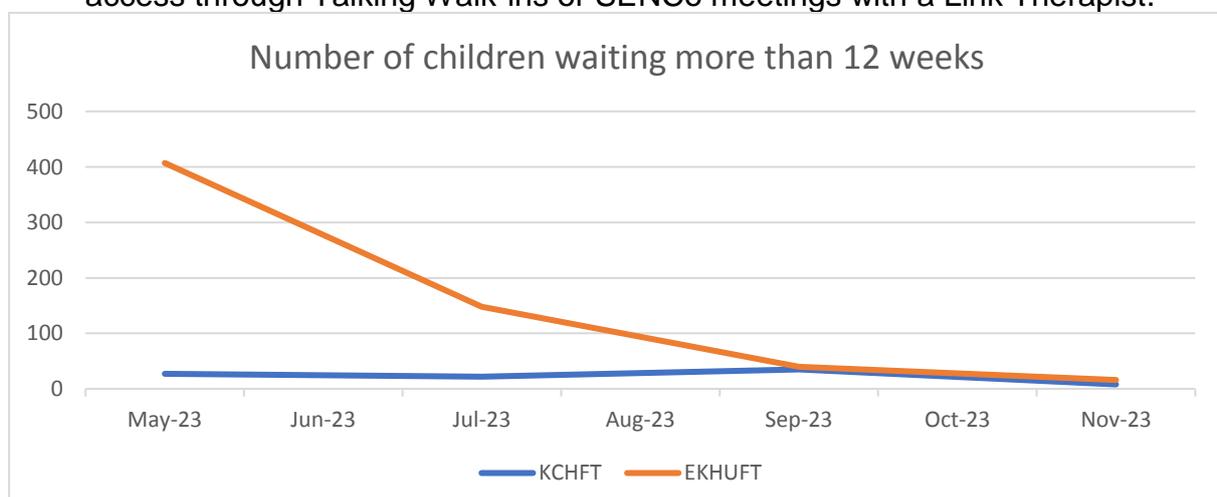
Total no. waiting for assessment	358	368	235	269
No. children on wait list more than 12 weeks (assessment)	27	22	35	8
Total no. waiting for intervention	3646	2822	2778	2409
No. children on wait list more than 12 weeks (intervention)	1663	1337	1257	867

2.9 The tables below show the December 2023 snapshot of the caseloads by type of Therapy. As shown above in 2.9, KCC does not contribute towards Physiotherapy in EKHUFT, however they do deliver this service under their NHS Kent and Medway contact.

East Kent Hospital University Foundation Trust	
Therapy Type	Number of CYP receiving
Occupational therapy	387
Speech and language therapy	783
Physiotherapy	0

Kent Community Health Foundation Trust	
Therapy Type	Number of CYP receiving
Occupational therapy	812
Speech and language therapy	2237
Physiotherapy	925

2.10 The graph below shows the number of children waiting more than 12 weeks for assessment. KCHFT were already mostly meeting their target of seeing referrals in less than 12 weeks, however EKHUFT had long waits. Due to a shift towards Speech, Language and Communication Needs Transformation the Balanced System® way of working this has now dramatically reduced those waiting more than 12 weeks, and most children and young people have quick access through Talking Walk-ins or SENCo meetings with a Link Therapist.



### **3. The Kent and Medway Communication and Assistive Technology Current Context**

- 3.1 The Kent and Medway Communication and Assistive Technology (KM CAT) support service, provides a highly specialist service needed by only a small number of disabled children with complex communication needs, who require augmentative and alternative communication systems for voice output and for access to the curriculum.
- 3.2 The service directly employs staff from KCC, KCHFT and EKHUFT, who work in close conjunction with other local Therapists, most commonly Speech and Language Therapists, and school staff. The team brings expertise about the assessment and provision of specialist communication aids, and offers on-going support in schools, homes, and communities so that the children are empowered to use their communication aids, and their families and school staff are empowered to support them.
- 3.3 KM CAT has an overall annual budget of approximately £2.1M with funding coming from KCC at £870,000, NHS England at £280,000, NHS Kent and Medway at £860,000 and Medway Council at £70,000.
- 3.4 This is an integrated multi-agency service delivered by staff working in KCC, EKHUFT and KCHFT supported by a pooled budget for equipment. NHS England determine the criteria for local hub service for Alternative and Augmentative Communication provisions and the local arrangements cover the spoke levels of support that is locally unique. The budget for voice output equipment comes from NHSE and the budget for curriculum access equipment comes from KCC. This includes equipment prescribed by the Specialist Teaching and Learning Service for Visual Impairment team, as well as the KM CAT team.
- 3.5 The financial flows and task allocation across this multi-agency service model are particularly complex and have grown pragmatically over years. NHS England and NHS Kent and Medway jointly fund the assessment and provision of equipment, and KCC (and Medway) and the NHS Kent and Medway jointly fund the follow-on support in schools, homes, and the community. Bringing these into a joint commissioning approach provides the opportunity to fully review and put in place the right legal arrangements which may or may not include contractual terms. The current arrangements can be seen at Appendix 1.
- 3.6 In 2023, KM CAT received 51 new referrals. Of these, 11 were given a one-off consultation, one was not accepted and the other 39 were accepted onto the caseload for assessment and provision of equipment. The service also completed 20 re-assessments of the current caseload who needed to have their communication aids updated or replaced, making a total of 59 assessments completed. The current caseload is 207 across Kent and Medway.

## **4. Joint Commissioning**

- 4.1 Following a Health Overview and Scrutiny Committee (HOSC) meeting, on 6 September 2023, the NHS Kent and Medway's plan was to extend existing contracts with Community Services providers until 31 March 2025, to allow for a review and re-procurement of the services to be undertaken. One of the main recommendations of the HOSC was that a new specification was designed so that providers were required to develop and adopt new models of care that were sustainable for communities for the following five, 10 and 15 years. We have learnt subsequently that new contracts will not be in place until 1 September 2025, therefore existing contracts between KCC and the NHS providers are required until 31 August 2025.
- 4.2 Commissioning a stand-alone KCC Children and Young People Therapy Service would be at odds with the HOSC decision and leave us unable to fulfil our joint commissioning commitment as published with Ofsted and the Department of Education.
- 4.3 A standalone service would not allow the Council to facilitate the transformational change necessary to manage the market, develop a clear workforce development strategy and the provision for maximum efficiency and clearer pathways for children, young people their families and educational settings.
- 4.4 Both Providers are continuing to deliver services without a signed contract, as the history of these contracts required investigation along with the request for a price increase and the requirement to evidence the effectiveness of the services prior to ascertaining the appropriate governance arrangements for these contracts. KCC has agreed with the Providers that there will be no increase to the contract price for 2023/2024, however, the Providers have stated that this position will not be sustainable for 2024/2025, and therefore negotiations continue.
- 4.5 The contract values for 2024/2025 will be agreed alongside Finance colleagues and the Director for Education.

## **5 Service Transformation to inform the Joint Commissioning Approach**

- 5.1 The provision of Therapies was highlighted as an area requiring improvement from the 2019 SEND Inspection and NHS Kent and Medway reviewed a number of pilots prior to agreeing, in hand with KCC, the Balanced System approach was one that could transform services in Kent.
- 5.2 KCC's review of Therapy provision had commenced and was identified as a significant priority when these contracts were identified. The provision of Therapies was also purchased via a spot-purchase arrangement and through Personal Budgets. A Commissioning Approach was quickly established and progress through the commissioning cycle is on track with the completion the Understand phase due by June 2024.
- 5.3 Discovery interviews were held with 33 stakeholders including parents, SEN staff, The Education People (TEP), KCHFT, EKHUFT and NHS Kent and Medway. These interviews established common themes to inform the future

commissioning strategy and reinforce ongoing transformational activity to embed the Balanced System® Framework for SLCN.

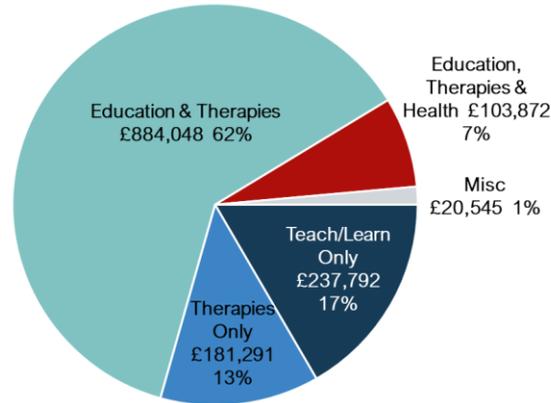
- 5.4 As well as identifying issues with capacity, the lack of clear pathways and the need for a properly articulated tiered approach, those interviewed also varied greatly in their understanding and approach to what was a health need or an educational need for Integrated Therapy and there was inconsistency about when and why Therapies should be considered and written into Section F or G of the EHCP.
- 5.5 This lack of clarity about responsibilities, reinforces the need for future Therapy provision to be jointly commissioned, because of this, if parents find they are on a waiting list for NHS Therapy, then some are using the EHCP process to ensure the need for Therapy is included in Section F of their child’s EHCP. This makes the need for Therapy an educational requirement and places the responsibility on KCC to provide. As evidence of this, in recent years, KCC has seen the number of pupils receiving spot purchased Therapies increase with a corresponding increase in spending. See Table 1 and 2 below.

<b>Table 1</b>			
<b>Pupils receiving spot purchased Therapy</b>			
<b>Year</b>	<b>Total CYP</b>	<b>New</b>	<b>Ended</b>
<b>2019</b>	<b>119</b>		<b>24</b>
<b>2021</b>	<b>273</b>	<b>178</b>	<b>14</b>
<b>2022</b>	<b>392</b>	<b>133</b>	

<b>Year</b>	<b>Spot purchased spend</b>	<b>% change</b>
<b>2019-20</b>	<b>£1,134,984</b>	
<b>2020-21</b>	<b>£1,291,166</b>	<b>+4.6%</b>
<b>2021-22</b>	<b>£1,618,487</b>	<b>+9.2%</b>

- 5.6 Similarly, KCC’s Personal Budget (PB) spend on Therapy related activity, is growing year on year. The pie chart below shows all pupils with an agreed PB for September 2023 to August 2024. The list was collated at the end of August 2023. Though not all PBs are for Therapy, Therapy is present in most PBs as a factor. Many of these are for children and young people’s Educated Other Than at School (EOTAS) packages. Further work is required to understand this spend and the year-on-year growth.

Young people with a PB for SEND - Total cost £1,427,549



- 5.7 One of the significant benefits/opportunities with a jointly commissioned service will be to manage access to appropriate and effective specialist service interventions and other related provisions in a unified way. Waiting lists should decrease in a joined-up way to prevent the growth in spend in both the Spot Purchasing and PB budget lines. Embedding a consistent approach to the provision of Therapy support and managing caseloads and waiting lists across agencies will provide greater understanding and transparency.
- 5.8 KCC has also met and held individual discovery interviews with 18 of the 25 Kent Maintained Special Schools to ascertain their impression of current therapy provision and their aspirations for the future commissioned provision. Although these interviews have not been fully analysed and written up, there have been interesting themes emerging that will inform the future commissioning strategy. There is a postcode lottery of provision with schools responding very differently to the therapeutic needs of their pupils. Some schools have invested in their own therapy provision through their own school budgets, whilst others have taken the stance that this is the NHS/Council's role. In the new commissioning strategy using the Balanced System® framework we hope to set out more clearly what should be expected of schools and the whole SEN system to create a more coherent and consistent offer.
- 5.9 KCC is working with the NHS Kent and Medway, both Therapy Providers, schools and other educational settings to embed the Balanced System® Framework. Initially focussing on the transformation of Speech Language and Communication (SLCN) Therapy provision. Further information about the Balanced System® framework is attached as Appendix 2.
- 5.10 The Balanced System® Framework is a proven and copyrighted system which has been endorsed by the Department for Education, which the Kent and Medway Integrated Care System (ICS) have funded and adopted for use. The Balanced System® Framework is organised in five strands across three levels. All these strands and levels are important to get the whole system working to its best, to deliver the outcomes required to meet growing need with finite resources.
- 5.11 The five strands are:  
**Family:** how children develop communication and the role you play in the family support

**Environment:** how to make a setting or school a place that helps with understanding, talking, and communicating

**Workforce:** training to develop your skills in supporting children’s speech, language, and communication

**Identification:** what to expect when and how to identify children’s speech, language, and communication needs

**Intervention:** Ideas to develop children’s communication skills

5.12 The three levels are:

**Universal Level** is for all children and young people and has general information and resources about speech, language, and communication.

**Targeted Level** information and resources are more directly useful for children and young people and their families where there is a likely concern about speech, language and communication or a need has been identified already.

**Specialist Level** information and resources are either to support more complicated speech, language and communication needs or to provide specialist information and help. Some children and young people and their families will need specialist level support as well as targeted and universal levels for them to make progress with speech, language, and communication.

5.13 Our jointly agreed ambition for the local area is to have a range of provisions that can ensure that outcomes are met in each of the five strand areas and at universal, targeted and specialist levels. The core delivery principles of the framework are designed to produce a consistent service offer to transform service delivery to meet need in a consistent and proportionate approach and has intrinsic qualities and principles to demonstrate evidence of impact at individual, whole school, and local area levels.

5.14 Through interviews with Kent Special Schools, Commissioners have observed positive change in practice and emerging outcomes where schools have adopted the Balanced System® Framework approach. The Framework gives greater clarity to what is the role of a Therapist and what is the school or setting role in the provision of speech, language and communication needs provision.

5.15 Although the Balanced System® can provide a Framework for looking at the transformation of Occupational Therapy and Physiotherapy, the ICS has not yet invested in this.

## 6 Options Appraisal

6.1 Below are the options considered in continuing service delivery of Therapies prior to jointly commissioning new contracts led by the NHS in September 2025.

Option	Perceived Advantages	Perceived Disadvantages
1. Do nothing	<ul style="list-style-type: none"><li>No perceived advantages identified.</li></ul>	<ul style="list-style-type: none"><li>Non-compliant with SEND Code of Practice.</li><li>The contracts will naturally end, and services would need to be individually spot purchased and would therefore incur additional costs due to the added pressure of sourcing, invoicing etc.</li></ul>

		<ul style="list-style-type: none"> <li>• Reduces capacity to drive change through new contractual arrangements.</li> <li>• Will not achieve annual savings – no economies of scale or discounts to contracts.</li> <li>• No improvements to contract terms and conditions</li> <li>• No ability to demonstrate social value or value for money.</li> </ul>
2.Recommission a KCC only Therapy Contract	<ul style="list-style-type: none"> <li>• Potentially simpler short-term solution</li> <li>• Ability to formalise in the short-term, stronger terms and conditions and a performance framework.</li> </ul>	<ul style="list-style-type: none"> <li>• Delays the requirement of joint commissioning as the SEND Code of Practice sets out that Speech and Language Therapy, Occupational Therapy, Physiotherapy and Assistive Technology should be jointly commissioned.</li> <li>• Considered to be a tactical/short term solution rather than long term/sustainable.</li> <li>• Would not achieve economies of scale.</li> <li>• Lessens ability to demonstrate social value or value for money.</li> <li>• Single agency contract does not allow transparency of whole system Therapy activity and spend.</li> <li>• Non-compliant with SEND Code of Practice.</li> </ul>
3. Jointly Commission a new Therapy Contract with NHS Kent and Medway.	<ul style="list-style-type: none"> <li>• Compliant with SEND Code of Practice</li> <li>• Allows for use of total Therapy budget to be used cohesively.</li> <li>• Supports transformation and continuous improvement of therapy support.</li> <li>• Allows for transparent contract management across KCC and NHS Kent and Medway.</li> <li>• Delivers a long-term compliant contract and formalises terms and conditions with providers.</li> <li>• Increased opportunity to both transformation and deliver savings/ value for money over contract term.</li> <li>• Improved performance regime to understand impact of total Therapy spend across health,</li> </ul>	<ul style="list-style-type: none"> <li>• More time and resource required to get right.</li> </ul>

- 6.2 The preferred option is Option 3, to jointly commission a new outcome-focused integrated therapy service with NHS Kent and Medway, which will ensure our resources are aligned to activity within the NHS for their 2025 contracts. This would allow for the services to be coproduced with Children, Young People, and their families/carers, which is the requirement of the SEND Code of Practice and our commitment with the SEND Coproduction Charter.

## **7. Parental Collaboration and Co-design**

- 7.1 Ensuring that children, young people, and their families/carers are involved in the development of future delivery models to inform our joint commissioning strategy, we have sought to engage families, initially via a survey which was widely circulated and completed by 109 parents, of which 60% said that they would be willing to participate in future opportunities to shape Therapy provision.
- 7.2 A Therapies Commissioning Co-design Steering Group has been established with five parents, a KCC employed Lived Experience Practitioner, SEN Service and Commissioning representatives.
- 7.4 The Group meets fortnightly to support the engagement of more families in the development of wider collaboration and co-design as this commissioning activity develops.
- 7.5 The NHS service providers, as key responsible implementers of the SLCN Transformation of their Speech and Language Therapy services are also gathering user feedback from their changes and are ready to incorporate those views into co-productive practice from the data drivers they produce from that.

## **8. Financial implications**

- 8.1 KCC has been in negotiation with the Providers for this year's fee increase and have agreed in 2023/2024 there will be no fee increase. This has meant the providers have held vacancies to compensate.
- 8.2 Both Providers have stated that continuing without a fee increase into the new financial year 2024/2025 will not be sustainable, and therefore negotiations continue.
- 8.3 The current contract values are £725,905 for EKHUFT and £1,526,586 for KCHFT, contract values for 2024/2025 will be agreed alongside Finance colleagues and the Director for Education.
- 8.4 Looking to the future integrated commissioning strategy, one of the options to explore will be the possibilities and opportunities of pooled budgets.
- 8.5 This contract is funded from the Dedicated Schools Grant: High Needs Block, an annual ring-fenced grant provided by the Department of Education.

## 9. Future Procurement Strategy and Legal implications

- 9.1 The proposed strategy is to procure KCC's requirement through a joint commissioning arrangement with NHS Kent and Medway, which spends considerably more than KCC on Therapies provisions, so that KCC can benefit from the potential for economies of scale across the system, as well as from the inclusion of the development of the Specification of services.
- 9.2 The procurement strategy is to align existing Therapy services required by KCC, with the service commissioned by the NHS Kent and Medway and to jointly commission the service, with the NHS Kent and Medway as the Lead Commissioner and KCC as a Joint Commissioner.
- 9.3 As a Joint Commissioner, it is expected that KCC will be a full partner of the contract with the provider(s) and will have the ability to participate in performance contract management and monitoring, with NHS Kent and Medway. This will strengthen existing contract performance monitoring and management, given the scale and value of the proposed contract.
- 9.4 The Provider Selection Regime (PSR) came in to force on 1 January 2024. PSR is a set of rules for procuring health care services, by NHS England, Integrated Care Board, NHS Trusts, NHS Foundation Trusts and Local Authorities.
- 9.5 There are three Provider Selection processes:
- Direct Award processes (A, B, and C). These involve awarding contracts to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:
    - the existing provider is the only provider that can deliver the health care services (direct award process A)
    - patients have a choice of providers and the number of providers is not restricted by the relevant authority (direct award process B)
    - the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).
  - Most Suitable Provider
  - Competitive Process
- 9.7 For the 2023/2024 contract, the Public Contract Regulations (PCR) 2015 would have applied, however as PSR is now in force, this is the regulation that covers the provision of Therapy services, and it is therefore recommended that the route followed to sign these contracts is under Direct Award (C).
- 9.8 For any other meaningful commissioning using this Regime would require developing specifications, detailed outcome frameworks and key performance indicators, quality assurance mechanisms and contract management schedule. This would also not allow for the necessary coproduction with Children, Young People, and their Families/Carers, as required by the SEND Code of Practice and our commitment to the SEND Co-production Charter.

9.9 The Options Appraisal at Section 6 shows it would be better to invest resources in aligning activity with the NHS Kent and Medway for their 2025 contract.

9.10 If the NHS Kent and Medway does not continue with the review and re-procurement of the service, KCC will re-procure its own requirements.

9.11 Further Legal Advice will be sought as necessary.

## **10. Policy Context**

10.1 The longer term joint commissioning project will meet the ambitions of Framing Kent's Future as follows:

**Priority 4:** New models of care and support demand for our social care services has out stripped funding year on year. Our commitment is to seize the opportunity of integrating our planning, commissioning and decision making in adult, children's and public health services through being a partner in the Kent and Medway Integrated Care System at place and system level.

10.2 It meets the aims of Securing Kent's Future by holding Best Value at the centre of all joint commissioning opportunities.

## **11. Equalities Implications**

11.1 A full Equalities Impact Assessment (EqIA) will be completed as part of the Joint Commissioning Strategy, to help us to consider the potential impact of a proposal, and how to make things as fair as possible for anyone who is likely to be affected. The level of detail required for an EqIA depends on how complex the proposal is, and to what extent people are likely to be affected by it. We believe this will have far reaching implications and therefore full EqIA will be required.

## **12. Other Corporate Implications**

12.1 The joint commissioning of new Therapies Contracts and embedding the Balanced System® approach align with the SEN Transformation Programme and success will support the changes and vision for SEN.

12.2 Therapies is included in KCC's SEN Accelerated Performance Plan and therefore reporting to the Department of Education regarding our current implementation plan and joint commissioning aspirations has been ongoing.

## **13. Governance**

13.1 A Cabinet Member decision will allow for the current Special Educational Needs (SEN) Therapy Contracts to align with the NHS Kent and Medway timeline to ensure a future jointly commissioned Integrated Therapy Contract can be in place for 1 September 2025.

## **14. Conclusion**

14.1 A jointly commissioned Integrated Therapy Service with the NHS Kent and Medway will enable the best use of finite resources, better visibility of the total Therapy expenditure across the county, a consistent approach to the on-going transformation of Therapy provision in line with the Balanced System® Framework and better outcomes for children and young people.

## 15. Recommendation

15.1 The Children, Young People and Education Cabinet Committee is asked to consider and endorse or make recommendations to the Cabinet Member for Education and Skills on the proposed decision to:

A) Retrospectively contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2023 to 31 March 2024 for the provision of SEN Therapies

B) Contract with the East Kent Hospitals Trust and the Kent Community Health Foundation Trust for 1 April 2024 to 31 August 2025 for the provision of SEN Therapies

C) Agree to the review the Kent and Medway Communication and Assistive Technology service and to incorporate into the wider recommissioning of SEN Therapies

D) Agree for the exploration of joint commissioning with the NHS for the wider provision of SEN Therapies to include in the re-procurement of NHS Community Services.

and

E) Delegate authority to the Corporate Director of Children, Young People and Education, or other appropriate Officer, to implement the decision, in consultation with the Cabinet Member.

## 16 Contact details

**Report Author:** Christy Holden

**Job title:** Head of Children's

Commissioning

**Telephone:** 03000 415356

**Email address:**

[Christy.holden@kent.gov.uk](mailto:Christy.holden@kent.gov.uk)

**Relevant Director:** Christine McInnes

**Job title:** Director of Education

**Telephone number:** 03000 418913

**Email address:**

[Christine.McInnes@kent.gov.uk](mailto:Christine.McInnes@kent.gov.uk)

**Report Author:** Emma Hanson

**Job title:** Senior Commissioning Manager

**Telephone number:** 03000 415342

**Email address:**

[emma.hanson@kent.gov.uk](mailto:emma.hanson@kent.gov.uk)