

ADULT SOCIAL CARE

MARKET POSITION STATEMENT

2014 – 15 v5

[This market position statement is submitted to the HWBB in draft form prior to formal publication in July 2014. Following the HWBB meeting on the 18th June, please disregard this document in favour of the published version, which can be found at www.leeds.gov.uk]

CONTENTS

PREFACE

CH 1. DETERMINING THE WAY FORWARD: THE LEEDS STRATEGY FOR
SECURING BETTER LIVES FOR ITS CITIZENS

CH 2. THE FINANCIAL CHALLENGES AHEAD

CH 3. THE EVIDENCE BASE FOR COMMISSIONING ADULT SOCIAL CARE IN THE
CITY

CH 4. AN OVERVIEW OF COMMISSIONING INTENTION 2014/15

CH 5. ENTERPRISE AND CO-PRODUCTION: A NEW APPROACH TO
COMMISSIONING

CH 6. SCANNING THE HORIZON

CH 7. USEFUL LINKS

PREFACE

Welcome to the second iteration of the Leeds Adult Social Care Market Position Statement. Having listened to a great deal of feedback from providers and others, and participated in a series of structured workshops with the other Yorkshire and Humber Adult Social Care Commissioners on developing Market Position Statements, we have produced a very different document this time. Our aim is to give clear messages to the market concerning what we intend to commission and why. We have produced a briefer document which is clear and to the point. Consequently much detail has been left out, although the final section gives pointers to where you will find background information, and the detailed facts and figures.

By way of context we describe our interpretation of the local and national public policy agenda which is unfolding, and what this will mean for care services and the markets which offer them up. We go on to explain how we intend to manage the ever more challenging financial situation, before examining the evidence base for commissioning services. Then we describe our intention to fundamentally change our procurement practices, by co-producing solutions with yourselves and other partners, and by promoting a new enterprise culture in adult social care. To conclude we attempt a forecast of what this will all mean for the shape of care markets in future years. Perhaps the most exciting aspect of our new market position Statement is our intention to make it a live and interactive document which we will adapt and change during the year in response to feedback and dialogue with yourselves, as well as changing local and national agendas. We warmly welcome you to taking part in this enterprise.

Finally we need to be clear that this is not a commissioning strategy, workplan or a source of detailed information about future commissioning intentions. These information sets can be found elsewhere, and the last section directs you to them. Rather, the Market Position Statement aims to open a dialogue with service providers in order that we can jointly co-produce solutions for the delivery of outcome-focussed, high quality social care services for the citizens of Leeds. We very much hope that you will be able to participate in the new partnership approach to commissioning.

Tim O'Shea, Head of Adult Social Care Commissioning
Emma Carter, Commissioning Manager - Enterprise

CHAPTER 1

DETERMINING THE WAY FORWARD: THE LEEDS STRATEGY FOR SECURING BETTER LIVES FOR ITS CITIZENS

The local and national policy agenda for Adult Social Care (ASC) has produced six areas of priority which will form the framework for all future commissioning activity. These are:

- Information
- Prevention
- Recovery
- Housing care and support
- Self-directed support
- Quality and dignity

These will be further refined according to service user category, but successful providers will need to reflect these priorities in their business plans when preparing for the challenge of competing for business.

The Better Lives themes of enterprise, housing, care and support and integration represent our priorities for investment. We want providers to demonstrate enterprise through innovation, new types of service delivery and co-production. Supported living for all service user groups will form the bedrock of service design. We are increasingly working to integrate with our NHS partners, and we will reward integrated approaches as the best means of delivering quality and affordability.

We also want to work with providers to better understand how our care markets work, what are the challenges and how we can jointly encourage markets to thrive. We hope that our new interactive and discursive approach in the Market Position Statement will facilitate this ambition.

The Care Act 2014 presents commissioners and providers with a new set of challenges which in turn will become opportunities for business development. The Act places a new statutory duty on Local Authorities to promote the diversity and quality of local services, in order that there is a sufficient range of high quality service providers to enable genuine choice for service users. The Act also affords legal rights to carers to have their support needs met. Local Authorities will also have a duty to ensure continuity of care should a provider fail. The duty to provide market oversight to ensure quality will be shared with the Care Quality Commission (CQC). A new power to delegate Local Authority functions, e.g. assessment, and a new duty to provide social care in prisons will offer further business opportunities to providers. The so-called “Dilnot cap” on care costs will have implications which are yet to be determined. If you are interested in exploring any of these or other business opportunities please contact us.

Perhaps the most significant policy initiative for determining future market opportunities is the Better Care Fund (for details please see the Useful Links chapter). Initially the fund in Leeds will amount to £55 million and its primary objective is to generate savings on acute care in order to reinvest in preventive community services. As the concept of the Leeds £ gains a foothold, (i.e. a common currency for all health and social care investment), the size of the fund is set to grow to affect all areas of commissioning. The

opportunities for market growth and diversification are obvious, it will require ever greater integrated commissioning, service operations and governance. The impetus for this will be accelerated by newly granted Pioneer Status for Leeds which will facilitate this integration programme (refer to Useful Links).

Currently integrated commissioning with the Clinical Commissioning Groups (CCGs) is advanced in some areas of the business, and not in others. Our aim is to develop a streamlined, coherent system of procurement which will be simpler, less honourous and more secure for providers. Pooled budgets and lead commissioning arrangements, if not fully integrated commissioning services, will become the norm across Health and Social Care.

CQC has aligned its inspection activity with the five key questions in the Frances Report concerning safety, effectiveness, quality of caring, leadership and responsiveness (see Useful Links). We have decided to follow suite and reflect these challenges in our quality frameworks. This will assist providers in responding to similar demands from both the regulator and commissioners.

The newly published regulations associated with the Health and Social Care Act 2008 (see Useful Links) will provide greater clarity to quality monitoring processes. This will be supplemented by more joined up outcomes measurement across Health and Social Care as illustrated, for example, in the new Mental Health Framework (see Useful Links).

We will also be looking at supporting the wider market, for example those people who are looking to purchase their own care or make provision for a family member. We will look at what aspects of our data we can make available either directly to those seeking a service provision, or to providers to use, as an improvement tool. Safeguarding forms an important aspect of commissioning all providers of social care services. We will continue to enhance our involvement in the use of safeguarding not only as a protective measure but as a powerful quality development tool to support improvement in services.

Consultation and active engagement of service users and their carers throughout the commissioning cycle will continue to underpin work on quality.

We are confident that this approach will allow us to drive up quality across all services including those we do not directly commission. Whilst at the same time we aim to reduce the burden of contract compliance and monitoring on high quality providers. This will allow us to direct our resources towards enhancing quality in all sections of the market, not just those areas that we commission.

It is clearly not practicable to go into the detail in the Market Position Statement concerning our specific commissioning intentions regarding service user groups, although the headlines are set out in Chapter 5 below. Specific commissioning strategies for all service user groups are either in place, e.g. The Mental Health Framework (see Useful Links) or are in preparation. These will encompass both Social Care and Health commissioning and we want to encourage all our stakeholders, and in particular our providers, to become involved in these initiatives.

For further information please contact Mick Ward, Head of Commissioning - mick.ward@leeds.gov.uk

CHAPTER 2

THE FINANCIAL CHALLENGES AHEAD

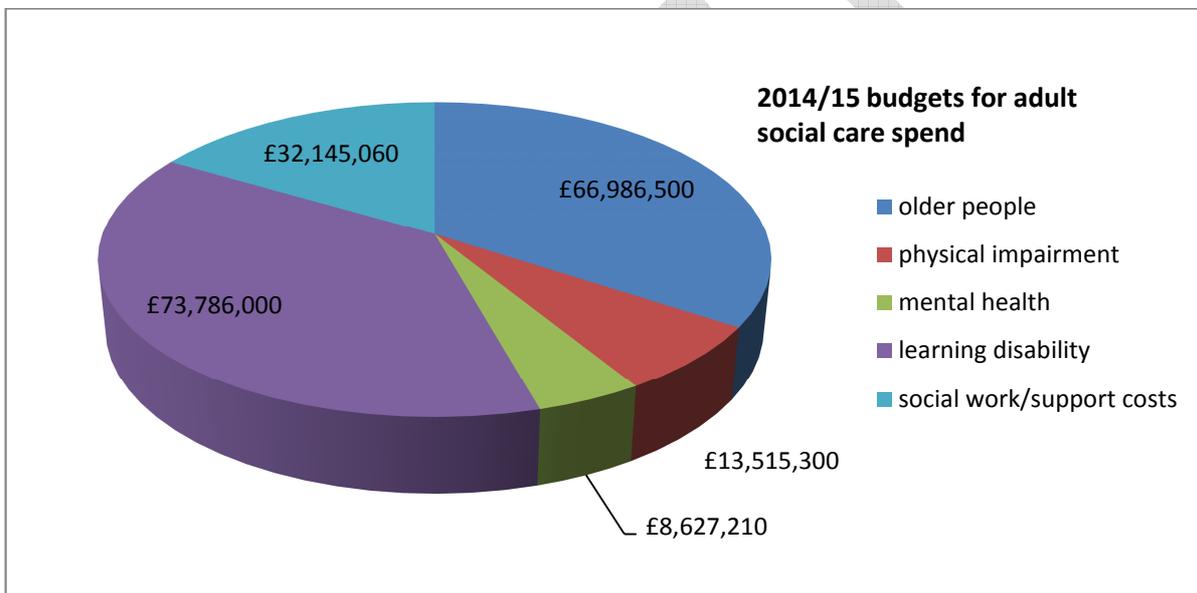
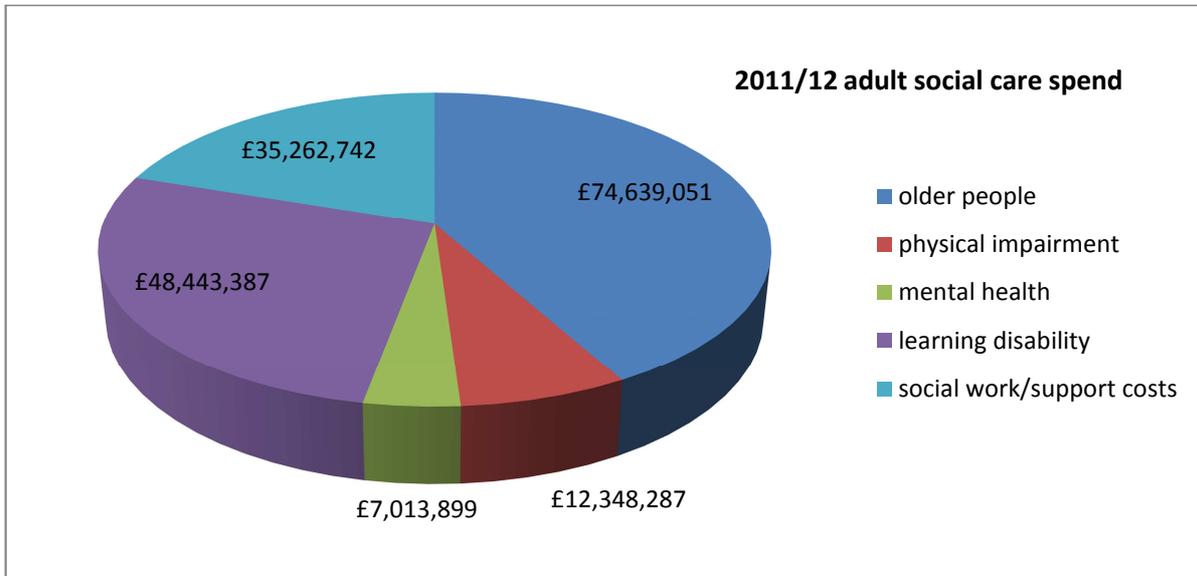
KEY FINANCIAL CHALLENGES

- Ongoing major budget reductions
- New tactical approaches to managing supply and demand
- Maximising the opportunities in the Better Care Fund

Between 2010 and 2016 core government funding allocated to Leeds City Council will have reduced by 43%, or £170 million. This includes a £36 million reduction in 2014/15, and a £33 million reduction in 2015/16. When unavoidable pressures are included the funding gap for 2015/16 rises to £49 million. Since the comprehensive spending review of 2013 the government has confirmed that the initial 4 year deficit reduction plan would continue after 2016 for a further three years to 2018, and that the scale of reductions in government spending would be similar to those experienced since 2010. Furthermore, these challenges will be compounded by significant reductions to NHS budgets locally. Previously the NHS has been relatively protected from the scale of cutbacks faced in local government.

In Adult Social Care £26 million worth of savings have been delivered since 2010, with a further £11 million savings budgeted for in 2014/15. It is likely that this level of reduction will be required for the subsequent 3 financial years. The more obvious targets for achieving reductions without impact on frontline services are now all but exhausted. As a result work is beginning on a broad range of fronts to deliver a step change in our response to deficit reductions, and associated cutbacks required by central government. This is likely to engender radical changes to the face of local government and the care markets it facilitates.

These economic and fiscal challenges do not, however occur in a vacuum. They have to be viewed in the context of a changing tableau of social, demographic, epidemiological and political features which present concurrent challenges. Because of this the proportion of the Council's Net Managed Budget spent on adult social care has actually increased from 29% to 35% between 2012 and 2015. The following pie charts show the trend in allocations of investment between service user groups between 2011/12 and 2014/15:



We are now spending less on older people, primarily because of the shift from provision of services to the commissioning of residential and home care services from the third and private sector. The significant increase in learning disability spend is due to growth in client base and complexity (£10m), services transferred from another directorate (£4.0m) and changes in government funding (£11m).

Whilst Adult Social Services remains committed to paying a fair price for care linked to quality, we are developing a range of tactics to enable us to deliver a balanced budget each year during the period of financial cutbacks. The size of the workforce within adult social care will continue to reduce and we intend to increase investment in prevention and community support, and promote volunteering and community capacity as alternatives to statutory services. We will encourage and incentivise providers, both voluntary and independent sector, to develop innovative solutions to help us better manage demand. We will also develop partnerships with providers to co-produce a fair and affordable cost of care which is relevant to their target service user groups. Carers will be supported and encouraged to sustain their commitment to service users by providing them with resources in their own right.

The key to successful financial management and investment lies in the opportunities afforded by the Better Care Fund linked to Pioneer Status. We and our NHS colleagues are committed to shifting investment from secondary and statutory care to the community markets which will effectively reduce demand for statutory and secondary services.

All this is dependent on our facilitation of ever more diverse care markets, and we want to ensure that providers are fully involved in how markets and models of care are developed.

For further information please contact John Crowther Principal Finance Manager john.crowther@leeds.gov.uk or Mark Phillott, Head of Contracts and Business Development. mark.phillott@leeds.gov.uk

DRAFT

CHAPTER 3

THE EVIDENCE BASE FOR COMMISSIONING ADULT SOCIAL CARE IN THE CITY

KEY CHALLENGES FOR DECISION MAKERS

- Gathering and analysing the right data to inform commissioning decisions
- Increased knowledge and understanding of care markets
- Setting and measuring outcomes
- Devising and agreeing objectives with providers

In the past investment decisions in Adult Social Care were based on what was actually purchased in previous years with some adjustment for predicted pressures, e.g. increased costs or level of demand. We now acknowledge that we need a more detailed appreciation of the behaviour of demand, the operation of markets and the outcomes of interventions. Service providers are the experts in these fields and so we want to join forces with you to improve our evidence base for decision making. This will involve jointly collecting and sharing data and then analysing it in order to win a consensus on what needs to be provided. This approach has already been initiated in the major re-commissioning exercises for older people's residential care and home care and will be adopted in all other cases of commissioning in the next two years.

Despite the obvious shortcomings in our data to inform our commissioning decisions, we have begun the process of increasing our insight. For example the 2011 Census shows us that over 125,000 people (16.8% of the population) feel they have a long-term illness, and of these 59,000 feel that their day to day activities are limited "a lot". There are 71,000 people in Leeds are providers of unpaid care. In the next 5 years the numbers of people aged 65 will increase by 12%. In 2014 it is estimated that there are 8,700 people with dementia in Leeds and this is likely to increase to 12,000 in 15 years' time.

There has also been a year on year increase in the number of people with learning disabilities in Leeds needing support from adult services. The biggest demographic challenge however is the increase in acuity of need, with improvements in health care meaning that more children survive into adulthood with complex physical needs and /or challenging behaviours.

In regard to people with a mental health need, more recently providers in the city have seen an increase in demand for their services. Services are mostly relating this to the austere financial climate and welfare reform leading to more people being diagnosed with depression.

At present we do not have up to date information on the projected number of people with a mental health need or with a physical or sensory impairment over the next five to ten years as we are waiting for the Projecting Adult Needs and Service Information (PANSI) data sets to be updated with the latest census data.

At the end of March 2014, ASC was supporting a total of 9524 people who were assessed as having eligible needs (including people placed in residential care). When you compare this figure to the 59,000 people who stated in the last Census that they had

a long term illness that limited their day to day activities a lot, it would suggest that there are large numbers of people who are self-funding their own care, or receiving informal support through unpaid carers.

Patterns of demand are changing and this will influence the shape of future markets for care and support as much as the demographic and epidemiological pressures referred to above. The overall numbers of people receiving traditional care services – homecare, care placements and day care - paid for by the council are reducing. Those who do receive homecare are getting a bigger package suggesting that increasingly support is being provided to those with a higher level of need, average packages have increased in size by 10% between 2012 and 2013. There has also been a corresponding drop in the numbers of people getting traditional day care services. It is further estimated that 10% of beds in care homes are empty at any given time.

An increasing number of people are accessing community based facilities and time limited services during the day. The role of Neighbourhood Networks is being developed to enable greater access to these services. The commissioning of coordinated advocacy services, a greater number of Changing Places, and extending the Safe Places scheme all help vulnerable adults to access community based resources.

Alongside the NHS we aim to prevent the need for intensive services by providing community alternatives such as Telecare and Telehealth and reablement. Already attendances at Accident and Emergency Departments are dropping year on year. We need providers to help us innovate in these areas. We are committed to manage the diversification of these options in the market. Over the last three years more than 10 new social enterprises were supported with start-up grants, and a range of initiatives have commenced to help people use their personal budgets.

The number of people in receipt of a personal budget has remained fairly static over the two years, to the end of March 2013, at a total of just over 2000, or 17.5% of the total services user population. However, there are wide variations between service user groups, with the majority of service users using personal budgets being older people, carers and those with physical impairments. By contrast there were only 37 people with a sensory impairment and 61 with a mental health issue. Clearly there is a lot of work to do to encourage take-up in all areas of need and over the past 12 months we have been running a pilot to increase the number of adults with mental health problems receiving a personal budget. The target was for 50 people to be in receipt of a personal budget by the end of the pilot but a total of 82 was achieved. The methodology used in the pilot is now being utilised by social workers in mental health teams.

Demand for supported living is growing across all service user groups. For example we have estimated that Extra Care facilities for older people need to double in the next 10 years.

The pattern of increasing and changing demand offers huge opportunities to providers willing to adapt and change in response. Our ambition is to facilitate your success through innovation.

The Local Account (see Useful Links) tells us that people want flexible and integrated care and support that is well co-ordinated, and enables them to feel in control and safe. They want to be active members of supportive communities where there are opportunities which match their interests, skills and abilities.

They also want a new emphasis on getting help at an early stage to avoid a crisis, and that their network of support involves carers, friends, community and paid care staff if necessary. This will allow a choice of support to fit specific circumstances.

This vision from service users, both actual and potential, is a far cry from the current offer available to most people. Those key messages must inform our commissioning decisions and service-design in the future.

We need to prioritise the development of our data and knowledge bases for minority ethnic communities across all service areas.

For a further discussion contact: Emma Carter Commissioning Manager – Enterprise
emma.carter@leeds.gov.uk

DRAFT

CHAPTER 4

AN OVERVIEW OF COMMISSONING INTENTIONS 2014/15

As referred to in Chapter 1, we have identified six cross-cutting priorities which will be applied to all areas of commissioning activity and service user groups. We will improve information services to facilitate personal choice and control. We will invest in prevention services to avert crises. We will require providers to promote recovery as the primary aim of interventions. We will prioritise housing with care and support over institutional solutions. Self-directed support will become a reality for all. And finally, we will only invest in services which have a proven track record in delivering quality and dignity in care.

Those themes should be clearly identifiable in the service user group commissioning intentions set out below.

1. Older People

Key Commissioning Issues for Older People

- Increasing demand for specialist home care and extra care
- Increased investment in prevention and assistive technology
- Invest in “dementia friendly” services
- More support for community initiatives and volunteering
- Joint commissioning with NHS for integrated care packages

Major commissioning intentions related to older people can be set out in the following five domains.

(i) Homecare

Homecare services in Leeds are currently provided to approximately 3,500 individual service users and whilst the overall number of service users in receipt of home care is declining, actual number of hours delivered is increasing. . This is caused by two factors: Firstly the number of people supported to live at home who would otherwise have been taken into residential care is increasing. And secondly, those who are supported are likely to have more complex needs, requiring a greater input of care. These two factors are in turn linked to the decline in usage of residential care.

During 2013 approximately 36,000 hours of homecare were delivered with 31,500 of these hours being delivered by external service providers, this is an increase of 6,000 hours over the last two years. A framework contract is in operation at the moment but this will expire in 2016 when a new service model and new contract arrangement will be put into place. The 32 current contracted framework providers range from small local providers to large national companies with some being third sector organisations. Commissioners are now working with the current framework providers to co-produce the

new service model which we anticipate will be very different to the existing model, we want to work with service providers and service users to create a more flexible personalised service that improves service users satisfaction and that can meet the growing demand for this service in the future. We want to move the focus from “what can’t people do” to “what can you do and how do you want us to support you”. We want to ensure that there is enough capacity in the market to be able to deliver services in rural areas and make certain we do not have an oversupply in central areas. An analysis of the full market will be undertaken as part of the re-commissioning process. We are aware that over 100 providers are registered to provide homecare services in Leeds but we have little information at this time to indicate how many hours of care they are delivering. It is anticipated that more information about these services will be collated and analysed over the next twelve months.

For further information please contact Michelle Atkinson, Older People’s Commissioning Manager - Michelle.I.atkinson@leeds.gov.uk

(ii) Residential and Nursing Care Homes

The analysis of data collected by the Housing and Care Futures Programme (see Useful Links) indicates that currently there is an over provision of residential care beds in the city. However the distribution of care beds is not even, and in some wards, e.g. Wetherby, Morley and Otley, ASC is supporting the development of new care homes by the independent sector. Overall the demand for residential care is expected to continue to fall and those that do require residential care will have more complex care needs including specialist dementia care and nursing. Data indicates that there is a shortfall of nursing care homes in some areas of Leeds and that demand for this type of accommodation particularly for the very old will increase as the number of older people living longer grows.

As part of the re-commissioning of residential and nursing care in 2012 ASC introduced a quality framework for residential and nursing care. This requires providers to sign-up to a set of quality standards that are directly related to the care fee. This gives the Council a greater influence over the cost and quality of independent sector provision, but brings some stability to the sector with the implementation of a five year contract.

For further information please contact Jason Lane, Commissioning Manager. Jason.lane@leeds.gov.uk

(iii) Extra Care

We are developing a model for Extra Care in Leeds. There are currently 4 commissioned Extra Care Schemes in Leeds with capacity total of 166 one and two bedroomed apartments which can accommodate people with care needs funded through the Local Authority. Work is being undertaken to formalise the contract terms and conditions and ensure the market is procurement ready for 2014. Leeds City Council has successfully bid for funding from the Department of Health’s Care and Support Specialised Housing Fund (CSSHF) towards the cost of the Haworth Court Extra Care Housing development. The proposed 45 apartment extra care housing development which should start on site in late 2014 is viewed as a positive opportunity to replace an outmoded sheltered complex with good quality specialist housing with care for older people in a ward where there is currently a significant undersupply of extra care housing. The apartments will be a mix of affordable rent and shared ownership. There is currently

an undersupply of extra care housing in Leeds and our analysis indicates this shortfall to be in the region of 665 apartments.

For further information please contact Sinead Cregan Adult Commissioning Manager - sinead.cregan@leeds.gov.uk

(iv) Preventative Services

We currently fund 117 organisations to provide low level preventative/signposting services to the citizens of Leeds. Funding is provided either through grant agreements or contracts. Types of services provided through these arrangements are Neighbourhood Network Services, Luncheon Clubs, Advisory services, Advocacy services, signposting and information services. We are committed to continue funding these organisations but the nature and scope of the funding may change in future years. Funding is still available for new innovations in the sector through start-up funding for new and existing third sector and social enterprise organisations through the Ideas That Change Lives Fund (hosted by Leeds Community Foundation). It is anticipated that due to the growing older peoples population there will be a greater demand on preventative services in the coming years. The introduction of the Care Act will place even greater importance on advocacy, advice and information services.

For further information please contact Emma Carter, Enterprise Commissioning Manager - emma.carter@leeds.gov.uk

(v) Dementia Care

There is a wealth of information about dementia as a condition, and its impact on people and families, on the Alzheimer's Society website, www.alzheimers.org.uk. The Prime Ministers Challenge on Dementia sets out ambitions for local communities to become more dementia-friendly, to improve diagnosis rates, the quality of health and social care, and invest in research. This challenge runs until 2015 and it is likely that dementia will remain a national priority beyond this date. Local information, including our strategy and action plan, is at www.leeds.gov.uk/dementia.

We are committed to improving dementia diagnosis and early access to information, advice and support. There has been additional investment in the Leeds Memory Service, and it is planned to create the role of "Eldercare Facilitator" to work within GP practices, to support people with dementia and families. Staff should know the signs and symptoms of possible dementia, and GPs will be the first port of call for further memory assessment.

Dementia is the business of all services working with older people. The risk of developing the condition is linked to older age, and it usually occurs alongside other long-term health conditions – fewer than 10% of people with dementia have the condition on its own. Service providers who wish to be regarded as providing high quality care, and to be rewarded for it, will have to demonstrate that their policy and practice (including investment in training) delivers person-centred care for people with dementia. ASC commissioners have already applied this principle in the quality framework for care homes.

Dementia means working together. When people have dementia alongside other long-term conditions, this can lead to complex needs and frailty. We know that those with dementia are at higher risk of hospital admission, often resulting from potentially preventable causes such as urinary infections, respiratory infections, and falls. The NHS planning guidance

seeks to reduce hospital admissions by 15% in the next 5 years, and GPs and specialist NHS services will develop to work more closely with social care to share information and work as a team to maintain individual well-being. An example of this is the care homes liaison service, provided by the Leeds and York Partnership Foundation Trust, which can offer education for staff teams, and care planning support for people with mental health needs and dementia living in care homes.

Commissioners recognise that some people with dementia and carers do need specialist support. During 2014-16 we will be working to specify and procure day and outreach services for younger people with dementia. We are aiming for a service model that offers more personalised opportunities for people to be active in the community and recognises that some younger adults will wish to stay in work and have different family lives and roles.

For further information please contact Tim Sanders, Integrated Commissioning and Transformation Manager - Timothy.sanders@leeds.gov.uk or tim.sanders1@nhs.net

2. Autism

Key Commissioning Issues for Autism

- A new commissioning plan for Autism is being prepared
- Direct access support and guidance service
- More supported accommodation
- Increase availability of social support
- Development supported pathways to employment and training

Historically the needs of people on the autistic spectrum have been overlooked within health and social care systems. In order to improve this Leeds Autism Strategy 2011, (see Useful Links), has agreed objectives covering a range of needs from health and social care through employment, criminal justice, education, and social and leisure.

We have been working in partnership with other agencies, people on the Autistic Spectrum and carers to meet these objectives. One of our current priorities is to develop a commissioning plan to cover the social care needs.

We know that we have a steadily increasing demand for social care support. The diagnostic service is now running at full strength and, although not every newly diagnosed person requests a community care assessment, a number do. We also have a steady demand for support from young people whose support needs have been met within education services until they are in their early twenties, as well as for those young people who have more complex needs and are already known to services.

We are currently attempting to quantify need, but as far as we know the main current areas of need are accommodation and support (at a wide range of levels), preventative supports, meaningful occupation, appropriately trained Personal Assistant supports, and

opportunities for people with personal budgets. There is also a need for a direct access preventative support and guidance service for those who are not FACS eligible. There are also a small numbers of young people on the spectrum with forensic needs.

The Leeds Autism Partnership Board recognises that many people on the autistic spectrum have additional mental health needs and/or learning disabilities. They may well receive their support from other service areas. Our commissioning plan will recognise that not all support for people on the autistic spectrum needs to be specialist, and that there is much good quality autism support going on within other areas. Training is a key priority, and this will contribute to improving the offer from non-specialist services. This commissioning plan will link in with parallel work in learning disabilities and mental health.

We will be holding an options scoping workshop in the early summer of 2014. This will bring together all the needs assessment information we have, together with possible procurement and contracting models to develop a range of options. These will feature in the commissioning plan. If the recommendation is to procure additional support this will begin in early autumn to be completed in spring 2015.

For further information contact Helen Gee, Commissioning and Development Officer (Autistic Spectrum Conditions) - Helen.gee@leeds.gov.uk

3. Learning Disability

Key Commissioning Issues for Learning Disabilities

- Complex needs to be met by services locally, rather than out of area
- This year the Learning Disability Supported Living Framework review will commence
- Promote access to employment via the expert employer programme and other initiatives
- Facilitate quality services via the Quality Standards Assessment, the new Provider Forum and the Quality Advisers Project

We will work with our health partners to develop and commission local services to enable us to support locally those people with learning disabilities and additional complex needs. This will include respite and a range of accommodation services. We will ensure that services and support are of a good quality and are flexible enough to meet the demand for personalised services. We will work with our voluntary sector providers to further develop local community opportunities and access to universal services.

The changing face of the learning disability demography will shape our commissioning during 2014/16. Analysis of data shows that there is a year on year increase in the number of people with learning disabilities in Leeds needing support from adult services. The biggest demographic challenge however is the increase in acuity of need. Improvements in health care have meant that more children survive into adulthood with

complex physical needs and /or challenging behaviours, and in line with the national demographics for life expectancy more people with a learning disability are living into old age. It is a priority for commissioners to ensure that young people can have their needs met locally. This will help us in our commitment to meet the requirements of the Winterbourne View Concordat (see Useful Links).

People with learning disabilities in Leeds have told us that their priorities are feeling safe, having a job, and being valued members of their communities.

We will complete the review of respite and develop a commissioning plan based on the outcomes. With the CCGs we will develop clear pathways for people with additional complex needs and services to support appropriate discharge from in-patient services.

During 2014-16, we will review the learning disability supported living framework and investigate the use of the Leeds Directory micro-tender noticeboard to support micro commissioning and increase flexibility and choice to individuals.

We will continue to support accommodation providers to ensure that they are delivering quality services through the use of the Quality Standards Assessment, the newly developed Provider Forum and the 'Good Life Leaders' quality advisor project (see below).

We will support the voluntary sector providers to develop the expert employer programme and engage with local communities to increase access to opportunities for people with learning disabilities.

We will also working with the in-house Learning Disability Community Support Service to progress its development as a social enterprise, subject to a positive staff response following consultation, as agreed by the Council's Executive Board in February 2014.

Some good examples of work undertaken include:

- Using the Learning Disability supported living framework we commissioned a service to enable five young men with complex support needs to move to their own tenancies in Leeds. One young man was able to return to Leeds from out of area and the other tenants were afforded the opportunity to stay in Leeds. The young men have been able to remain connected to their families, their schools and education and their communities.
- We are working with family carers and people with learning disabilities to enhance the provider quality audit work being undertaken by the learning disability contracts team. Scoping the remit of the 'Good Life Leaders' has been developed in partnership with the carers, people with learning disabilities, CQC, Health watch, Health and Providers.

For further information please contact Janet Wright, Joint Commissioning Manager - janet.wright@leeds.gov.uk

4. Carers

Key Commissioning Issues for Carers

- The Care Act and its implications for Carers and Carers services
- Reviews to commence this year of community respite and Alzheimer's carers service
- A new Carers Strategy to be produced in 2014/15
- Monitor the effectiveness of the newly commissioned Carers Consortium

The 2014 Care Act brings major improvements to the rights and expectations of carers in England by giving a duty to provide carers assessments to a far wider group of carers than ever before, a duty to provide services to support this larger group of carers, and the duty to prevent carers having a need for support.

Even with a broad and comprehensive range of commissioned carers support services developed over the last 15 years, less than 10% of the total carers are in touch to ASC. In 2011 there were 25,914 people caring for over 19 hours per week but ASC are delivering less than 4,000 carers assessment each year.

We have re-commissioned the previously separate carers support services for carers of people with mental illness, older carers of adults with learning disabilities and the generic carers centre as a consortium from 1st April 2014 to create a single gateway to support for all adult carers in Leeds, which will provide a one-stop access point for information and advice, as well as longer term support for more complex caring situations. The Leeds Carers Consortium comprises Touchstone, Leeds and York Partnership Foundation Trust and Carers Leeds. This synergy is designed to enhance co-ordination and thereby increase capacity.

We have five contracts that deliver Community Based Respite Services and one contract that delivers an Alzheimer's carer's service. During 2014/16 reviews of the Community Based Respite Services and the Alzheimer's carer's service will be undertaken as the contracts will be due for renewal. This will involve consulting with carers, service providers, and any other stakeholders about their views on the best way for respite to be delivered. The information collected from the review will assist in the decision making as to the future of these contracts.

ASC and its partners will co-produce a new Carers Strategy during 2014/15 which will include all aspects of the Care Bill relevant to the needs of carers.

For further information please contact Bridget Maguire, Carer's Commissioning Officer - bridget.maguire@leeds.gov.uk

5. Mental Health

Key Commissioning Issues for Mental Health

- Commissioning for delivery of the Mental Health Framework 2014-2017
- A new quality framework for mental health services
- Commission diverse supported accommodation options
- From day services to life options in the community

The newly co-produced Leeds mental Health Framework 2014-2017 sets out the vision for improving and monitoring mental well-being for adults in Leeds. It gives a commitment to transform services to be recovery and outcome focussed, to challenge stigma and discrimination and ensure high quality in service delivery. The ASC contribution to the delivery of the Framework ambitions is summarised briefly as follows.

We embarked upon a three year project in 2013 to deliver a new personalised market for community based support services for those with severe and enduring mental health problems, involving all stakeholders. **This has followed on from the review of our internal mental health day services from 2012 to 2013, which resulted in their successful transformation to provide recovery focused services.** The principles underpinning this initiative include:

- Achieving the paradigm shift from expenditure to investment
- Service users are in control of all aspects of the project
- All work streams are progressed via co-production
- Quality frameworks and associated incentives are integral
- Care is priced fairly and is affordable and therefore sustainable

The process utilised for successful delivery will include:

- Block contracts to be phased out over two years
- A new service model will be co-produced
- Care management systems are being reformed and modernised
- Personal health and social care budgets will be utilised wherever possible
- A fair price for care will be co-produced linked to quality
- In-house provision will be included

There is also a growing consensus that integration with health commissioners will deliver more efficient and sustainable solutions for service users, particularly in light of the introduction of personal health budgets, and the growing presence of private health care providers. The newly agreed Mental Health Framework will determine all commissioning intentions

Currently, ASC invests approximately £5 million in supported accommodation both within Leeds and out of area on a spot purchase basis. We will be commissioning, via a procurement exercise, a framework agreement for the provision of supported accommodation services for adults with a mental health problem. This will be undertaken during 2014-16.

ASC commissioning and care management are undertaking a review of care packages for adults with a mental health problem and this will involve reviewing all packages to ensure they are meeting the needs of the individual and are delivering value for money.

For further information please contact Sinead Cregan, Adult Commissioning Manager - sinead.cregan@leeds.gov.uk

6. Physical Impairment

Key Commissioning Issues for Physical Impairments

- A review of care packages for those with physical impairments will be conducted in 2014/15
- Develop a quality framework for physical impairment services
- Promote independence through the commissioning of assistive technologies
- Promote the use of personal health and social care budgets
- Terry Yorath House will be reviewed in 2014 -2016

Until now services for those adults who have a physical impairment in Leeds have not received the attention from ASC commissioning which they merit. However, over the next two years a more robust approach will be adopted along the lines already deployed in mental health and sensory impairment. The overwhelming majority of care packages for physical impairment are sourced by Care Managers on a “spot” basis, without the benefit of a quality framework or agreed cost structure.

In 2014/15 we will be undertaking a review of care packages to ensure they are meeting the needs of individuals and securing value for money. This work will include a market analysis of current provision and add to the development of a quality framework and agreed cost structures.

We aim to promote the use of personal health and social care budgets by establishing a framework contract for physical impairment, and thereby stimulate the growth of a care market in the city which will reduce the need for out of area placements, and encourage the personalisation of services. Consequently we are very keen to open a dialogue with actual and potential providers of services.

We also plan to undertake a demand forecasting exercise, for example, in relation to the needs of service men and women surviving catastrophic injuries in combat, as well as those with acquired brain injury.

We have a contract with a voluntary sector provider for the provision of care and support at Terry Yorath House a 10 bedded residential care home for adults with a physical disability and complex needs. During 2014/16 a review of the support service will be undertaken as the contract expires on the 31 March 2016. This will involve consulting

with service users and carers, service providers, and any other stakeholders. The information collected from the review will assist in the decision making as to the future procurement of physical impairment services.

Leeds Centre for Integrated Living (CIL) had been a directly provided Council service since 1998 providing independent living support to disabled people (including disabled children and younger people) in Leeds.

Leeds CIL became a ULO and therefore independent from the Council in April 2011, and is now a Social Enterprise, operating as a Company Limited by Guarantee, with charitable status. It is managed and developed by an Executive Board of local disabled and older people, working with the Chief Executive Officer, who has responsibility for the supervision and operation of the Service. The service provides a comprehensive independent living support service available to people in Leeds who choose to use self-directed support (SDS). This includes supporting people to employ personal assistants and enables the customer to carry out all tasks in line with employment legislation and remains a central plank in our commitment to User Led Organisations.

Assistive Technology describes products or services that promote independence including Telecare and Telehealth devices. Leeds is now establishing an Assistive Technology Hub – known as Assisted Living Leeds. This is a one-stop centre that will house a range of specialist services to support people with physical, learning and care needs to live safely and independently. The Leeds Community Equipment Service is jointly commissioned by ASC and the three CCGs, with ASC being the Pooled Fund Holder. It is delivered in partnership with Leeds Community Healthcare.

We have for a long time supported a social model approach to disability, and we will continue to use our influence to challenge the barriers disabled people face to independence and inclusion in such areas as transport, access, information and attitude.

For further information please contact Mick Ward, Head of Commissioning - mick.ward@leeds.gov.uk

7. Sensory impairment

Key Commissioning Issues for Sensory Impairment

- Market analysis of supply and demand to inform future commissioning decisions to be undertaken 2014-2016
- Develop a framework contract linked to a quality assessment tool 2014-2016
- Review current block contract arrangements with Leeds Vision Consortium and Deaf Across Leeds Enabling Service during 2014/15.

ASC has two contracts with voluntary sector providers for the delivery of sensory impairment services for adults who are blind or partially sighted, and deaf or hard of hearing. During 2014/15 a review of these contracts will be undertaken as both contracts expire on 31 March 2016. This will involve consulting with service users and

carers, service providers, and any other stakeholders. The information collected from the review will assist in the decision making as to the future procurement of these contracts.

Leeds Vision Consortium (LVC) delivers the blind or partially sighted service. They deliver an independent living service, assistive technology, an employment service, transitioning support, eye clinic liaison, dual sensory loss service, a volunteer scheme and health and wellbeing courses.

Deaf Across Leeds Enabling Services provide a range of services to those with hearing loss including a specialist social work service, specialist enabling officers, volunteer and mentoring schemes and an assistive technology scheme.

We intend to know much more about the current needs of those with sensory impairments and their carer's, as well as likely future demand for services. To this end, we intend to develop an analysis of prevalence and likely future demand. We also intend to personalise the offer made to those with sensory impairments by facilitating the take up of personal health and social care budgets via a framework contract. This will have the effect of diversifying the market in Leeds, allowing us, over time to move away from block contracting. We also intend to understand better the market for self-funders in Leeds.

For further information please contact Sinead Cregan, Adult Commissioning Manager - sinead.cregan@leeds.gov.uk

8. Substance Misuse

Key Commissioning Issues for Substance Misuse

- Review of drug and alcohol treatment and recovery services to be concluded in 2014/15
- Commissioning responsibilities to be transferred in 2014/15 to Neighbourhoods, Housing and Public Health

Commissioning local drug and alcohol treatment services became the responsibility of Leeds City Council in April 2013 as part of the changes outlined in the Health and Social Care Act (2012). The lead commissioners are Neighbourhood and Housing and Public Health.

A commissioning review of drug and alcohol treatment and recovery services has been undertaken by Leeds City Council and its strategic partners. ASC was involved in this review as it commissions some elements of drug and alcohol services and also funds drug and alcohol out of area adult residential rehabilitation placements. As a consequence of the review a procurement exercise is underway for the provision of drugs and alcohol services with new contracts to be put in place by June 2015.

ASC also has contracts with two third sector providers to undertake community care assessments for the provision of out of area drug and alcohol residential rehabilitation

placements. These contracts are included in the current procurement exercise. ASC also has a contract with a third sector provider for the provision of a 13 bedded residential rehabilitation service for adults with an alcohol problem. This contract will expire on 31 March 2016 and as a consequence this service will be subjected to a procurement exercise also.

For further information please contact Sinead Cregan, Adult Commissioning Manager - sinead.cregan@leeds.gov.uk

9. Sexual Health

Key Commissioning Issues for Sexual Health

- Responsibility for commissioning social care support for sexual health to be transferred to Public Health in 2014/15

Adult Social Care and the NHS have had a contract with the Black Health Agency for the provision of Leeds Skyline a HIV/AIDS social care support and prevention service since 2007. The contract was awarded following a procurement exercise. This is a citywide service that meets the needs of a diverse population of people in Leeds who are living with or affected by HIV/AIDS.

A new contract will be in place for two years from April 2014 and depending upon future funding arrangements this service may be subject to a procurement exercise. Responsibility for this contract will be transferred to Public Health as the lead commissioner for sexual health services in the city. Public health, supported by its commissioning partners (including ASC), is currently undertaking a whole system procurement exercise for a new integrated sexual health service for Leeds. This contract will be let during 2014/15.

For further information please contact Sinead Cregan, Adult Commissioning Manager - sinead.cregan@leeds.gov.uk

CHAPTER 5

ENTERPRISE AND CO-PRODUCTION: A NEW APPROACH TO COMMISSIONING

Leeds, as outlined in the earlier chapters, is facing a number of challenges in regards to delivering Better Lives for People in Leeds - our commitment to supporting people to live independently and giving them more say in how they live their lives.

As such, a new approach to commissioning is required that focuses on enterprise, co-production and building the capacity of communities. This new approach emphasises the:

- Maximisation of independence, health and wellbeing and a focus on prevention;
- 'Co-production' of services, where individuals influence the support and services they receive, or where groups of people get together to influence the way that services are designed, commissioned and delivered (Putting People First Communication Toolkit);
- Stimulation of the health and social care market so that people have a wealth of different care options provided by groups and organisations who know their local communities well; and the
- Continued move towards individuals being able to pay for their own care.

The consideration of equality and diversity issues will continue to underpin commissioning work.

The above is echoed by the objectives set for the Better Care Fund in Leeds, which places greater emphasis on community based support and care (with significantly less emphasis on the use of acute, urgent and long term care services), and a focus on self-care and self-management. At the core of this is the engagement of the whole range of community, independent and third sector organisations to achieve this vision of becoming the Best City.

So what does this mean in practice? Some examples of this new approach are demonstrated in some of the work that we have been progressing in the last two years:

- **Co-production** – The re-commissioning of a new residential and nursing framework contract in the city which links quality to payment and which was co-produced with providers, service users and the Council – leading to better outcomes for individuals.
- **Personalisation** – A pilot to encourage more people with a mental health need to take up a personal budget has been running over the past 12 months. Utilising the micro-tender noticeboard on the Leeds Directory, social workers have been using the tool to go out to the wider market to source personalised, recovery focused support packages, giving service users greater choice and control.
- **Stimulating the market** – In the last three years we have invested in over 50 socially enterprising ideas in the city, through its Ideas that Change Lives investment fund, supporting the development of new preventative services or new models for delivering social care services. As a result more than 10 new social enterprises delivering care and support or preventative services have been established in Leeds over the past three years.

- **Building community capacity** - The Local Links initiative is designed to build on the existing Neighbourhood Networks Schemes (NNS) to enable them to undertake support planning, brokerage and budget management of care packages for local older people. Starting in Armley and Garforth this model will allow support packages to be personalised more effectively within each local community and enable increased voluntary support to reduce levels of social isolation. A proportion of the financial savings achieved through this approach will be reinvested into the NNS through a 'Community Dividend', empowering the local community to extend the range of services provided to local people.

With the forthcoming implementation of the Care Act the need for creativity and innovation in how we deliver personalised care and support services will be even greater, and we would welcome the opportunity to have discussions with providers regarding how we might achieve this.

For further information please contact Emma Carter, Commissioning Manager, Enterprise - emma.carter@leeds.gov.uk

DRAFT

CHAPTER 6

SCANNING THE HORIZON

What will the care landscape look like in the future as a result of the changes and developments referred to above? It is important to stress that a sudden paradigm shift is unlikely. Rather, there will be a gradual move towards a tipping point when the majority have full control of the resources required to meet their needs. In anticipation, providers will need the support of commissioners to adapt their business models and service operations away from a service specification focus towards an outcomes framework focus. A new emphasis on innovation and flexibility will require a reciprocal response from commissioners which loosens the bureaucracy of procurement and rewards innovation. We also need to ensure that a fair price for care linked to quality takes into account the individual circumstances of providers to ensure that all quality organisations have a chance to thrive.

Increased investment in prevention, reablement and assistive technologies will replace traditional support and care options. A sharper focus on those with complex needs will require an increasingly professionalised domiciliary care workforce, competent in responding to specialist needs as part of care packages “wrapped around” service users. This will involve integrated commissioning arrangement across Health, Social Care and the wider commissioning agencies. New forms of care packages will need to be developed to drive down transactional costs and allow social workers to focus on professional interventions with service users.

The Local Authority “offer” will contract significantly as budget cutbacks increasingly affect frontline services. As a result there will be more support to volunteering and other community infrastructures to enable local people to help themselves. Our enterprise agenda will foster the growth of social enterprises and offer forms of social capital. In addition, those who are able to fund their own care needs will be given the support to enable them to make the right decisions about what is best for them. In order to do this commissioners must better understand the markets for self-funded care.

This shift in focus for the commissioning and provision of care will require new information and intelligence systems as the Local Authority becomes more of a community enabler, rather than organiser or provider of services. This enabler role will emerge in all aspects of the Council’s business.

For further information please contact Mark Phillott, Head of Contracts and Business Development - mark.phillott@leeds.gov.uk or Mick Ward, Head of Commissioning - mick.ward@leeds.gov.uk

CHAPTER 7

USEFUL LINKS

Alzheimer's Society (2007) Dementia UK report:

http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2

Better Care Fund - <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

Better Lives Lived Our Local Account for 2012/13 -

<http://democracy.leeds.gov.uk/documents/s109100/local%20account%20appendix%2013%2002%2014.pdf>

The Care Bill: Fact Sheets - <https://www.gov.uk/government/publications/the-care-bill-factsheets>

Census 2011 - <http://observatory.leeds.gov.uk/explorer/resources/>

DH Winterbourne View Review: Concordat -

<https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>

Francis Report on Mid Staffordshire NHS Foundation Trust Public Enquiry (2013) -

<http://www.midstaffpublicinquiry.com/>

Health and Social Care Act 2008 - <http://www.legislation.gov.uk/ukpga/2008/14/contents>

Housing and Care Futures Programme -

<http://www.homesandcommunities.co.uk/ourwork/care-support-specialised-housing-fund>

Institute of Public Care (IPC) has published a range of useful on the subject of commissioning and service delivery - <http://ipc.brookes.ac.uk/publications/>

Joint Health and Wellbeing Strategy 2013-15 -

<http://observatory.leeds.gov.uk/explorer/resources/>

Leeds Adult Autism Strategy 2011-14 -

<http://www.leeds.gov.uk/residents/Pages/Autism.aspx>

Leeds Carer's Strategy 2009-12 - <http://www.leeds.gov.uk/residents/Pages/Support-for-carers.aspx>

Leeds Dementia Strategy 2013-16 – www.leeds.gov.uk/dementia

Leeds Joint Strategic Needs Assessment -

<http://westyorkshireobservatory.org/explorer/resources/>

Leeds Learning Disability Partnership Board - http://www.through-the-maze.org.uk/clients/ttmaze/modules/combined/interface/COMBINEDMOD_viewlist.aspx

[?itemtype=partnership%20board&category=all&introORlink=intro](http://www.through-the-maze.org.uk/clients/ttmaze/modules/combined/interface/COMBINEDMOD_viewlist.aspx?itemtype=partnership%20board&category=all&introORlink=intro)

Mental Health Framework [To be added]

Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population (May 2011) - <http://www.volition.org.uk/wp-content/uploads/2012/09/Mental-Health-Needs-Assessment-May-2011.pdf>

Pioneer Status - <http://www.leeds.gov.uk/news/pages/Pioneer-status-gives-Leeds-a-healthy-future.aspx>

Putting People First Communication Toolkit - http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/Localmilestones/Putting_People_First_Communications_Toolkit.pdf

DRAFT