

Kent's Programme for People with a Learning Disability and Autistic People

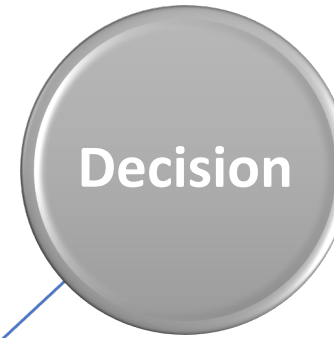


Section 1

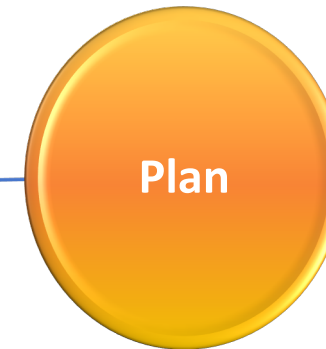
Kent's LD&A Whole System Approach

System Principles

- A leadership body with trusted authority
- One System! One Programme!
- Equal Voice
- Providers empowered to deliver



- Focused governance
- Key Influencers
- Equal voice



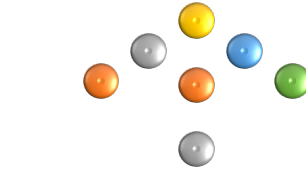
- Whole system leadership
- Effective operating system
- Focused professional support



- Trusted provider
- Strong performance
- Delegated to deliver

Our voice! Our decision!

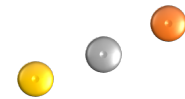
- All voices heard
- Supporting our voice
- Making it happen
- Hearing, deciding and acting



Our voice heard



Plan together



Support each other

LD&A Whole System Flow Chart

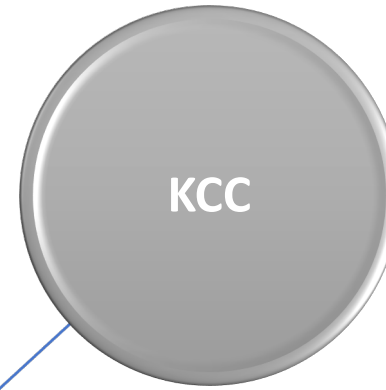


Section 2

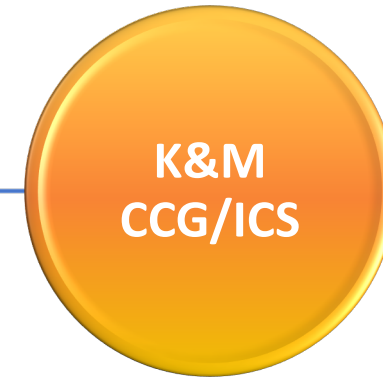
Kent's LD&A Strategic Leadership Body

LD&A Strategic Leadership Body

- Making the big decisions together
- Design, develop & decide Strategy
- Allocate resources
- Hold the system to account



- Adult Social Care
- Disabled Children
- Public Health
- Housing
- Education
- Supporting Employment
- Community



- LD&A Health
- Specialist Commissioning
- ICS Leadership
- Localities and ICPs
- GPs & Primary Care
- Acute Healthcare

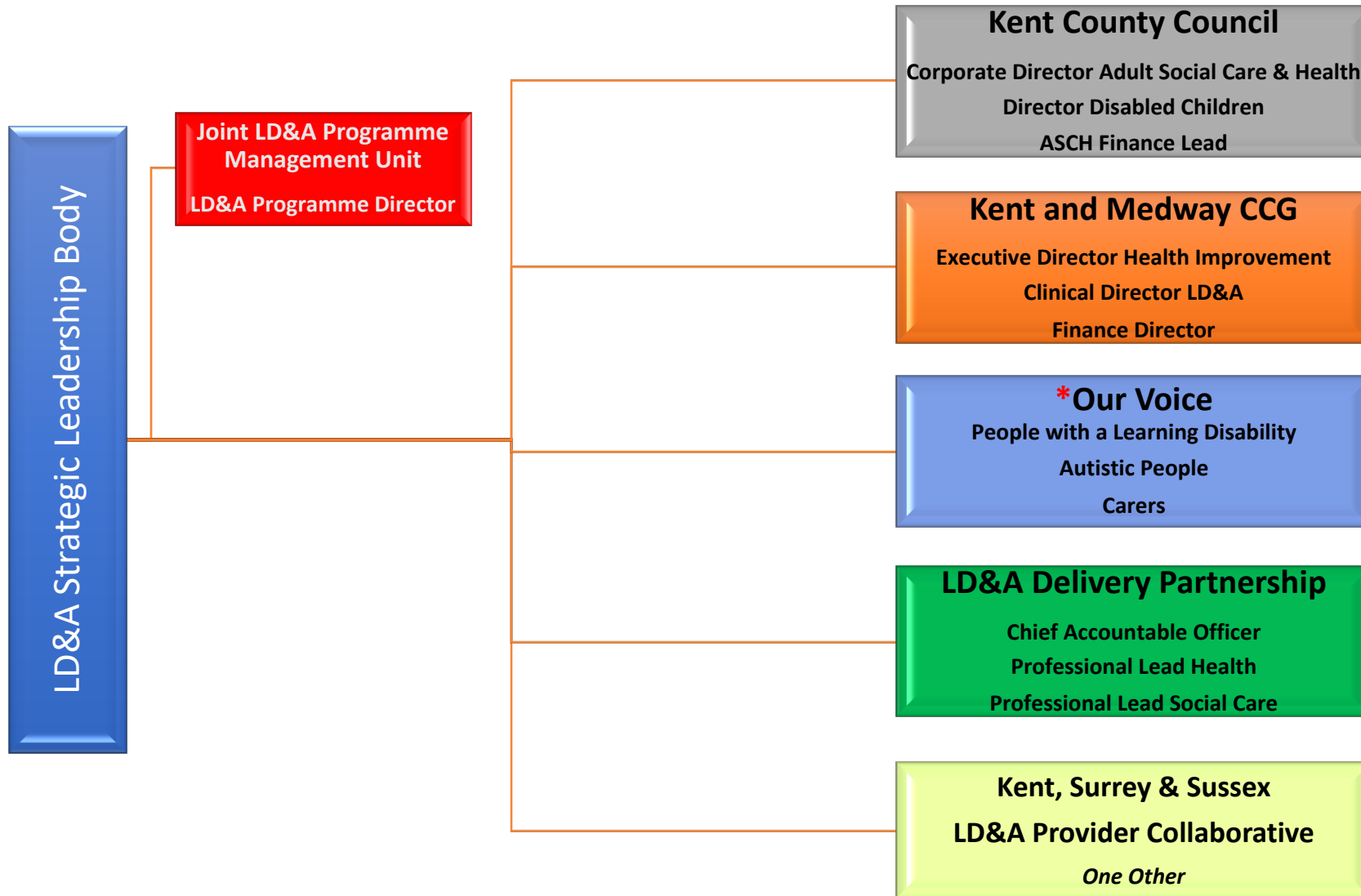


- Delivery
- Professional & clinical leadership
- Workforce development
- Collaborative Design
- Accountability and performance?



- Holding to account
- System Codesign
- Hear our voices
- Ensuring rights
- The people decide
- Us in control

LD&A Strategic Leadership Body Structure & Membership

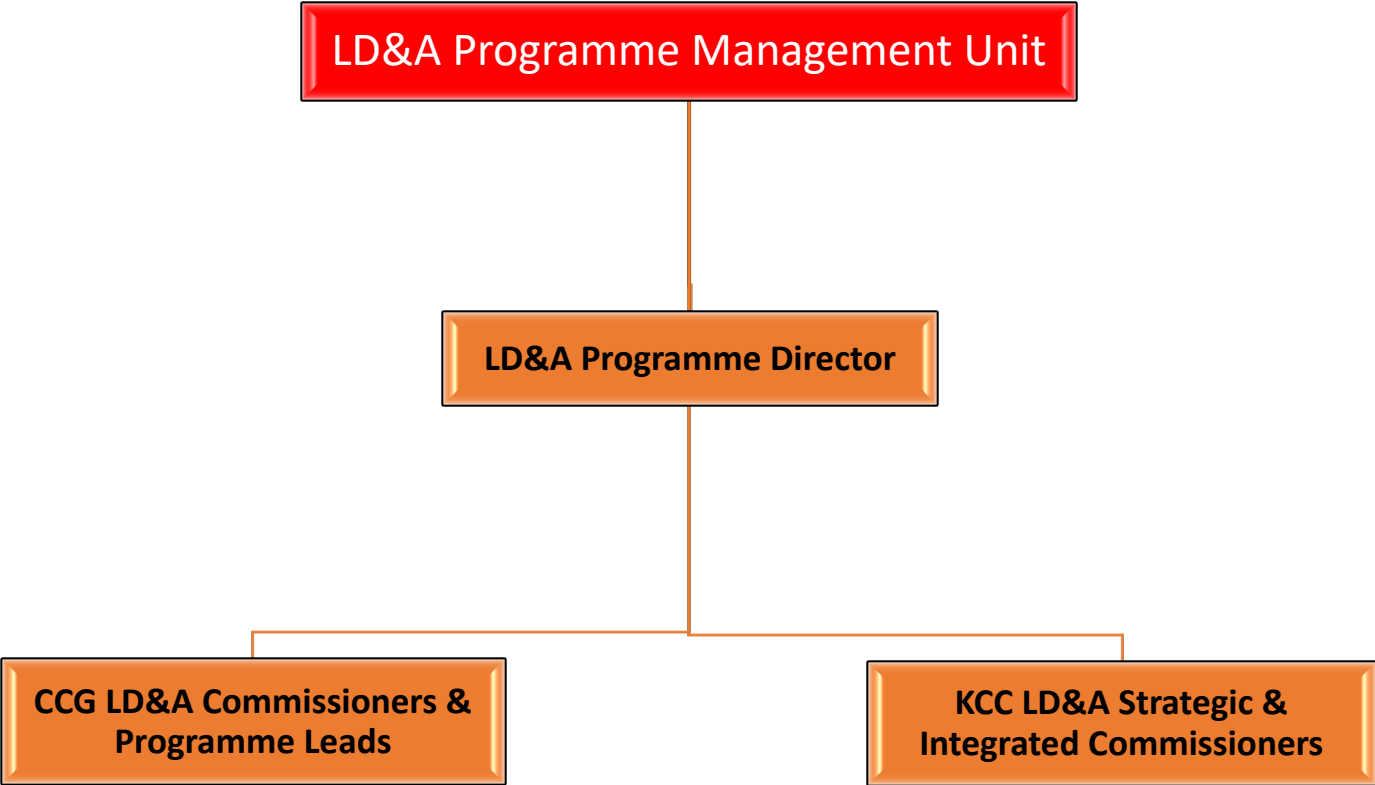


What it will do

- ICS level LD&A strategic development, planning & management oversight
- Develop and drive system-wide LD&A commissioning intentions and plans across Health, Social Care, disabled children & young people and other key themes (employment, housing community safety etc)
- Planning and oversight of all council/NHS LD&A spending and investment plans & priorities including:
 - Council adult social care
 - Specialist and community healthcare
 - Pooled funds and specialist programme funding
- High level management & accountability for the delivery of key LD&A strategic outcomes and whole system targets
- Development and system management of key LD&A policy initiatives and changes across the NHS and KCC
- Leadership of Government & NHSE LD&A programmes
- Fully accountable to the council's cabinet and related member bodies and the CCG's governing body

* Minimum four members but still be being finalised with partners and stakeholders

Joint LD&A Programme Management Unit Structure



Led by a joint KCC/CCG appointed Programme Director, who is directly accountable to the LD&A Strategic Leadership Body

Core principles

- Programme support for the LD&A Strategic Leadership Body
- Integrated LD&A programme management and strategic planning across KCC and the CCG/ICS
- Developing and updating key datasets to inform strategic planning and related workstream implementation
- Codesign of key LD&A strategies and related workplans
- Strategic level performance codesign and system wide coordination
- Links to public health, clinical leads, PCNs etc
- Access to cross agency systems

Section 2

Kent's LD&A Delivery Partnership

LD&A Delivery Partnership

- Trusted to get the job done
- The very best workforce able to deliver
- Performance led by the people for the people
- An exemplar leading the field



Delivery

- Person centred
- Strong Performance
- Robust management
- Workforce development

Outcomes

- LD&A health gains
- People out of hospital
- Achieving independence, choice and control

Getting it Right

- Our voice! Our lead!
- Service co-design
- Outstanding quality
- Modelling the best

Kent's LD&A Delivery Partnership – Core Principles



Key Elements

Core

- Strategic development, operational management and integrated delivery of all statutory healthcare, social care and community support for people with LD and autistic people
- This includes specialist support for adults with a learning disability and autistic people with complex needs, including mental health
- Development, coordination and delivery of all Government and NHSE LD&A programmes, including the commitments and priorities set out in the *NHS Long Term Plan and through Care Act guidance
- Management and delivery of LD&A hospital admission prevention programmes; coordination and implementation of effective hospital discharge planning and community interventions
- KCC, KCHFT, KMPT and the CCG have agreed a Lead Provider Model, based on the principles set out in Appendix A

What next?

- Developing and implementing with C&YP services, NELFT etc an integrated 16+ transition pathway for young people with a learning disability and autistic young people

* [NHS Long Term Plan - Page 52](#)

What and how

Core principles

- Single strategic and operational **Executive Leadership Team**, with delegated authority from KCC and NHS providers who form the Delivery Partnership, to manage all frontline community LD&A services, professional disciplines & teams
- A senior accountable chief officer appointed by all partners to lead the Executive Leadership Team and the Delivery Partnership's services
- To develop and implement an effective Business Planning framework for the Partnership, which secures the resources needed to deliver effective LD&A services across Kent
- A business planning framework that builds partner confidence in the Partnership's competency to deliver key outcomes, standards and targets
- Data governance agreements and protocols in place allowing cross partner access to all Health and Social Care systems
- Utilises matrix management principles to plan, coordinate and direct locality arrangements and front line LD&A health and social care services

What and how

Core principles

- Full delegated authority to strategically lead, develop and manage all statutory community health, social care and support services, for adults with LD and autistic people
- Healthcare and council support for all 16+ young people in transition with a learning disability and autistic young people
- Agreements and protocols to support the Delivery Partnership in developing and managing a single system of integrated assessment and health and social care planning for people with LD&A
- The development and management of specialist healthcare and support for autistic people, people with ADHD etc who have complex needs

Medium to long term proposals/planning

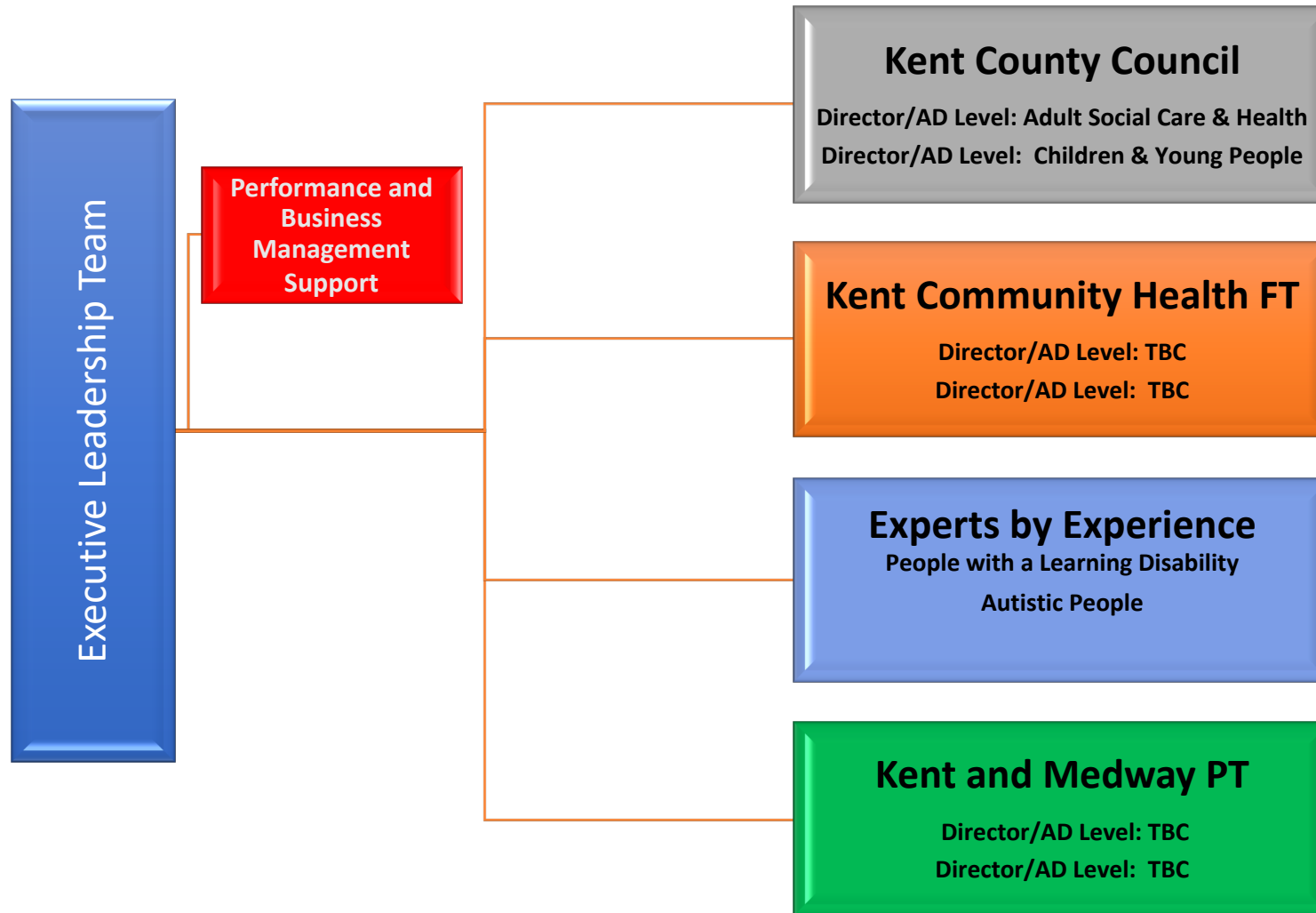
- Micro commissioning individual support and service arrangements across health and social care with delegated budget control from the CCG and KCC
- The above managed via commissioning frameworks and policies approved by the CCG and KCC

What and how

Core principles

- Joint investment by KCC and NHS providers who form the Delivery Partnership, in a single and robust performance management system, with dedicated business support, able to address national and local targets
- Joint partner investment and funding for advocacy support and capacity building in service user and carer leadership, to support the codesign and co-management of the Delivery Partnership's key performance and quality systems and service design

Executive Leadership Team



Core Function

- Senior leadership of strategic and operational business planning for all the Delivery Partnership's health and social care services
- Cross partner senior oversight of professional workforce development & planning across LD&A social care & health
- Accountable for the development & senior management oversight of performance and quality assurance, covering the Delivery Partnership's health & social care services
- High level management & accountability for delivering fully aligned health & social care assessment and planning able to offer seamless, personalised and responsive LD&A health & council services
- Senior management responsibility across the Partnership for delivering key Government & NHSE LD&A programmes

Team Member Portfolio & Role

Team members: Director or Assistant Director level portfolio:

- Accountable officers for each partner organisation, leading on the coordination of each partner's services to support the effective functioning of the Delivery Partnership
- In particular negotiating with senior colleagues the staff deployments and system development needed to achieve seamless & aligned health and council services
- To lead on the development of the Delivery Partnership's business plans covering community & specialist LD&A services
- Securing chief officer approval from each partner organisation, of the Delivery Partnership's overall Business Plans and the resources required to achieve it
- Accountable performance & QA leads for each partner organisation

Executive Leadership Team - Criteria for Success

- Able to achieve joint corporate accountability through the Delivery Partnership for all LD&A delivery and performance
- Can effectively navigate and negotiate through partner management structures the staff, investment, coordination and resources needed to:
 - Achieve a single support and healthcare pathway with fully aligned assessments, seamless service delivery and person centred planning
 - Create, support and sustain effective planning and operational links at locality level across adult social care, specialist LD&A healthcare, ICPs and in particular Primary Care Networks
- Can achieve cross agency and stakeholder sign up to a robust partner business plan, which sets out a clear joint vision and workplan to support strong LD&A service design, delivery and performance
- Can offer a robust narrative of the outcomes being achieved and sustained for people with LD and autistic people via the Delivery Partnership
- Is an authoritative body that can achieve and sustain the confidence of all stakeholders

Appendix A – LD&A Delivery Partnership Governance Model

Lead Provider Model (Proposed)

Core Principles

- A joint venture between providers to deliver a programme of services to achieve key outcomes for a specific population
- A lead provider is identified who holds a primary contract through which all contract funding is directed, with the lead provider holding contractual responsibility for performance management, financial accountability and delivery against the contract requirements
- The lead provider sub contracts with all other providers who are partners in the joint venture
- All the partners enter into a Joint Venture Agreement that sets out the partner governance and management of the joint venture, how payments are determined and managed, how contracts and performance are managed between partners and how joint business plans are developed and implemented across the joint venture

Advantages

- Provides a clearer framework of contractual and organisational accountability, via the lead provider, in terms of services being delivered against requirements and critically the delivery of performance requirements and targets and service standards
- Resolves the challenges in terms of QA, performance and business management support with the lead provider assuming full responsibility for developing and managing these systems and holding the subcontractors to account through them
- May support and enable a further and trusted delegation of roles, responsibilities and funding within the context of the lead provider being contractually accountable for the delivery of all services, funding and performance targets

Disadvantages

- May result in too much influence being exercised by the lead provider within the wider strategic planning and delivery system
- This could result in tensions between partners affecting long term delivery and performance
- This may also create challenges for commissioners and system planners, in terms of being able to objectively develop other services and opportunities to meet changing and emerging needs, priorities and policy requirements

Alliance Model (Current)

Core Principles

- In an alliance contract model a set of providers enter into a single arrangement with commissioners to deliver services
- System planners (commissioners) and providers are legally bound together to deliver the specific contracted service and to share risk and responsibility for meeting the agreed outcomes
- This should incentivise them to innovate and identify efficiencies across the system, rather than solely within their organisation.
- The alliance model is reliant on high levels of trust across its relationships.
- Members collectively govern the alliance through a leadership board with an agreed terms of reference.

Advantages

- Strong incentives to collaborate
- Limits dominance of a single organisation
- Strengthens relationship between commissioners and providers
- Retains the active involvement of commissioners

Disadvantages

- Shared financial and performance risks, which are heavily reliant on all providers achieving their performance targets via their own organisational and management systems
- More complex for commissioners and system planners to manage
- Requires existing relationships founded on strong trust, which might not be present in all areas
- Possibility of weak leadership and accountability unless appropriate governance arrangements are established
- This is the model used for Kent's current LD&A health and social care provider partnership, which hasn't been able to demonstrate or evidence the outcomes it achieves and which exhibits many of the disadvantages detailed above