

Health and Adult Social Care Overview and Scrutiny Committee

BRIEFING NOTE – No. 3/21

Date: 3 March 2021

Briefing paper to: All Members of the Health and Adult Social Care Overview and Scrutiny Committee

Purpose: At the January 2021 meeting of the Committee, Members considered a paper on the Kent and Medway Neurodevelopmental Pathway (Adult Autism/ADHD). Members were advised that work was underway to develop a Learning Disability and Autism/ADHD strategy across Kent and Medway involving health, adult social care and education providers. This briefing provides Members with more detail about this strategy.

Developing the Learning Disability and autism/ADHD strategy across Kent and Medway

The increased focus on system working and move towards developing a Kent and Medway Integrated Care System, provides an opportunity for all partners to engage with the local population and agree a shared Learning Disability and Autism Strategy that will set the direction for improving health and care outcomes across Kent and Medway based on the priorities and needs of the population. The strategy will be owned and overseen by the Kent and Medway Mental Health, Learning Disability and Autism (KM MHLDA) Improvement board. The National Development Team for Inclusion (NDTi), a not for profit organisation, have been commissioned to take this work forward and will deliver the first three phases as outlined below. NDTi promote inclusion and equality for people who are at risk of exclusion and who need support to lead a full life.

Phase 1 Listen and gather (February-March 2021)

Setting up

Kent and Medway Learning Disability and Autism executive group will provide oversight and leadership throughout the project.

A coproduction team with members of different stakeholder groups will be identified.

A set up meeting with members of the exec group will start the project with the aim to address the following:

- Agree and clarify the aims of the project and the expected outputs

- Consider who do we need to involve as key strategic partners- which reflects the breadth across age groups, systems, and places that need to own the strategy.
- Identify who will help with wider stakeholder mapping for engagement
- Work out via whom and where will we gather the written evidence
- Discuss who/what group will lead on strategy implementation

Stakeholder Mapping and Engagement

NDTi will work with local leaders to identify stakeholders that ensure a range of views from across the region, as well as from the different stakeholder groups for whom this strategy will be important.

Stakeholder engagement has already taken place with a number of groups, including groups of children and young people, families and other experts by experience. NDTi will make the most of the existing listening that has been done to ensure that this feeds into the strategy. NDTi are mindful not to over-consult nor confuse people if they have already been asked about their views.

NDTi will link with those who have already run engagement activity to map the extent of this, and the topics and questions considered as well as seeking to gather (and later theme and analyse) the written or recorded evidence. NDTi will interview those who have carried out the engagement, to understand their perspectives on what has been heard and what the information has been used for.

Once NDTi understand the nature of the engagement that has already taken place they will be in a position to ascertain the gaps. The aim will be to sample across the region, age groups, different experts by experience and professional groups for whom this strategy encompasses. This will include:

- People with learning disabilities
- Autistic people and other neurodiverse individuals
- Children and young people with SEND
- Family members and parent carers
- Commissioners- health and social care
- Practitioners including social workers, LD nurses and others across health and care
- Leaders and managers- from varied roles across the systems and region
- Support Providers
- Advocates/ advocacy organisations
- Education and early years provision
- Elected members

Given the current circumstances engagement will be virtual however NDTi will endeavour to offer a range of participation options.

NDTi will develop a loose question framework to streamline data gathering, providing space for people to share their own experiences, aspirations and ideas. Options for 1:1 phone calls, teams or zoom calls, will be offered as well as focus groups for relevant group discussions e.g., with self advocacy groups, carers groups, providers or advocates. This could be achieved by joining existing meetings or events to reduce the burden on people's time and planning. NDTi's Preparing for Adulthood team will be working in Kent during the same timescales and we will take the opportunity to collect and link up with that input as it occurs.

Gather existing evidence

Existing evidence includes data of those currently out of borough, numbers of annual health checks and references to population data. Contextual policy and quality frameworks e.g., the Learning disability improvement standards and the NHS Long Term Plan will also guide strategy development.

Information to be reviewed:

- JSNAs,
- Transformation plans or recovery plans and priorities
- Data relating to transforming care cohorts
- Personal budget or PHB information for the relevant population
- Education information of children and young people with SEND
- information on people with learning disabilities and autistic people in employment,
- Sample redacted care and support plans, or available information from C(E)TRs
- Annual health check data and
- any further information collected with the ICS across the different places within the system.

Phase 2 Synthesis and framing (March-April 2021)

NDTi will pull together key themes and learning from written and spoken sources of information. They will bring the findings and any personal stories from participants to the coproduction group and ICS improvement board.

Using all feedback NDTi will facilitate a vision for change workshop, to begin to map out the shared vision, desired impact and outcomes, and the current context or starting point.

A second workshop, with a smaller more focused group, if needed, will be facilitated to further drill down and identify further detail around the resources, activities and outputs.

By the end of the two workshops NDTi will have developed a high level strategic vision and operational logic model to guide health and social care provision across the system.

Phase 3 Reflect, consolidate and share (April 2021)

Having codesigned a high level strategy based on the in depth listening and data gathering, the draft strategy will be subject to checking back with wider stakeholders.

The model may be simplified as needed into agreeing the vision, the guiding outcomes which are desired for the population, and the core activities that will drive those outcomes.

NDTi comms lead will link with the team to support the presentation and communication of this to the relevant audiences. A short graphic version of the vision, outcomes and strategic priorities will appeal to a wide range of people and support the wider comms. NDTi will also provide an easy read summary of the content.

The final steps will be to work with the Improvement board and the coproduction groups around the strategic priorities for the first year of the strategy. These may be guided or impacted by the need to develop into a fully fledged ICS and integrated working across the system, and they may be influenced by the need to build goals around rebuilding after covid19 and lockdown. NDTi will facilitate open and honest conversations with the groups to identify these and agree a high level action plan working towards the agreed outcomes for the upcoming year, based on a shared understanding of the population and local needs. Clear leadership and accountability and how changes will continue to involve people with lived experience will be agreed as part of this planning.

Timeframe summary:

Phase and Timeline	Activity
Phase 1 February-March Listen and Gather	Project set up
	Team set up
	Planning engagement process including stakeholder mapping
	Secondary engagement-mapping, connecting and gaps
	Engagement Activity
	Data and information gathering and analysis
Phase 2 March-April Synthesis and Framing	Synthesis of findings from engagement and information sources
	Vision for change workshop/s- prep and facilitation
	Drafting vision for change and logic model

Phase 3 April-May Reflect consolidate and share	Refining strategic priorities workshop/s
	Writing up
	Comms and design

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