

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

9 DECEMBER 2021

KENT AND MEDWAY ADULT LEARNING DISABILITY AND AUTISM COLLABORATIVE OPTIONS

Report from: James Williams, Director of Public Health

Author: Johanna Elwell, Partnership Commissioner, Specialist Services,
Medway Council / Kent and Medway Clinical Commissioning
Group

Summary

Kent County Council (KCC) and Kent and Medway Clinical Commissioning Group (KMCCG) have made proposals to improve health and social care outcomes for adults with learning disability and autistic people across Kent. This will be achieved by a new NHS Provider and Council 'Collaborative Agreement' and a new 'Section 75 Agreement' to implement a 'Whole System Model'. There is an opportunity for Medway Council to join the collaborative and this paper outlines options for Member's consideration and feedback.

1. Budget and policy framework

- 1.1. This report supports the Council Plan priority "Supporting Medway's people to realise their potential".
- 1.2. In 2001 The Department of Health's white paper 'Valuing People'¹, set-out guidance on the future expectations of services in communities for people with learning disabilities. Further legislation and guidelines including Autism Act 2009, Mental Capacity Act 2005, Mental Health Act 2007, Equality Act 2010 and Nice Guidelines NG11 (2015), NG54 (2016), QS142 (2017), NG96 (2018), NG93 (2018)) have to date driven the agenda forward.
- 1.3. The Care Act 2014² sets out a range of statutory duties for Local Authorities, including a number related to the prevention agenda. It requires all Local

¹ Valuing People: A New Strategy for Learning Disability for the 21st Century:
<https://www.gov.uk/government/publications/valuing-people-a-new-strategy-for-learning-disability-for-the-21st-century>

² The Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Authorities to, work in partnership to provide, or arrange services, facilities, resources, or take other steps, towards preventing, delaying or reducing the development of need for care and support. These statutory duties include people with learning disabilities.

- 1.4. The national plan, Building the Right Support (2015)³ also gives a framework within which local community services for people with learning disabilities are to be developed and the reliance on secure inpatient hospital is to be reduced.
- 1.5. The NHS long Term Plan (2019)⁴ sets out specific actions that the local health and social care economy must address to improve outcomes for people with learning disabilities.
- 1.6. A National Strategy for autistic children, young people and adults: 2021 to 2026⁵ has been published alongside an implementation plan for the first year of the plan. Key areas of focus include tackling health and care inequalities and building the right support in the community.
- 1.7. No funding will be held by the collaborative on Medway's behalf, but it will act as a conduit to a variety of services and support and the establishment of clear and transparent pathways.

2. Background

2.1. Learning Disability and Autism in Medway

2.2. The population of Medway is approximately 279,000 and is estimated to grow to approximately 288,000 by 2035. As the overall population of Medway grows and more people live longer, the population of people with learning disabilities and autistic adults also grows. In 2020 it was estimated that there were 7,159 adults with learning disability and autistic adults living in Medway⁶. This is set to increase by 5% to 7518 in 2035, a relatively small increase. However, it is expected that adults with learning disability living past the age of 85yrs is expected to rise substantially by 67%. This will bring an increase in demand for housing, care and support among this group. Another emerging area of need will be those living at home who survive their parents or whose aging parents are no longer able to provide care and support resulting in the need for health and social care services.

2.3. Many people with a learning disability have greater health needs than the general population. For example, they are more likely to experience mental ill

³ Building the Right Support 2015: <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

⁴ NHS Long Term Plan: <https://www.england.nhs.uk/long-term-plan/>

⁵ Autism Strategy 2021-2026 <https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

⁶ POPPI and PANSI, Crown copyright 2020; www.pansi.org.uk and www.poppi.org.uk

health and are more prone to chronic health problems, epilepsy, physical and sensory disabilities⁷.

- 2.4. Many autistic people will also have other learning and developmental disabilities. Autism and Attention Deficit Hyperactivity Disorder (ADHD) often co-occur; roughly 28–44% of adults diagnosed as autistic also meet criteria for ADHD⁸.
- 2.5. Data from Medway Council Performance and Intelligence Team shows that Medway secondary schools list Autistic Spectrum Disorder as the second most prominent primary need amongst children. In Medway this need is currently 50% larger than the national average.

Table 1: Autistic Spectrum Disorder per pop. 1,000

	2015	2016	2017	2018	2019
Medway	155	144	154	152	155
National	83	83	89	97	103
Overall South East	94	97	105	108	114
Statistical Neighbour Average	86	83	92	97	99

- 2.6. In 2020 data showed that 1024 school children in Medway have an Autism Spectrum Disorder as their primary need with a further 227 children listed as their secondary need. This profile in children may also lead to an increase in demand for services in the future as these children become adults.
- 2.7. As Medway’s population increases and people live longer often with complex co-occurring conditions the demand for adult autism and learning disability provision is unlikely to diminish over the next five to ten years.
- 2.8. Medway Learning Disability and Autism Services**
- 2.9. Currently Medway has four teams in different organisations providing learning disability and autism support services:
 - Community Health LD Team (CHLD) which is part of Kent Community Health NHS Foundation Trust (KCHFT)
 - Mental Health LD (MHL) which is part of Kent and Medway NHS and Social Care Partnership Trust (KMPT).
 - Medway Council’s 0-25 Disability Team
 - Medway Council’s Adult Social Care social work team
- 2.10. These teams are provided by three separate organisations, KCHFT, KMPT and Medway Council. Some practitioners on the ground report close working, however as no formal arrangements exist for joint or integrated working the organisations can operate as separate entities. In practice this means both clinical teams can suffer from a lack of clinical resource, are isolated, have no

⁷ People with a Learning Disability, Autism or Both (NHS 2019) <https://www.england.nhs.uk/wp-content/uploads/2020/01/Learning-disability-and-autism.pdf>

⁸ Lai M-C, Lombardo MV, Baron-Cohen S. Autism. Lancet 2014; 383: 896–910.

opportunity to jointly plan and develop Medway services, and do not share resources, learning, outcomes or good practice.

2.11. KCC and KMCCG Learning Disability/Autism Proposal

2.12. KCC started a review of its learning disability and autism services in 2020 and found that its services are fragmented, often duplicated, and some NHSE targets were missed. There were seven different planning and governance bodies overseeing different elements of the service making strategic leadership and planning complex.

2.13. A scoping and evaluation exercise was conducted involving experts by experience, providers and stakeholders. It was subsequently agreed that a Whole System Model would address the identified issues through collaborative working (see appendix 1 for further details).

2.14. Core principles to the Whole System Model:

- A single senior level strategic leadership body of equal partners across the local authority, KMCCG, user and carer voice and system providers.
- A joint learning disability and autism 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 learning disability and autism health and social care support.
 - In terms of social care this will cover all the statutory learning disability and autism care management services provided by KCC including its locality learning disability teams and the adult autism service. However, the partnership will not cover the council's directly provided learning disability and autism day care, residential care and other similar council run services.
 - Once the partnership and its Executive Leadership Team are operational it will focus on community learning disability and autism health services for 16- to 25-year-olds.

2.15. Other key elements include:

- Experts by experience and coproduction actively involved at every stage of design and implementation now and going forward, this is critical to success. This will include proportional representation from Medway cohort groups.
- Developing integrated 16+ transition pathway for young people with a learning disability and autistic young people.

- KCC, KCHFT, KMPT and the KMCCG agreeing a Lead Provider Model. This involves a joint venture agreement between providers to deliver a programme of services, led by a lead NHS provider, KCHFT.

2.16. The Whole System Model will be managed by three key boards:

Table 2: Whole System Model Governance

<p>Strategic Leadership Body</p>	<p>A single strategic learning disability and autism leadership body made up of equal voting partners (at directorate level) from KCC and KMCCG as well as experts by experience and senior leaders from the Delivery Partnership Board.</p> <p>The role of this Body is to design, develop and decide strategy. Allocate resource and hold the system to account. High level management & accountability for the delivery of key learning disability and autism strategic outcomes and whole system targets.</p> <p>If Medway Council choose to form a partnership a Director/Assistant Director level representative (i.e Assistant Director for Adult Social Care/Consultant in Public Health) would sit at this board, along with representation from Medway experts by experience.</p>
<p>Delivery Partnership Board</p>	<p>An NHS and council provider collaborative. Membership from those who are delivering services (KCHFT, KMPT and KCC learning disability and autism/social work teams) and membership from experts by experience.</p> <p>The collaborative led by a single executive management team with a senior accountable officer. This team will offer a robust narrative of the outcomes being achieved. Outcomes include learning disability and health gains from services delivering support at the right time, keeping people out of hospital and people achieving independence, choice and control.</p> <p>If Medway Council choose to form a partnership social worker or partnership commissioning representatives would sit at this board, along with representation from Medway experts by experience.</p>
<p>Programme Management Body</p>	<p>Led by a joint KCC/KMCCG appointed Programme Director, who is directly accountable to the Strategic Leadership Body. Programme Director oversees KMCCG and KCC integrated commissioners.</p> <p>Focuses on data, needs analysis, performance, strategy outcomes, develops and updates key datasets to inform strategic planning and related workstream implementation.</p>

	<p>Co-designs key strategies and related workplans. Also links with public health, clinical leads, and Primary Care Networks.</p> <p>If Medway Council choose to form a partnership part funding the Programme Director post would provide Medway representation informed by priorities agreed within Medway.</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- 2.17. None of the above 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 KMCCG's Governing Body and KCC's Cabinet and related bodies.
- 2.18. The whole system Model is designed to achieve more effective collaborative and strategic leadership between KCC and the NHS, without the need for organisational restructure recognising the unique roles of the council and NHS. Therefore, it does 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.
- 2.19. Experts by experience at the centre of decision making**
- 2.20. The outcome of the whole system approach is to achieve strong whole system leadership with the competency to deliver meaningful and substantial improvements, in the quality of life and outcomes for people with learning disability, autistic adults and the people who care and support them.
- 2.21. Experts by experience are therefore critical when deciding strategy; determining key priorities; working out the most effective system and agreeing how resources are invested. This includes how services are monitored to ensure strong performance and quality and how systems and services are designed and delivered.
- 2.22. 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:
- 2.23. *'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.'*⁹
- 2.24. 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

⁹ NHSE Building the Right Support, page 36 <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

support, ensure and deliver the human and civil rights of people with learning disability and autistic people.

2.25. Section 75 and Collaborative Agreements

2.26. To enable collaborative working a new Section 75 agreement and a new NHS Provider and Council collaborative agreement are required to enable the whole system model to be delivered.

2.27. Section 75 agreement between KCC and KMCCG

2.28. This agreement will detail the governing framework and terms of reference of the proposed Strategic Leadership Body, including the membership and function but critically the accountability to the council's cabinet and related member bodies.

2.29. 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 KCC (and Medway should we join) Cabinet and Cabinet Members for Adult Social Care and Public Health, in line with the Council's constitution and scheme of delegation.

2.30. A mirror arrangement will be built into the agreement covering KMCCGs governing body.

2.31. NHS provider and Council collaborative agreement

2.32. Linked to the new section 75 agreement an NHS provider and council collaborative agreement will be required. 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. 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.

2.33. KCC Cabinet and KMCCG Governing Body Approval

2.34. The whole system approach was approved by KCC Cabinet Committee in March 2021 and KMCCG Governing Body in April 2021. However, there is ongoing work before final approval in early 2022 which is:

- To consider the financial impact of the proposed model. The expectation is that the proposed model will not result in any significant additional funding or investment commitment from KCC.
- To consider advice and guidance from senior legal and financial leads across KMCCG and KCC. Their guidance and recommendations will

be reflected in the reports seeking final approval of the review proposals.

- To continue discussions with KMCCG and Medway Council to understand the implications/opportunities of the proposed whole system model for learning disability and autism planning in Medway.

2.35. Integrated Care Systems

2.36. The whole system approach is consistent with NHS England and NHS Improvement (NHSEI) 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.

2.37. 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.

2.38. Other Kent and Medway integrated workstreams

2.39. All Age Kent and Medway Learning Disability and Autism Strategy (ATLAS) is currently being developed. Its aim is to have completed all engagement and feedback reports by December 2021 before moving forward to develop a strategy.

2.40. The Kent and Medway Neurodevelopmental Pathway for autistic adults and/or those with ADHD. The pathway provides support before, during and after diagnosis, improvements for young people transitioning and access to a complex care autism service. The pathway is due to go live in early 2022. A separate children's pathway is also being commissioned.

2.41. Kent and Medway Intensive Support System (IST) is currently under development and is due to go live in April 2022. The IST will provide additional support to adults with learning disability and autistic adults. Engagement work through Bemix is to commence to co-produce the final service but it is anticipated that services for adults with learning disability will benefit from out of hours provision for those in crisis. For autistic adults there is a need for a standard 9am- 5pm service like the learning disability Complex Care Response to minimise the current number of out of hours crises. An additional out of hours provision for those in crisis would also be formed.

2.42. Dynamic Support Database has been agreed and implemented across KCC, KMCCG, Medway Council and providers for children and adults. A priority for Kent and Medway is to reduce reliance on inpatient beds and provide early intervention support preventing escalation. As part of the Long-Term Plan, Kent and Medway are committed to:

- Reducing the number of people with learning disabilities and/or autism in inpatient facilities.
- Reviewing and further developing our services to people with autism.
- Preventing unnecessary admissions to inpatient facilities by enhancing community services

The DSD is a key enabler for this to be achieved, as it will help ensure that people receive timely and appropriate support in the community and reduce the need for inpatient care.

- 2.43. Kent and Medway Learning Disability and Autism System Development Plan 2021-2024 (*3-year plan*) Following the creation of the K&M ICS in 2020 a new system level Mental Health, Learning Disability and Autism Improvement Board (MHLDA Board) was formed with learning disabilities and autism making up one of the 6 key priorities. Medway Council has representation at this board. Discussions at the Board highlight that despite pockets of progress against Building the Right Support (2015) initially and subsequently the Long-Term Plan (LTP) work has not achieved a sustainable joined up impact on the culture and practice needed to promote better outcomes and achievement of objectives for the people we support. A three-year plan has been created to address these issues and encompasses all the other learning disability and autism work streams across KMCCG as listed above.
- 2.44. In July 2021 the Local Government Association (LGA) conducted a Kent and Medway Transforming Care Partnership Peer Review on learning disability and autism health services across Kent and Medway which was hosted by KMCCG. The purpose of the review was for the LGA to act as a 'critical friend' to enable improvements across the service. One key recommendation was for Medway to be communicated with as a direct and equal partner in health conversations. Since the review Medway has seen significant improvements in partnership working ensuring that Medway's voice is heard and that Medway experts by experience have been included in current workstreams such as the Dynamic Support Database and the development of the All Age Kent and Medway Learning Disability and Autism Strategy. We have a significantly larger proportion of Medway residents contributing to the plans.

3. Options

- 3.1. KCC and KMCCG have made proposals to improve health and social care outcomes for adults with learning disability and autistic people across Kent. This will be achieved by adoption of a new NHS Provider and Council 'Collaborative Agreement' and a new 'Section 75 Agreement' to implement a 'Whole System Model'. Medway Council has several options.
- 3.2. Option 1 – Do nothing (continue as we are)**
- 3.3. This option requires no action and as such no additional resource or planning.
- 3.4. Option 2 – Medway joins the KCC and KMCCG Delivery Partnership**

3.5. This would be achieved by:

- Medway joining the newly created Section 75 Agreement with KMCCG and KCC to pool funding for this area of work.
- Medway joining the newly created NHS Provider and Council collaborative agreement that binds the parties (including provider organisations) to the delivery of agreed outcomes and to the sharing of responsibility, risks and rewards.

3.6. **Option 3 - Medway remains outside of the Kent Section 75 Agreement and develops a Medway-only agreement with KMCCG** (Essentially mirroring KCC's approach)

3.7. The focus of this provision being the development of a local care model for adults with learning disabilities and autistic adults.

3.8. **Option 4 – Medway considers a local approach.**

3.9. Medway considers a place-based approach, forming a health and care partnership with Swale.

4. Advice and analysis

4.1. **Option 1 Do nothing (continue as we are)**

4.2. In the short term this option requires no additional resource, however it does leave learning disability and autism services underdeveloped and underperforming into the future due to a lack of integrated working between health and social care. Demand for learning disability and autism services is set to increase in future years. Therefore, Medway would still need to make plans to improve learning disability and autism services. It would require significantly more investment and take longer to achieve whilst not being able to access the infrastructure and architecture that is currently under development between KCC and KMCCG.

4.3. **Option 2 Medway joins KCC and KMCCG Delivery Partnership (this is the recommended option)**

4.4. Service users with health and social care needs should be provided wherever possible with one integrated assessment process, one principal contact person (lead worker), one care and support plan and one review process – including joint documentation, commonly agreed aligned eligibility criteria and integrated information systems or shared access to each agency's information systems as appropriate.

4.5. Separate health and social care service responses can be confusing, fragmented and expensive due to the considerable overlap in professional roles, particularly where the health support is provided by two separate agencies.

- 4.6. Integrated health and social care from a collaborative agreement means that professionals from different disciplines complement each other so that a seamless service is provided to the individual. Integrated services provide an opportunity to create efficiencies in the way support is delivered/monitored. Good communication and understanding of each other's role reduce duplication and provides a better coordinated service to the individual that is not only efficient but also makes best use of finite resources.
- 4.7. The pooled budget (£75) enables the maximisation of resources and purchasing power through a single pot of money. The partners agree their respective contributions into the pooled budget, which is managed by the Pooled Budget manager on behalf of the partner organisations. Partners who put money into the fund remain responsible for their own statutory functions.
- 4.8. This proposal is about partnership working and the management structure that will ensure Medway has an equal voice in decision making and service delivery. This will be achieved by ensuring Medway has equal representation at the three management boards:
- Strategic Leadership Body - will have Medway directorate level representation along with representation from Medway experts by experience.
 - Delivery Partnership Board - will have Medway social work representation and or Partnership Commissioning representation along with representation from Medway experts by experience.
 - Programme Management Unit - will have a Medway joint funded Programme Director post (funded via the Better Care Fund for three years). The Programme Director will support the system at a senior level in delivering the work plans and workstreams decided by the Strategic Leadership Body. Within this context the Programme Director will work closely with the Delivery Partnership Board to ensure that key learning disability and autism service outcomes are achieved. It is proposed that update reports will be presented to JCMG in years 1 and 2 and a review showing health outcomes and achievements in years 2 and 3. The review will outline the need for the post's continuation, next steps for the partnership and potential alternative funding streams.
- 4.9. Specific operational details are still to be decided between KCC and KMCCG and there is the expectation that should Medway Council join the partnership, these details would be jointly negotiated.
- 4.10. Timeframe
- 4.11. The whole system approach was approved by KCC Cabinet Committee and KMCCG Governing Body earlier this year and KCC are aiming for final approval in early 2022, exact date still to be confirmed.

- 4.12. Currently the aim is to have the Programme Director post operational by April 2022, therefore the decision is time sensitive if Medway are to be part of the recruitment process.
- 4.13. Diversity Impact Assessment (Appendix 2)
- 4.14. Medway currently commissions adult learning disability and autism health services with two NHS providers. The same two providers are also part of the partnership collaborative with KCC and KMCCG. Medway service users will not see a change or loss to their current services as these will continue to be delivered by the same providers.
- 4.15. The whole system Model is designed to achieve more effective collaborative and strategic leadership between organisations, resulting in better outcomes for autistic adults and adults with learning disability.
- 4.16. Option 3 Medway remains outside of the Kent Section 75 Agreement and develops a Medway-only agreement with KMCCG**
- 4.17. This approach would enable the Medway health and social care economy to retain greater control over the commissioning and provision of services. This approach gives opportunity for current service specification to be reviewed and revised performance monitoring matrices developed and agreed.
- 4.18. This option would facilitate the pooling of the adult learning disability health budget and potentially lay the foundation for the establishment of a section 75 agreement and alliance contract between KMCCG and Medway Council and providers.
- 4.19. It is likely however that this approach would require significantly greater investment and resourcing beyond current commitments and would take longer to achieve. Existing health services such as the Adult Neurodevelopmental Pathway, Dynamic Support Database and the proposed Intensive Support Team are already being commissioned on a Kent and Medway wide basis.
- 4.20. Providers who have already signed up to the Kent and KMCCG collaborative agreements may be reluctant to sign up to a second Medway version.
- 4.21. Option 4 – Medway considers a local approach.**
- 4.22. Arrangements for ICP between Medway and Kent has not been resolved ahead of ICS coming online April 2022.
- 4.23. Swale is part of Kent and are already part of KCC plans for the proposed whole system model which is due to be finalised in early 2022. Swale would need to be separated from that model. Any changes would require public consultation.

4.24. Place based partnerships centre around Medway hospital discharge into the local community, however the whole system model proposed by KCC/KMCCG is social care driven.

5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Option 1 – Do nothing	To continue as we are, is a risk to the Council as demand for services increases while resource remains limited. Plans to improve services would require significantly more investment and take longer to achieve should the Council decide to work in isolation from KCC and KMCCG.	Consider alternative options to ensure Medway Council future proofs its services so that they can meet demand and support people in the community preventing crisis.	C3
Option 2 - Medway is at risk of losing its identity and voice in decision making.	KCC and KMCCG are much larger organisations, have more resource and potentially a greater say in how services are delivered.	To ensure Medway Council has an equal voice a directorate level representative would sit at the Strategic Leadership Body along with Medway experts by experience who are critical to service design and monitoring. Medway experts by experience would also sit at the Delivery Partnership Board along with Medway social worker and or partnership commissioning representatives. The Programme Management Unit would be led by the joint funded Programme Director post to deliver work plans and workstreams as decided by the Strategic Leadership Body.	D3
Option 2 - Timeframe	KCC are seeking final approval in early 2022 and there is a joint plan for the Programme Director Post to go live in April 2022. If Medway delay decision making, we risk not being part of joint KCC and KMCCG negotiations from the earliest possible stage.	Medway to consider its options and risks and decide accordingly.	C3

Risk	Description	Action to avoid or mitigate risk	Risk rating
	We also risk not being involved in the recruitment process of the Programme Director role, vital for ensuring Medway has an equal voice at the Delivery Partnership Board and ensuring the candidate is the right person to champion the needs of Medway's residents.		
Options 3 - Medway remains outside of the Kent Section 75 Agreement and develops a Medway-only agreement with KMCCG	This would involve two separate agreements for KMCCG. One between KCC and KMCCG and second between Medway Council and KMCCG. There is risk as already indicated anecdotally from a lead NHS provider that they would not be willing to have two separate health agreements, i.e., one for Medway and one for Kent.	Consider other actions i.e., negotiation with NHS providers or consider a combined Kent and Medway approach.	D3
Option 4 – Medway considers a place-based approach, delivering services with Swale.	Swale is already part of KCC/KMCCG whole system model. It is unlikely KCC will be willing to separate Swale from those plans.	Consider other options	D3
Lack of Medway Engagement	Although KCC have done extensive engagement about the Whole System Model, Medway has not.	If adopting Option 2 make it a requirement of an agreement that Medway experts by experience and stakeholders are engaged with going forward as the service is co-designed.	D3

6. Consultation

- 6.1. KCC has done extensive consultation with experts by experience, professionals, and stakeholders to understand its current services and the whole system model to address the issues raised.

- 6.2. Medway has previously engaged with its experts by experience and stakeholders for the purposes of the Adult Learning Disability Strategy 2019-2024 and the commissioning of a new Neurodevelopmental pathway for adult autism/ADHD. There are some clear themes emerging from both Kent and Medway engagement activities which include fragmented services, diagnostic overshadowing, a need for improved transitions between children's and adults and a requirement to have a clear and understandable pathway with available options to meet individual need at the right time.
- 6.3. Although previous engagement work gives us a good insight into what matters most to experts by experience and stakeholders it is important to acknowledge that so far specific engagement work relating to the whole system model has not been conducted in Medway.

7. Financial implications

- 7.1. Under option 2, Medway health funding already sits with KMCCG. Medway Council would not move any social care funding into the pooled budget. Social Workers would liaise with the lead provider KCHFT to arrange the most appropriate package of care. As funding for individual care packages would still sit with Medway Council, we would need to be clear that packages can only be put in place with the agreement of the Council.
- 7.2. A contribution for the Directors post has been requested from the Better Care Fund. A paper has been submitted to JCMG.

8. Legal implications

- 8.1. Medway Council has a duty to meet statutory legislation when providing services for adults with learning disabilities and autistic adults, see Section 1.
- 8.2. S. 111 Local Government Act 1972 provides that a local authority has power to do anything (whether involving the expenditure, borrowing, or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions, without prejudice to any powers exercisable apart from this section but subject to the provisions of this Act and any other relevant enactment.
- 8.3. Where certain changes to the provision and delivery of services are under consideration, s138 of the Local Government and Public Involvement in Health Act 2007 imposes a duty to undertake consultation with service users, members of staff and the wider community and a general duty to inform, consult and involve local people. There is a further duty to consult in accordance with s149 of the Equality Act 2010 where the change proposed is likely to impact upon members of the community with protected characteristics.
- 8.4. The proposals outlined in this paper address leadership at senior level, governance, and accountability with the intention of increasing collaborative

working to improve patient outcomes and do not propose changes to the provision or delivery of services. Existing Medway services will remain unchanged.

9. Recommendations

9.1. Members are asked to:

- a) note that Option 2 is the preferred option as 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) forward any comments to Cabinet.

Lead officer contact

Johanna Elwell, Partnership Commissioner
Telephone: 01634 331273 E-mail: johanna.elwell@medway.gov.uk

Appendices

Appendix 1: KCC LD&A Whole System Model

Appendix 2: Diversity Impact Assessment

Background papers

None