

Report of Director of Public Health, Director of Adult Social Services and the Accountable Officers of the three Leeds Clinical Commissioning Groups

Report to Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 22nd December 2015

Subject: Commissioning of the third sector in the health, wellbeing and social care sector

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The third sector is a vital part of the health, wellbeing and social care economy in Leeds and public health, adult social care, and the North, West and South and East Clinical Commissioning Groups work with the sector in a number of ways including the development of strategic plans for the city, the commissioning and shaping of services and developing innovative approaches and solutions to some of the challenges we face.
2. This paper summarises the intentions of all partners to improve the integrated commissioning of the third sector both jointly and individually commissioned including an outline of future plans.
3. Savings and efficiencies are anticipated that will impact on the sector and we are working together to ensure that any impact is minimised on the third sector. Exact details are not known or yet agreed for 2016 until funding allocations are announced for all partners.
4. The intentions of all partners is to improve the integrated commissioning of the third sector, achieving best value for the Leeds pound and supporting the third sector by more coordinated partnership working.

Recommendations

5. To note the approach that the three clinical commissioning groups, public health and adult social care are taking to working with the third sector and each other.
6. To note the potential implications for the third sector for the reduction of funding for both adult social care and public health.
7. To note information regarding current and future commissioning of the third sector in Leeds by the three clinical commissioning groups, public health and adult social care, including joint commissioning where appropriate.
8. To note the intentions of all partners to continue to improve the integrated commissioning of the third sector.

1 Purpose of this report

- 1.1 The purpose of this report is to provide information to the Health and Wellbeing and Adult Social Care Scrutiny Board regarding commissioning of the third sector across Leeds' health, wellbeing and social care economy. This report gives an overview of commissioning of the third sector by public health (PH) and adult social care (ASC) directorates within Leeds City Council and the North, West and South and East Clinical Commissioning Groups (CCGs).

2 Background information

- 2.1 The Leeds Joint Health & Wellbeing Strategy 2013-15 is the key overarching strategy for the health, wellbeing and social care sector, whose development has been led by the Health and Wellbeing Board (representing all of the statutory commissioners and providers in the city as well as the third sector and citizens). The vision for health and wellbeing is that Leeds will be a healthy and caring city for all ages with a key principle in all of the outcomes in the strategy being: 'people, who are the poorest, will improve their health the fastest'. The strategy is currently being reviewed with a refreshed version to be published in March 2016. This will build on the previous strategy and set the strategic direction for commissioning across the city up to 2020.
- 2.2 The Health and Wellbeing Strategy provides the commissioning framework for the health, wellbeing and social care sector supported by strategies specific to particular areas of focus, for example, the Ageing Well strategy, Best Start Strategy, Mental Health Framework, Dementia Strategy and the Carers Strategy. All of these strategies have had input from the third sector and third sector representatives also sit on the Health and Social Care Transformation Board and the Third Sector Partnership.
- 2.3 These strategies are supported by more specific commission plans. For example, ASC's Market Position Statement for 2015/18 sets out commissioning intentions for care and support services, the direction of travel and policy intent, and a summary of demands and trends. The CCGs also have a five year plan agreed by the Health and Wellbeing Board.
- 2.4 There is also a range of legislation that both the council and the CCGs are subject to which influences and provides the context for our commissioning plans. For

example, the recent introduction of the Care Act (2014) which places a duty on councils to take a lead on facilitating and shaping the care and support market as well as emphasising the need for further integration with health and social care and other related areas such as education and housing.

- 2.5 The Leeds Third Sector Ambition Statement outlines that the success of Leeds and the wellbeing of all of its citizens is dependent on having thriving private, public and third sectors, each independently successful but working effectively in partnership. The city's ambition is to have a sustainable, diverse third sector economy, with organisations from the smallest self-help group through to larger, local and national service providers and the ambition is to use the Leeds pound to invest in a local infrastructure that has a legacy beyond the life of any single funding programme. This report focuses on the services commissioned by health, public health and adult social care from the third sector (which ranges from small groups through to larger national organisations) but it is important to note that we also work with the sector in a number of ways, including engagement and consultation, and building community capacity.

3 Main issues

3.1 How we work with the third sector

- 3.1.1 All partners work with the third sector in a number of ways including partnership, consultation and engagement, co-production of services and commissioning.

Partnership working

- 3.1.2 The third sector is a member of a number of strategic boards and planning groups in the city. At a city wide level there is the Third Sector Partnership – chaired by Councillor Macniven where representatives from the third sector meet with the council, (including PH and ASC) and the CCGs to discuss the shared commitment to maintain and develop a thriving third sector. There are also a number of boards that focuses on specific areas of the health, wellbeing and social care sector, for example, the Mental Health Partnership board, Ageing Well Board, Learning Disability Partnership Board, Autism Partnership Board, Leeds Integrated Dementia Board, Children and Families Trust Board, Best Start Strategy Group, Locality forums (e.g. Gipton and Harehills health partnership).
- 3.1.3 ASC and the three CCGs fund four third sector health and social care forums which represent the sector working in the area of mental health (Volition), learning disabilities (Tenfold), physical and sensory impairments (Physical and Sensory Impairment Network) and older people (Leeds Older People's Forum). The role of the networks is to support the development of a strong and vibrant third sector, delivering support to people with care and support needs, to enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services. The forums have a key role in working with commissioners, as outlined above. A new contract for the delivery of forum services post March 2016 is currently in the process of being commissioned, with a new model of a single health and social care forum service for the city, which also retains the focus on the areas outlined above.

- 3.1.4 Partnership working with the third sector has also resulted in bringing in additional investment to the city. For example, PH and ASC worked with Leeds Older People's Forum and a number of third sector organisations that provide support to older people to successfully bid for Big Lottery Funding to tackle social isolation in the city. The Time to Shine project brings £6 million of additional funding into the city. PH also supports the sector with additional training and resources – for example the Winter Friends programme which has included both training for the sector on high impact interventions to avoid excess winter deaths, resources for referrals, and winter well-being packs to give out to vulnerable older people.

Co-production

- 3.1.5 When we are reviewing any third sector services or contracts we work within an ethos of co-production. For example the present PH review of locality community health development contracts has been built on two years of joint work with the sector to move these contracts towards a more effective outcome for local people, and to support the third sector providers to be in a stronger position for securing contracts in the future.
- 3.1.6 Another example is the criteria for the dementia small grants process (due to be launched in December 2015) was co-produced with the sector. The needs and priorities were established at a BME dementia event, attended by 200 people in November 2014, and developed through the Leeds BME dementia forum (commissioning lead with third sector partners). Priorities include access to diagnosis and support, prevention of dementia, raising awareness and building dementia-friendly communities, and developing an understanding of local needs.
- 3.1.7 The CCGs Third Sector Grants scheme administered by Leeds Community Foundation ensures that two third sector representatives are included in each panel when reviewing applications to the scheme.

In addition we work collaboratively with the third sector to develop new, innovative ways of delivering services. For example:

- The Winter Wellbeing Community Grants Scheme, managed by Leeds Community Foundation on behalf of PH invests in support for vulnerable people during winter.
- The Ideas That Change Lives investment fund, managed by Leeds Community Foundation on behalf of ASC, invests in the development of new socially enterprising services that support people with care and support needs to remain independent for longer.
- The development of the CCG commissioned Social Prescribing programmes have involved the third sector in their development; Leeds North CCG held an event co-ordinated by Leeds Involving People for the third sector to present the initial outline of the programme and feedback used to inform the final specification.

Co-ordinated and Joint Commissioning

3.1.8 We already jointly commission services from the third sector in a number of areas across the health, wellbeing and social care sector as well as with other directorates such as children's services and examples of this are included in section 3.13. All partners recognise that this can be improved as we work in a more co-ordinated manner since the changes in the 2012 Health and Social Care Act. Together with the Better Care Fund only in its second year and continuing to develop into the potential vehicle in making this possible. To facilitate this we have a number of joint forums and boards which support this, as follows:

- **Better Care Fund** - A considerable health contribution towards commissioning and funding of third sector providers is now held within the Better Care Fund (BCF). The BCF is a partnership fund held between the 3 CCG's and Leeds City Council. The BCF has further formalised joint commissioning relationships between health and social care commissioners that have been growing over recent years. Many of the services were previously jointly commissioned under Section 256 agreements prior to the BCF being established this financial year. The partnership arrangements for managing third sector services are through the Joint Adult Community Commissioning Group with resources held within Fund 3 – Community support and third sector.
- **Joint Adult Community Commissioning Group** - The Joint Adult Community Commissioning Group is the sub-group responsible to the BCF Partnership Board for the management of the community support and third sector non-pooled fund. The Joint Adult Commissioning Group meets regularly to assess progress, receive provider monitoring reports, oversee the budget and address any issues. The Joint Adult Commissioning Group will routinely report performance exceptions and strategic issues to the BCF Partnership Board making recommendations for action as necessary.
- **Partnership boards** - Additional to this group, lead commissioner's co- chair other relevant citywide groups for example, the Hospital to Home Steering group (a service pilot delivered by Age UK and British Red Cross) and the Leeds Carers Strategy Group. This commitment, alongside the BCF investments, has resulted for example in the recent appointment of a joint health and social care commissioner for carer's services. The move towards closer joint commissioning is recognised to offer similar benefits to those described for the BCF as increasingly being recognised by all partners.
- **The Integrated Commissioning Executive**, attended by the three CCG's, PH, children's services and ASC commissioning, the purpose of which is to explore, provide oversight, and to negotiate opportunities for integrated commissioning of health and social care services in Leeds.
- At an operational level, representatives from the CCGs, PH and children's commissioning also attend the **Adult Commissioning Board** which oversees commissioning and procurement activity with the ASC directorate.
- There are also a number of jointly appointed commissioner posts to support this work, for example for Dementia and Carers services. Discussions are also taking place between ASC and Leeds North and Leeds South and East CCG

regarding the appointment of a post specifically looking at integrated commissioning which would include the third sector.

3.2 Current involvement of the third sector in delivery of health, public health and social care services

3.2.1 **Appendix A** provides a summary of the value of the services commissioned from the third sector by service area. A more detailed breakdown is available if required.

Public health

3.2.2 The services commissioned by PH are from a range of third sector organisations, both of large value (e.g. over £1million contribution to the Neighbourhood Networks contract) and small (e.g. £20K for CALLS which also raised over £7K in additional funding) in a range of areas but are mainly targeted at achieving outcome one and outcome five of the Joint Health and Well Being Strategy (people will live longer and have healthier lives; people will live in healthy and sustainable communities).

3.2.3 The summary for PH includes directly commissioned contracts and contracts where PH funding is supporting contracts commissioned by other council directorates.

Adult social care

3.2.4 ASC commissions more than 200 different third sector organisations, with a good spectrum in terms of local, national, and small and large third sector organisations. The third sector is represented in nearly all areas of care and support service delivery (of which a large proportion is statutory service provision), and represents the majority of the providers involved in the delivery of preventative services (non statutory). The sector is less well represented in regards to delivering personal care in residential care or home care services, with the exception of care homes for people with a physical impairment.

3.2.5 Although efficiencies have been sought on some individual contracts delivered by the third sector since 2011/12, overall expenditure in the sector has not been significantly impacted (from 2013/14 to 2014/15 there was a slight increase in total expenditure with the sector from £53.8 million to £55.5 million). In 2015/16 total expenditure on third sector commissioned services will increase again as on 1st August 2015, ASC's in-house learning disability services spun out as an independent social enterprise.

Clinical commissioning groups

3.2.6 Each of the three Leeds CCGs has commissioned a number of third sector organisations independently of each other. Quality measures and outcomes are set through the contract and reflect local need and priorities. Procurement exercises are undertaken and monitoring is done in partnership and is agreed during the mobilisation of a service. All three Leeds CCGs will continue to identify local third sector organisations to work with them to supporting the meeting of local priorities, dependant on available resources. The third sector are key local partners who will be integral to developing new models of care in the future.

3.3 NHS Leeds West CCG

- 3.3.1 NHS Leeds West CCG has commissioned a number of individual third sector organisations to carry out pieces of work which help meet the local commissioning strategy. These contracts are managed and monitored through the Commissioning and Development Team at Leeds West CCG and are available on request.
- 3.3.2 The Patient Empowerment Project (PEP) is a social prescribing service commissioned by NHS Leeds West CCG in 2014 which aims to improve the wider health and wellbeing of patients by providing GPs with a link to refer patients to local groups, services and community activities in the third sector and other statutory organisations. Referred patients are supported either on a one-one basis or in a group, to help them to develop the skills, knowledge and confidence to self-manage their condition.
- 3.3.3 The PEP project was mobilised in September 2014 following a full procurement exercise. Barca-Leeds, a local third sector organisation, was awarded the contract and leads the project in partnership with 3 other third sector organisations: Better Leeds Communities, Leeds Mind, and Touchstone. It creates a formal means of enabling general practitioners to refer patients with social, emotional or practical needs to a variety of holistic, local community services through referral to one of the community based PEP workers, thus expanding the range of options available in a GP consultation. In the model the PEP worker acts as a 'facilitator' or 'navigator' for the range of services available offering patients the opportunity to express their health concerns and decide the type of activity in the community they want to be referred to; including signposting and support to attend according to patient to need. The service has received over 700 referrals to date. Evaluation of first year of PEP finds that the PEP cohort generates a cost per Quality Adjusted Life Years (QALY) of £19,842. This is within the National Institute for Health and Care Excellence (NICE) threshold value of £20,000 per QALY and is therefore a cost effective treatment.

3.4 NHS Leeds South and East CCG

- 3.4.1 Third sector grant scheme - Following a procurement process in January and February 2015, LSE CCG appointed Leeds Community Foundation (LCF) to administer a grant-bidding process aligned to our strategic priorities, targeting local third sector organisations, and identified £1million of non-recurrent funding for allocation through this scheme. LCF is responsible for running an applications and approvals process, for managing the funds which are allocated through the scheme, along with contracting, activity monitoring, and regular reporting/evaluation to the CCG. Leeds South and East and Leeds North CCG worked collaboratively to actively promote the launch of this grant scheme to the sector.
- 3.4.2 The LSE Third Sector Grant Scheme supports the CCG's commitment to a more sustainable, strategic approach to third sector commissioning, and is a vehicle to increase current levels of engagement and contracting with the voluntary sector – and in doing so achieve a number of related aims:

- To better meet the needs of local communities in the South and East CCG area.
- To deliver (and provide links between) non-medical activities which promote health and wellbeing.
- To deliver the CCG's strategic aims, particularly in relation to Potential Years of Life Lost (PYLL) and health related quality of life, and ultimately to improve the health of our population .
- To support the local economy in South and East Leeds
- To test a new approach to commissioning.
- To develop new relationships with non-profit organisations

3.4.3 Social prescribing - LSE CCG's approach to social prescribing was developed jointly with input from the third sector through the South and East Leeds Health and Wellbeing Partnership Forum. Following a procurement process in July 2015, a consortium led by the charity Leeds Mind has been identified to provide a social prescribing service as a three year pilot. This will be formally evaluated by an academic partner, with an interim report in May 2017 and a final report in May 2019. The service went live on 23 November 2015.

3.4.4 Before the Third Sector Grant Scheme was implemented, LSE CCG's Local Commissioning Team commissioned a number of services from third sector organisations. These include Ministry of Food, The Market Place, Age UK Leeds, ThinkTank and The Works, all currently commissioned with non-recurrent funding.

3.5 NHS Leeds North CCG

3.5.1 Leeds Third Sector Health Grants programme - Funding is available to support various projects, such as developing or delivering services, establishing and maintaining partnerships and involving local people in community activities surrounding health and wellbeing and building capacity in order to relieve pressure or demand elsewhere in the system. NHS Leeds North CCG has expressed a commitment to invest in services and projects which support improvements in health, wellbeing and quality of life, in line with the aims of the Leeds Joint Health and Wellbeing Strategy. This strategy sets out a vision for Leeds to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The CCG has made a one-off investment of £750,000 to deliver this innovative grants scheme, managed and assessed by the city's largest independent grant-maker, Leeds Community Foundation. The on-going scheme aims to improve health and wellbeing, prevent ill health and ultimately enable local people to lead healthier lives. The plan was to have three deadlines for the submission of applications, each preceded by a briefing session for potential applicants. The first round was held in June 2015 which resulted in seven grants being awarded with a total value of over £130,000.

3.5.2 Social Prescribing - The principle drive for the creation of a Leeds North CCG social prescribing service came from GP membership and was based on their direct experience of caring for patients with unmet social needs. The public, professionals and relevant organisations across the area were engaged with to determine the best approach. A project team that included three public members created a specification based on that feedback. The team then steered the project through a full tender process and recently assisted in the process of choosing a winning bidder. The pilot service is expected to begin deployment in December

2015 followed by an 18 month operational phase commencing in April 2016. The pilot service will be subject to a rigorous evaluation to be undertaken by York St John University.

3.6 Impact of budget savings on the third sector

Public health

- 3.6.1 Within the Department of Health ring fenced PH grant (which was transferred to the council in 2013) there are a number of contracts historically held by the third sector. All PH contracts are required to be re-procured within set time scales and as such there are now new third sector contracts (either as part of wider consortia, for example the drugs and alcohol service Forward Leeds, or on their own such as the Touchstone BME diabetes contract).
- 3.6.2 For 2015/16 there is a £200 million cut to the national Public Health grant which equates to a £2.8 million cut for Leeds, as with all sectors this has had implications for the third sector. This year the third sector has been asked to make £58,000 savings and £302,000k of planned activities with the third sector has not gone ahead. However, this year the council has succeeded in ensuring the impact of this on the third sector is minimal.
- 3.6.3 Following the spending review and the announcement of a further cut from the PH grant, significant work will be required to achieve the required cut in 2016/17 and beyond. We will not be aware of the actual size of the grant for Leeds for 2016/17 until January 2016. We will then enter into consultation and negotiations regarding future savings from all PH funded contracts including third sector contracts.

Adult social care

- 3.6.4 In 2011/12 ASC worked with third sector organisations delivering non-statutory services to agree savings of up to 15% of the annual contract or grant value. Although this was an overarching target ASC did not impose a blanket cut across all services. The savings were negotiated individually with each organisation and agreed only where they least impacted on service delivery or on strategic priorities. To minimise the impact, in some cases, the agreed efficiencies were staggered over three years.
- 3.6.5 In 2015/16 a further round of savings from non-statutory services, which are primarily delivered by the third sector, was sought. This time, the approach used was to review services that were due to be re-commissioned to see whether efficiencies could be achieved by delivering them in a different way, through negotiation with individual providers on larger contracts and in a small number of cases the decommissioning of services where a review had shown that the service was not delivering value for money or meeting priority outcomes. A total of £747,000 recurrent savings were agreed as a result of this work. An additional £125,000 was saved through the Neighbourhood Networks in the city agreeing to voluntary one-off payments back to the council from their reserves and through efficiencies achieved.

Clinical commissioning groups

- 3.6.6 Through joint working within the Joint Adult Community Commissioning Group initial conversations have commenced about future efficiency opportunities. For example health funding for third sector Deaf and Blind services will be integrated with ASC to commission a single integrated sensory impairment service for the

city from 2017. There has been no savings on Leeds CCG third sector service level agreements over recent years.

3.7 Service outcomes and quality measures

3.7.1 Across the health, wellbeing and social care economy as part of the process of jointly commissioning services from the third sector we are increasingly working together to develop services outcomes and jointly contract management services, although we recognise that this can be improved. The sections below outline the current approaches to setting services outcomes and performance management.

Public health

3.7.2 In PH each contract has a responsible chief officer (public health consultant) and a contract manager. They have a range of appropriate performance measures in relation to outputs, quality and outcomes. For example, the locality community health development contracts all submit data on numbers and demographic data, but for a certain percentage of their users they also submit 'Well Being Wheels'. These wheels are used to track the impact on the person of their use of the service in relation to key areas over the time they are working with them e.g. looking after yourself, social networks and relationships, emotional and mental well-being, meaningful use of time and managing money. Regular meetings are held by PH contract managers to ensure performance is on track and to enrich the understanding of the needs of the sector.

Adult social care

3.7.3 In ASC the approach to setting service outcomes is to work with service users, carers and families, as well as providers to understand the priorities and co-produce the outcomes for the service. ASC is guided by the 'Commissioning for Better Outcomes' document publicised in 2014 which outlines nine standards for commissioning practice, for example, being person centred and outcomes focused.

3.7.4 Establishing and implementing quality standards are essential for delivering consistent, safe and reliable services that help people to achieve their desired outcomes. Over the last five years ASC has worked to develop a number of quality assurance frameworks, in conjunction with providers, in the areas of home care, residential and nursing care (older people) and accommodation based services (mental health, learning disability and physical or sensory impairment services).

3.7.5 For preventative services we have worked with third sector providers to develop appropriate monitoring frameworks. For example, with the Neighbourhood Network contract the Older People's Outcome Star (a nationally recognised tool) was initially piloted with a small number of Networks to test whether it would be an appropriate tool for measuring the services' outcomes on individual's lives before rolling it out to all.

3.7.6 A critical part of monitoring quality within services is gathering feedback from people who use services and their carers and there are a range of mechanisms in place to do this, including two volunteer initiatives, 'Good Lives Leaders' (who are

people with a learning disability and their family carers) and 'Dignity Champions' (for residential care), which independently visit services to gather the views of people using them about the quality of the support they are receiving. ASC also commissions Leeds Healthwatch (delivered by a consortium of third sector organisations) which is the consumer champion for health and adult social care locally and is responsible for promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services.

Clinical commissioning groups

3.7.7 Typically, the performance management arrangements within the CCGs include:

- A contract manager with responsibility for managing the NHS and third sector mental health contracts who works closely with the relevant commissioning leads. This ensures that commissioners have input into contract development and can influence contractual levers such as CQUINs, quality incentives etc. There is a robust contract management structure in place with all providers and associate CCGs and Clinical Leads are assured via the bi-monthly the relevant Provider Management Group.
- Regular contract quality and performance reports are received from providers and hold quality and performance reviews. Issues of performance are dealt with through contract management processes.
- All key performance indicators and performance targets are set out in service specifications and these are reported on monthly/quarterly. Most services provide outcome data which is shared with commissioners through performance reports. Some services are commissioned for very specific outcomes (such as IAPT or Early Intervention in Psychosis) and they are monitored on this, some use validated outcome tools such as the Recovery Star to assess impact of their interventions on a service user's recovery in a number of domains. Pen-pictures/case studies are also provided by a number of services as an addition to the more quantitative outcome data that is also provided.

3.7.8 An example of joint contract management is the Third Sector Grants Scheme Contract Management Board where all three CCGs and PH are represented.

3.8 Examples of joint commissioning of the third sector

3.8.1 There has been a move towards more joint commissioning of services from the third sector, across the council and the CCGs as well as across different council directorates, and this will continue to be direction of travel over the coming years. Examples of joint commissioning and contract management include:

- **The Leeds Advice Consortium** - PH working with several council directorates (children's services, environments and housing, citizens and communities and ASC) to commission a consortium of third sector organisations (consisting of Leeds CAB, Chapeltown CAB and Better Leeds Communities) to deliver a single advice contract over three years commencing on 1st April 2014.

- PH working closely with the three CCGs which has led to additional funding for the council's third sector contracts e.g. Health Trainer service commissioned from Health for All, and Forward Leeds the new Drug and Alcohol Service; and advising on CCG commissioning of the Third sector.
- **Care and Repair home adaptations and improvement service** - Funding from PH and environments and housing has been joined into one contract to ensure value for money and better outcomes for vulnerable people in Leeds.
- **Leeds Mental Health Framework** - The Leeds Mental Health Framework has been developed by the Mental Health Partnership Board and sets out the aspirations of the city with regards to the future state of mental health provision for the city. The Mental Health Partnership Board is made up of people with lived experience of mental health, commissioners from health, social care and public health, and providers of services from the statutory and third sectors. It provides a framework for commissioning of mental health services, of which a significant number are delivered in the third sector.
- **Dementia** - Better Care Fund invest to save funding has been used to employ 14 Memory Support Workers (13 full-time equivalents) to ensure that everyone with a diagnosis has someone to talk to about living with dementia, and connect with local services and networks of support. They are employed by the Alzheimer's Society, working in partnership with the Leeds Partnerships NHS Trust (the local provider of mental health and dementia NHS services). In addition, over the past four years, the third sector has developed new services for people with dementia and carers such as dementia cafes, increasing dementia awareness, carers dementia information and education sessions and a South Asian dementia support service. These were initiated with relatively small amounts of grant funding, an approach that was successful because of the existing strength and infrastructure of the third sector in Leeds, and the ability of a joint commissioning lead to use both council and NHS funding sources based on a city-wide strategy.
- **Carers contract** - ASC jointly commissions with the CCGs a combined carers support service which is delivered by a consortium of organisations led by Carers Leeds, a third sector organisation. The consortium includes a statutory partner; Leeds and York Partnership Foundation Trust, which seconded its mental health carers team to Carers Leeds to deliver the service. The consortium delivers a number of key services which support the Leeds carers offer including information and advice; help with completing a carers assessment, and other support services.
- **Advocacy contract** - Following a joint review of advocacy services by the NHS (now CCGs) and ASC in 2009 a new model for the delivery of services in the city was developed. The new model involved third sector advocacy providers coming together to form a consortium, led by Advonet, to provide a single point of access for advocacy services with specialist provision for older people, black and minority ethnic people, people with learning disabilities, people with mental health problems and dementia, people with physical impairments and a culturally sensitive and bilingual support. The service is jointly commissioned by health and social care.

3.9 Future commissioning plans

- 3.9.1 The three CCGs, ASC and PH commissioning plans for the third sector are derived from the overarching Joint Health and Wellbeing Strategy. All are driven by national guidance and local population needs under this strategy.
- 3.9.2 We are working together to continue to build on the joint commissioning already happening to maximise the Leeds pound.
- 3.9.3 A number of commissioning activates planning to involve the third sector include:
- PH to complete the review of Locality Community Development contracts to advise Executive Board in relation to re procurement.
 - CCGs to continue working with all partners to look at supporting the third sector to develop invest to save opportunities e.g. Social Prescribing, third sector grants
 - Community based mental health services will be re-commissioned in line with the Leeds Mental Health Framework.
 - Neighbourhood Networks - The current contracts are currently in the first year of three possible extensions, which would take them to 2018. Due to the importance and complexity of these services PH and ASC are planning to carry out a significant review working with the CCGs in 2016 to plan for the re-commissioning of the services after the extensions have taken place.
 - Sensory Impairment Services - ASC currently commissions four community based support services for blind and partially sighted and deaf and hard of hearing people. The services are all delivered by third sector organisations and the intention is to extend the existing contracts for a further 12 months up to the end of March 2017 to allow for consultation on the new proposed service model and commission accordingly with the CCGs.
 - The CCGs, PH and ASC will continue working together through the Better Care Fund arrangement to develop invest to save opportunities, such as the Hospital to Home Scheme that has been piloted in the city with the third sector.
 - ASC will be looking at personalisation and increasing the number of people in receipt of a Direct Payment will be a priority in the coming years. This will also involve developing the market for services that people can buy with their Direct Payment which is a potential market opportunity for the third sector.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 Consultation and engagement is carried out whenever there are plans to re-commission or change services. CCGs and the council consult with service users, carers and families as well as providers that may be impacted by any changes.
- 4.1.2 CCGs and the council consult with providers, including the third sector, regarding our wider strategic plans which set the framework for commissioning of services in the sector as outlined in section 3.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Each time a commissioning exercise is undertaken an Equality Impact Assessment is completed and any issues identified or recommendations resulting

from the assessment are taken into account as part of the commissioning process and incorporated into the service specification and contract monitoring plans.

4.3 The Best Council Plan

4.3.1 The Best Council Plan 2015-20 outlines six key objectives for the council including the delivery of the better lives programme, supporting communities and tackling poverty and the breakthrough projects of early intervention and reducing health inequalities and Making Leeds the best city to grow old in. The third sector widely contributes to the better lives programme and the breakthrough projects, both in regards to delivery of commissioned services such as the Neighbourhood Networks for older people, health trainers, carers services and community based mental health services as well as representing service users and communities on strategic boards and informal support provided in neighbourhoods.

4.3.2 The work of the third sector contributes to the overall vision of Leeds being a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest, as detailed in the Leeds Joint Health and Wellbeing Strategy 2013-15.

4.3.3 The CCGs have a strategic direction written in the Leeds five year plan which is derived from the national five year forward from the Secretary of State.

4.4 Resources and value for money

4.4.1 There are no specific financial or resources implications arising from this report. However, as outlined in section three under future plans, the council as a whole is continuing to face budget reductions and ASC, PH along with other directorates, is looking at how savings can be achieved over the next two financial years. This will have an impact on commissioned services, including those commissioned by the third sector. We will have a clearer understanding of the impact of this in January 2016. There are currently no implications for budget reduction of third sector funding by the CCGs.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no legal implications arising from this report.

4.5.2 It is important to note that when the council and CCGs are commissioning services any procurement process must be carried out in line with the council's Contract Procedure Rules and where the value of the procurement exceeds the European Union threshold (currently £172,514.00 for goods and services) the procurement will also be subject to the Public Contract Regulations. These rules apply regardless of whether the service being procured is to be delivered by an independent or third sector organisation.

4.5.3 Any procurement over EU threshold is also subject to the Public Services (Social Value) Act which was introduced in January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Taking this a step further the council, in partnership with the third sector and other key partners such as the CCGs, have developed a Social Value Charter for Leeds which sets out our guiding principles regarding social value and how they can contribute to the vision for Leeds to be a healthy, fair, compassionate and caring city where everyone benefits from the city's economic growth.

4.6 Risk Management

- 4.6.1 Each time a commissioning exercise is undertaken an assessment of risks will be undertaken and a risk register maintained to identify the key risks, along with actions required to mitigate these risks. This will include consideration of any financial risks, risks in relation to safeguarding, business continuity and information governance.

5 Conclusions

- 5.1 The third sector is a vital part of the health, wellbeing and social care economy in Leeds and this is reflected in the number and variety of services that are commissioned from the sector by all partners.
- 5.2 The report also reflects the increasing amount of joint commissioning of the third sector across the health, wellbeing and social care economy in Leeds and the structures that we have in place to facilitate this. This will continue to be a priority moving into 2016/17.
- 5.3 This paper has given an opportunity for all partners to reflect on their approaches to commission the third sector. It illustrates how different these can be – even between CCGs for example. However, there is the will and intention to move forward to a more co-ordinated approach to serve the people of Leeds, our flourishing third sector and the best value for the Leeds pound.

6 Recommendations

- 6.1 To note the approach that the three clinical commissioning groups, public health and adult social care are taking to working with the third sector and each other.
- 6.2 To note the potential implications for the third sector for the reduction of funding for both adult social care and public health.
- 6.3 To note information regarding current and future commissioning of the third sector in Leeds by the three clinical commissioning groups, public health and adult social care, including joint commissioning where appropriate.
- 6.4 To note the intentions of all partners to continue to improve the integrated commissioning of the third sector.

Appendix A – Summary of health, wellbeing and social care services commissioned from the third sector

Public health third sector commissioned services summary

Type of Commissioned Service	Annual
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	grant/contract value
Locality Community Health Improvement and Development	£802,838
Healthy Living Services	£578,100
Cancer Awareness	£75,000
Vulnerable Groups	£370,064
Sexual Health	£563,740
Mental Health & Wellbeing	£570,778
Domestic Violence	£57,840
Young Children 0-5	£43,000
Older People	£1,685,406
Addiction Services	£8,079,977
Health Protection	£158,000
Total	£12,984,743

Adult social care third sector commissioned services summary

Type of Commissioned Service	Annual grant/contract value
Care and support services for people with care and support needs*	
Services for adults under 65 with a learning disability	£798,805
Services for adults under 65 with mental health	£4,764,350
Services for older people aged 65 and over	£15,329,238
Services for people under 65 with a physical impairment	£4,638,250
HIV/Aids	£321,701
Substance misuse	£693,451
Carers	£1,357,774
Equipment	£1,037
Other	£250,474
Sub total	£ 26,641,093
Learning Disability Pooled Budget	
A range of services including supported living, day opportunities for people with a learning disability that have been assessed as having eligible needs.	£26,641,093
Sub total	£26,641,093
Grand total	£55,603,230

*Please note that the majority of the above commissioned services are commissioned to support people who are assessed as having eligible needs and ASC is therefore required to provide care and support services for as part of its statutory duties. The table includes residential, nursing and homecare services commissioned from the third sector and will therefore include the services provided by a number of large national third sector organisations as well as smaller local third sector organisations.

Clinical Commissioning Groups third sector commissioned services summary

Type of Commissioned Service	Annual grant/contract value
Leeds West CCG	
Healthy Living	£560,000
Children and families	£25,000
Mental health	£277,500
Sub total	£862,500
Leeds North CCG	
Children and young people	£135,000
Older people	£50,000
Healthy Living	£29,788
Drug and alcohol misuse services	£80,000
Hospital admission avoidance	£417,037
BME communities	£27,838
Carers	£43,950
Parenting and early years	£23,396
Disabled people	£4,996
Refugees	£5,000
Sub total	£817,005
Leeds South & East CCG	
Mental health	£130,532
Parenting/early years	£153,236
Older people	£33,850
Women's health	£68,160
Men's health	£28,734
Capacity building	£43,600
BME communities	£37,058
Disabled people	£19,737
End of life care	£14,420
Children and young people	£30,788
General population	£5,000
Sub total	£594,592
Grand total	£2,274,097
Better Care Fund	
Community support and third sector services which sit within the Better Care Fund	£14,785,356
Total	£14,785,356