

Cabinet – Supplementary agenda No.2

A meeting of the Cabinet will be held on:

Date: Tuesday, 14 December 2021

Time: 3.00pm

Venue: Civic Suite - Level 2, Gun Wharf, Dock Road, Chatham ME4 4TR

Agenda

5. **Kent and Medway Adult Learning Disability and Autism Collaborative Options** (Pages 3 - 6)

Please find attached an addendum report which provides comments from the Health and Adult Social Care Overview and Scrutiny Committee.

For further information please contact Jon Pitt, Democratic Services Officer/Teri Reynolds, Democratic Services Officer on Telephone: 01634 332715/332104 or Email: democratic.services@medway.gov.uk

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CABINET

14 DECEMBER 2021

KENT AND MEDWAY ADULT LEARNING DISABILITY AND AUTISM COLLABORATIVE OPTIONS – ADDENDUM REPORT

Portfolio Holder: Councillor David Brake, Portfolio Holder for Adults' Services

Report from: James Williams, Director of Public Health

Author: Jon Pitt, Democratic Services Officer

Summary

This addendum report sets out the comments and recommendations to Cabinet made by the Health and Adult Social Care Overview and Scrutiny Committee, which considered the Kent and Medway Adult Learning Disability and Autism Collaborative Options report on 9 December 2021.

1. Background

1.1. Members considered a report regarding proposals from Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (KMCCG) to improve health and social care outcomes for adults with learning disability and autistic people across Kent. This would be achieved by a new NHS Provider and Council 'Collaborative Agreement' and a new 'Section 75 Agreement' to implement a 'Whole System Model'. There was an opportunity for Medway Council to join the collaborative and the paper outlined the following options for Member's consideration.

- Option 1 – Do nothing (continue as we are)
- Option 2 – Medway joins the KCC and KMCCG Delivery Partnership (this was the recommended option)
- Option 3 - Medway remains outside of the Kent Section 75 Agreement and develops a Medway-only agreement with KMCCG
- Option 4 – Medway considers a local approach

1.2. The following issues were discussed:

1.3. **Advantages and flexibility for the Council of Option 2** – whether the Council could still decide to increase spending on services for adults with

autism and learning disabilities under this option was queried. Members were advised that funding would primarily come from the CCG for Kent and Medway services. The Council could choose to allocate additional funding for a service it felt was needed outside the collaborative. Officers advised that being outside the collaborative meant the Council would not benefit from its joint purchasing power, which would result in better deals, particularly for the smaller services where it was difficult to achieve economies of scale. If the Council did not become a partner in the arrangements then it would have to find a new way to work, which would be challenging. The Council would not be compelled to take part in any arrangement it did not want to under Option 2. Staff would still be employed by the respective councils. The Council would still be able to bid for funding for pilot projects.

- 1.4. In response to a question, officers considered that KCC were not providing better services than Medway but had joined the collaborative as they recognised expenditure on services could be done in a more structured way. A recent Local Government Association Peer Review of the Council had recommended this approach to the Council.
- 1.5. An assurance was sought that if Option 2 was agreed Medway would have an equal voice which would not be diluted. The Assistant Director assured Members the Council would have an equal voice, which would include Medway residents to feedback on their experiences and services.
- 1.6. **Transitional arrangements** – noting this was a three-year strategy, the importance of the transition to a new service being managed so no service users fell through any gaps was emphasised. Some concerns were expressed about whether the CCG fully understood the needs of Medway and its residents.
- 1.7. **Duty to assess for autism in adults** – a briefing paper on this would be produced for Members.
- 1.8. **People in supported living** – how the proposed collaborative would improve people in supported living was queried. Officers advised that if Option 2 was agreed then, as the new service progressed, the Council would look at whether supported living services should be commissioned.
- 1.9. **S75 Agreement to pool funding** – in response to what safeguards would be in place to ensure the Council received its fair share of funding, Members were advised that the aim of the S75 agreement was to allow the Council to delegate decision making in order to commission services more quickly and it was not a case that the Council had to commit to a certain level of funding. In terms of an opt out clause, legal advice would be sought on how the Council could cease to be a party to the S75 Agreement but in any event the Council could choose not to commission services through the collaborative without formally withdrawing from it and could choose to use the new arrangements where this would benefit the Council.

1.10. **Scrutiny of the new arrangements** – it was clarified that the Programme Director would be able to be held to account.

1.11. In conclusion the Committee agreed to support Option 2 given the need to improve services in this area but with some reservations.

2. Recommendations

2.1. The Committee agreed to:

- a) recommend Option 2 to Cabinet as this this will secure the Council's place as an equal partner in key decisions with the NHS, which affect how healthcare services and support for Medway's residents with a learning disability and autistic residents are planned, delivered and held accountable.
- b) request that the Cabinet, if Option 2 is approved, ensure that Medway has an equal voice in decision making and service delivery; suitable performance monitoring arrangements are put in place and if the outcomes for Medway residents with learning disabilities and/or autism are not improved to re-consider the model.
- c) agree that a progress report on the new arrangements, including outcomes, are reported to the Committee 6 months after the start of the new arrangements and a briefing paper after 3 months.

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