

From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Andrew Ireland, Corporate Director Social Care, Health and Well Being

To: **Adult Social Care and Health Cabinet Committee – 10 July 2015**

Subject: **Integrated Commissioning for Learning Disability in Kent**

Classification: **Unrestricted**

Past Pathway: DMT/Accountable Officers and CCG meetings in 2014/15

Future Pathway: Adult Social Care & Health Cabinet Committee – 11 Sept 15
CCG Governance Committees in Sept 15
Kent Learning Disability Board, October 2015
Kent Health and Wellbeing Board November 2015;

Electoral Division: All divisions

Summary:

This project has been established to explore possible integrated commissioning arrangements between KCC and the 7 CCGs in Kent for adult learning disability. This has been jointly commissioned by KCC's officers and by the Clinical Commissioning Groups' Accountable Officers.

This report provides an outline of the content of a paper that will be submitted to governing committees in KCC and CCGs in September 2015 to seek a decision to continue to develop the formal arrangements and the scope of those arrangements with a view to final sign off in January 2016 for implementation in April 2016.

Recommendation(s):

No specific decision is required

The Cabinet Committee is asked to note the information provided in the report.

1. Introduction

1.1 This report summarises the project to develop an integrated commissioning arrangement for learning disability between Kent County Council (KCC) and the 7 Clinical Commissioning Groups (CCGs) in Kent, which if approved would become operational from 1st April 2016 with KCC leading on behalf of the CCGs under a Section 75 Agreement.

- 1.2 The project will focus on services and support commissioned for adults with a learning disability but will make links with children's services and ensure that the arrangements are cognisant of the need to deliver a seamless response across the 0-25 age range.
- 1.3 Whilst the integrated commissioning arrangements will focus on areas where there is dedicated expenditure on services for people with a learning disability it will set out a framework for commissioning which will ensure that people with a learning disability will be able to access the full range of health and social care services with appropriate reasonable adjustments. Thus it will address the relationships with and roles of Public Health, NHS England (NHSE) and CCGs in relation to support provided to people with a learning disability.
- 1.4 The potential to operate with a pooled budget will be examined to see if such an arrangement would be beneficial to all parties and to look at options for the scope of the pooled budget. It will look at the governance arrangements for the operation of a pooled budget to assure all partners of the accountability arrangements.
- 1.5 The commissioning plan for learning disability will be developed for all partners to agree which will set out priorities for action over the next 3 – 5 years that is consistent with both KCC and CCG strategic plans.
- 1.6 The future contracting arrangements will be examined, particularly for dedicated NHS Learning Disability services, currently provided by Kent Community Health Foundation Trust (KCHFT) and Kent and Medway Partnership Trust (KMPT), to see if these can be improved to ensure the delivery of integrated care for people with a learning disability.
- 1.7 An integrated performance framework will be developed which will enable KCC and the CCGs to be assured of the performance and outcomes of their commissioned services and to measure the impact of those services.

2. Financial Implications

- 2.1 There is potential for up to £145 million of KCC budget to be pooled with approximately £30 million of CCG budgets. A consideration of whether NHSE funding could be included in the pool would also be made.

3. Policy Framework

- 3.1 The Integrated Commissioning for Learning Disability in Kent project will be developed in line with the Councils' Commissioning Framework and ten supporting principles.

4. Progress

- 4.1 Since the publication of Valuing People in 2001 KCC and the NHS in Kent have had well established integrated community learning disability teams. These are recognised as an example of good integrated care across the county. These operate under a Section 75 Agreement, which was agreed by KCC with the former East and West Kent Primary Care Trusts (PCTs), with a management

agreement between KCC, Kent Community Health Trust (KCHT) and KMPT describing how they work together to deliver the integrated teams. With the advent of CCGs, the commissioning of these teams now relies upon 8 partners agreeing to continue this arrangement. As CCGs and KCC increasingly focus on local integration agendas there is a risk of fragmenting the county wide model of community LD teams without the expertise of a county wide commissioning team to lead the learning disability commissioning and provide advice to partners.

- 4.2 Until April 2015 the CCGs commissioned the South East Commissioning Support Unit (SECSU) to work on their behalf and advise them in relation to learning disability services. As CCGs reviewed the commissioning support they purchased from SE CSU it became evident that it would be increasingly difficult to sustain LD commissioning advice from the CSU.
- 4.3 There is a track record of collaborative commissioning between the NHS in Kent and KCC – the latest example being the Winterbourne programme of action.
- 4.4 The proposal for an integrated commissioning arrangement was discussed with KCC Social Care, Health and Wellbeing Directorate Management Team (SCHW DMT) / CCG Accountable Officers throughout 2014. The project was also proposed to the Kent Health and Wellbeing Board (HWBB) in 2014 and the Kent Learning Disability Board. There was broad support from all parties to proceed to develop the arrangements.
- 4.5 In April 2015 two staff with LD expertise was seconded from the SE CSU to KCC to continue providing the commissioning support to CCGs whilst also leading the development of an integrated commissioning arrangement.
- 4.6 The change in CCG commissioning support for learning disability, described above, meant that the status quo could no longer be sustained. With the national direction of travel towards greater integration between health and social care it was timely to consider an integrated approach across the county for LD commissioning.
- 4.7 An integrated commissioning arrangement will need to consider the appropriate legal powers under which it can operate. This will most likely require a Section 75 Agreement. Consideration will be given as to whether it can be included in the existing Section 75 for the Better Care Fund or its successor should it continue.
- 4.8 There is a duty upon all public bodies to make reasonable adjustments under the Equality Act 2010. It could be argued that the creation of an integrated commissioning arrangement with a single team would provide a team with critical mass of specialist expertise to advise the CCGs and KCC of their responsibilities towards people with a learning disability. One of the points of learning from the Winterbourne programme has been the loss of that expertise in some parts of the country which has contributed to some of the difficulties with progressing the necessary developments in those areas. When Kent was scrutinised by the national Winterbourne Joint Improvement Team it was recognised as an area with expertise and good joint working.

- 4.9 It is recognised that Public Health has a critical role in ensuring that the health inequalities faced by people with a learning disability are addressed across the system. It is known that people with a learning disability are likely to have greater health needs (70% of people with a LD in Kent have one or more long term conditions in addition to their learning disability), will find it harder to access health care and are likely to have poorer health outcomes (the average life expectancy of a person with LD in Kent is 55 years – source: Joint Needs Assessment). The project aims to set out a commissioning framework to describe the role and relationships of all partners, including Public Health, towards people with a learning disability.
- 4.10 There are no implications for the Council’s property portfolio of the suggested action.
- 4.11 As part of any formal decision to move to integrated commissioning, there will need to be clarity as to who will have authority to make decisions on behalf of KCC and of the CCGs. The work that is ongoing is establishing various partners preferred way of dealing with this and this will be part of the final recommendation report. Within KCC the formal decision will be taken by the Cabinet Member for Adult Social Care and Public Health with responsibility to complete any necessary section 75 agreement and the subsequent work being delegated to the Corporate Director of Social Care, Health & Wellbeing.
- 4.12 A paper will be submitted in September giving more details of the proposed direction of travel towards an integrated commissioning arrangement for learning disability before a final decision is taken in January 2016.

5. Conclusions

- 5.1 An integrated commissioning arrangement for learning disability will be the logical next step following a track record of collaborative commissioning between the KCC and NHS and will formalise the partnership between KCC and the 7 CCGs ensuring that people with learning disabilities in Kent are served by an experienced and knowledgeable team, maintaining a critical mass of expertise to advise all partners. This project will also ensure that the resources of all partners can be effectively and efficiently used to deliver good quality integrated care for people with learning disabilities, whilst reducing the health inequalities which they currently experience.

6. Recommendation(s):

The Cabinet Committee is asked to note the information provided in the report.

7. Background Documents

- 7.1 None

8. Contact details

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