Leeds CITY COUNCIL

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Report of: Deputy Director for Integrated Commissioning & Deputy Director Social Work and Social Care Service

Report to: Director of Adults and Health

Date: 24 June 2020

Subject: Formalise Contracting Arrangements for Bespoke Provision in Leeds

Are specific electoral wards affected? If yes, name(s) of ward(s): citywide	☐ Yes ☒ No
Has consultation been carried out?	☒ Yes ☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes ☐ No
Will the decision be open for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number:	☐ Yes ☒ No

Summary

1. Main issues

- The accommodation community based services currently available in Leeds for people who have complex needs and behaviours that challenge are not always able to meet all the needs of these individuals and their families. This can often lead to repeated support breakdown and difficulty in finding alternative providers to support these individuals in the longer term. The result is that many remain in secured hospitals or residential institutions, or out of area placements as their needs cannot be met in the community in Leeds. This is understandably stressful for all parties involved (individual, families and services) and not what we aspire to provide in Leeds.
- The cost of these provisions average between £2k and £7k per week for each individual. The services also deliver poor outcomes, with little prospect that the individual will become more independent so that care and support cost can be reduced over time.
- Over the past 2 years, Leeds Adults and Health and Clinical Commissioning Group (CCG), have explored if there are different ways support can be provided to these complex individuals. In partnership with the National Development Team for Inclusion (NDTi) a new model of service has been developed nationally. This is

termed “Bespoke Provision” and is aiming to provide highly personalised support to the individuals with complex needs in their own tenancy and community.

- Extensive engagement has been undertaken with a wide range of stakeholders which has helped to identify the risks, feasibility and requirements of a bespoke service model in Leeds. We undertook a Market Sounding Exercise (MSE), delivered presentations to a number of bespoke provider forums and also had a stall at Picnic in the Park during Learning Disability Week, were we handed out leaflets and information on the Bespoke Provision model. From this two potential bespoke providers have been successfully identified. During the last year we have worked with these two providers. We have set them real case studies and asked them to propose the type of service to meet the individual’s needs in the community. Although both bespoke providers are currently in employment, they are committed to setting up their own Bespoke Organisation to work with us to develop and test out the bespoke provision model in Leeds.
- Authority is sought to start a 3 year pilot in order to test out and adapt the model with the 2 bespoke providers namely, Mae & Mitchell (M&M) and Unique Support Solutions (USS), with each supporting between 5 &10 individuals. The pilot period has to be a bit longer than usual as transition from secure hospital and the development of robust housing for these individuals can take up to 6 - 9 months. The 3rd year of the pilot is to be used for review and if successful to set up a wider procurement process so that more bespoke providers can be commissioned as bespoke providers in Leeds. It is also hoped to expand the service user group at this stage.
- Initially we are intending to identify a number of individuals who are a part of the Transforming Care Programme. They will either currently be in secure hospital accommodation or have been recently discharged into out of area residential accommodation. They will be individuals with a forensic history of complex behaviours which can cause risk to themselves and or the community if the appropriate and robust support measures are not in place.

2. Best Council Plan Implications (click here for the latest version of the Best Council Plan)

- reducing health inequalities and supporting active lifestyles
- providing homes of the right quality, type and affordability in the right places and minimising homelessness
- keeping people safe from harm and promoting community respect and resilience

3. Resource Implications

- The cost incurred in maintaining the individuals current support package within an institutional care setting will be used to develop robust community based services. It is intended that the individual will benefit from 24/7 support in their own tenancy, from a dedicated staff team employed by the bespoke provider. They will utilise direct payments, individual service funds or personal health budgets. For each individual a new support plan will be created to facilitate moving out of hospital and facilitate their needs in the community. This support plan will be subject to the usual financial signing off regulations.

- The current support costs of the individuals within the Transforming Care Programme are generally split between Adults and Health and the Leeds Clinical Commissioning Group. This is determined by the Section 117 panel. Some individuals who are in hospital will be fully funded by Health due to their hospital placement, but on discharge from hospital, they will all be subject to the Section 117 funding panel who will agree the split of funding between the two Leeds partners. This is done on an individual, case by case basis and decided on the assessed needs of the individual.
- It is envisaged that initially the support costs will be the same as that of the institutional setting. It is expected that after the transition and settling in period, the care and support cost will gradually reduce over the years as the individual achieves greater independence, confidence and positive community based outcomes. (see Appendix 3 – Cost Comparison)
- The expected cost comparison is clearly outlined in Appendix 3 but can be summarised as follows. The current costs per person per week are identified in the table below.

Specialised Commissioning	**CCG**	**Residential**
£5,090	£2,855	£2,891

The negotiated costs per person per week for the two prospective bespoke providers are:

1:1 24/7 = £3,200 per person per week.

2:1 during waking hours and 1:1 waking night = £5,062 per person per week

- If we compare the projected Bespoke Provision costs, we can see that the cost for 24/7 1:1 support is comparable to the current support package cost for CCG individuals and those in residential care. The proposed Bespoke cost for more complex cases currently restricted in low /medium secure provision is also comparable.
- We can expect a similar / possibly a higher cost initially as additional hours may need to be purchased for the transition period. It is expected that the care and support package will be reduced over time as the individual is supported in the least restrictive way possible.
- There will be other savings that are more difficult to evidence. For example, savings on officer time as the Bespoke placements will be in Leeds. Also given the bespoke nature of the service i.e. staff teams are built around the needs of the individual the risk of placement breakdown is reduced thus avoiding expensive, often out of area emergency placements.
- As the service is local then the existing Multi-disciplinary team, including the Intensive Support Team (IST) and Forensic Outreach and Liaison Service (FoIs) will be on hand to offer advice and support. The support of the individuals will fall within

the existing remit of the teams so will not incur any additional resource. This will also be true of other external agencies e.g. the police etc.

- This will enable local services to develop expertise in the support of complex individuals within a community setting. Again avoiding placement breakdown.
- A steering group and mobilisation team will be established. Their purpose being to oversee and monitor the service delivery and ensure that the identified outcomes for the individuals are delivered. The people who will form the steering group and mobilisation teams are largely currently already involved and it is not anticipated that this pilot will significantly increase their work load. The involvement of family members as partners will be crucial to the success of the pilot and during the initial start-up period close monitoring will be required.
- Bespoke providers and their support staff will need to have access to training, but this is not significantly different from what is offered to support staff working as personal assistants or other providers. The Organisational Development department within Adults and Health and the Community health teams have confirmed they will be able to support this. More specialist training will be delivered from the local community Health teams.
- Upfront and advanced payment for the care and support will be critical to make it possible for the bespoke providers to run their business. These processes are already in place in Leeds and the Bespoke Provision can be commissioned on that basis. During the pilot, further work will take place with commissioners, finance department and bespoke providers to ensure that the current financial processes in place for the delivery of personalised budgets are suitable to this type of service and business.
- The project has some funds secured from National Health Service England (NHSE) available (approx. £6k). This is to be used to provide mentoring support to enable the development and delivery of the Bespoke Provision Pilot. Dave Barras, an experienced Bespoke Provider working in the North East of England, has provided mentoring support throughout and will continue to support the pilot and the bespoke providers to deliver the Bespoke Provision service and review progress.

Recommendations

The Director of Adults and Health is recommended to:

a) Support and give authority to move from the start-up stage to delivery stage and to start the contract formalisation process with M&M and USS for a Bespoke Provision Pilot for a period of 3 years. The start date will be as soon as the Covid-19 pandemic will make this possible and safe.

The Director of Adults and Health is recommended to note that:

b) The Bespoke Provision pilot will report to the Strength Based Social Care Board and The Transforming Care Oversight Board at a minimum of a quarterly basis (using highlight reports and being a standing agenda item), or more frequently where advised by Senior management from Adults and Health and The Leeds Clinical Commissioning Group (CCG).

c) The Service Transformation Team (STT) project manager & senior project support will briefly update Adults and Health Departmental Leadership Team via the STT Dashboard on a monthly basis.

d) The CCG representative in the Bespoke Provision project team will keep CCG members informed and ensure appropriate sign off procedures are followed where needed.

1. Purpose of this report

1.1 To update and feedback on findings on the feasibility to develop Bespoke Provision in Leeds for people with complex needs and behaviours that challenge.

1.2 To ask approval to commence a 3 year Bespoke Provision Pilot to test out the anticipated benefits of this model.

1.3 To gain experience in working with bespoke providers to deliver a bespoke service and develop the systems/processes required to be able to do this on a larger scale with a wider service user group, should the pilot prove successful.

2. Background information

2.1 Concept and Characteristics of Bespoke Provision

2.1.1 The term “Bespoke Provision” is a reasonably new one. The term was coined by NDTi and NHSE and developed as a method of meeting the needs of individuals within Transforming Care. The term refers to small scale, sole providers or new bespoke providers delivering highly individualised bespoke care and support in the community.

2.1.2 Care and support through Bespoke Provision is very highly focussed on the individual and where the characteristics of each person’s support reflect their personal needs, wishes and presenting risks. For example the staff are to be individually selected to create a team which well reflects the person’s needs and preferences.

2.1.3 The service is delivered in a supported living model within the Community. The person has their own home, with an individual tenancy. They will receive Housing Benefit to fund this aspect. The Housing needs of the individuals to be included in the pilot are not extensive and will fall within the reasonable rent level rates. This maximises opportunities for the person to have control over their lives, living arrangements and maximises their independence.

2.1.4 The Support is organised to be highly sustainable. Staff will be trained to high standards, with a strong focus on the individual and with significant thought to sustainability. Visible and well organised leadership will support front-line staff and thought given to contingency arrangements.

2.1.5 The complex presentations associated with the individuals supported require well organised and highly consistent support. Staff need to be dedicated to working with a small number of individuals – 1 or 2 only – and get to know them really well. Absence cover is drawn from the team and agency arrangements are not usually used.

2.1.6 Staff are key to the success of the model. People with drive and commitment, and some degree of inner strength, can thrive in these arrangements – and not all will come with previous care industry experience. Leeds are committed to paying staff

the Leeds Living Wage – but the retention of staff is as much about great support from managers and leaders in the organisation and high degrees of job satisfaction from the outcomes achieved with each individual supported.

2.1.7 The Bespoke Provider Organisation is small in nature. This brings the advantage of transparency in decision making and helps the leadership maintain the focus on the individual.

2.1.8 The model works best where finance is arranged through Direct Payments, Personal Health Budgets and/or Individual Service Funds. Using this approach enables resource decisions to be taken close to the person and in line with their needs and wishes. It is proposes that this model will be used for this service.

2.1.9 From the detail above it is clearly evident that the model of Bespoke Provision compliments both the commitment to ABCD and the Strength Based approach championed by Leeds City Council.

2.1.10 Individuals will be supported to lead good lives, within their own tenanted accommodation, supported by a hand-picked staff team with their involvement.

2.1.11 The individual will be supported to utilise their Direct payment within the local community in facilities already in existence.

2.2 How does it differ from existing services?

2.2.1 The Bespoke Provision model does not envisage replacing existing provision in the Market in any area – it merely seeks to give another highly personalised option and has delivered good outcomes for people with very complex presentations elsewhere

2.2.2 We do not claim that other services cannot deliver some or even all of the outcomes that these people need to have great lives, and there will be local examples where this happens.

2.2.3 However, Commissioning experience across the county has shown that there have been problems in securing effective and sustainable services for some of the people identified in “Transforming Care Programme “ (TCP) and we think this model can give a further option in this context.

2.3 How Does Housing fit into the model

2.3.1 The model assumes that individuals will live in their own home – this may be with family, in their own tenancy or shared ownership scheme. This reflects the principles around maximising the choice and independence of individuals supported.

2.3.2 Because the individuals who are referred have complex needs, their home environment, its design and location in particular has real importance. Early work to undertake Individual Service Design which includes clear indicators for housing is essential. The use of this to secure housing which meets the persons identified needs in a timely manner is a challenge and one which is best overcome through active support from Commissioners and Multi-Disciplinary Teams at the earliest stage of the process.

2.3.3 During the pilot period the focus is on individuals who will not require major housing adaptation (Learning Disability & Forensic) but merely require consideration with regards to location or layout.

2.3.4 If decisions are required in relation to the Court of Protection clearly delays can occur and the earlier an application can be made the better. This is of particular importance where an individual lacks capacity to enter in to a tenancy agreement and there is nobody with legal authority to enter in to the agreement on their behalf.

2.3.5 The team will work to identify reliable housing providers well suited to meeting the needs of the people who will be referred.

2.3.6 The Bespoke Provision Project Team have already met and formed relationships with housing providers including that of an independent organisation which specialises in identifying suitable private rented accommodation on the open market. These relationships and new ones will continue to be fostered as a partnership approach with the Local Authority housing, Independent Housing Providers and the Bespoke Providers.

2.3.7 The Bespoke Provision model does not link the long term use of any property to the Provider – if a tenancy is held it belongs to the person. If the person is temporarily away from home - for example through a short hospital stay – then that is covered through usual rules. If the person were no longer able to continue to reside at the property, then the tenancy would be relinquished and the team would need to be redeployed to new work or lost. This is a person centred model, so no void cover or nominations are envisaged.

2.4 Who is Bespoke Provision intended for?

2.4.1 The Bespoke Provision model has been used in different locations across the country to deliver services for people with complex needs. These will be individuals with a Learning Disability and or Autism diagnoses. They may have a forensic history and carry with them additional labels such as duel diagnoses Challenging behaviour. The cost profile of services of this nature tend to make them less attractive to commissioners seeking provision for people with lower levels of needs. While the amount of input to be provided in each case can and does vary according to need, in practice the model works well where the person to be supported needs a substantial amount of support – for example 1:1 across 24 hours per day – as this allows a strong individualised infrastructure to be developed around each person .

2.4.2 The Bespoke Provision model has been effectively used and achieved good outcomes with people who have a history of offending.

2.4.3 The model has been used elsewhere to meet the needs of people without a learning disability but with diagnosed autistic spectrum conditions, or mental ill health, or dementia with severe challenging behaviour and/or Personality Disorder.

2.4.4 The general principles of the model can be applied to anyone – but in every case the bespoke provider will need to create a service capable and confident in meeting the person's needs in the required highly personalised way.

2.4.5 The initial pilot will focus on individuals who have a learning disability and/or a forensic history. They will typically be part of the TCP cohort and/or showing challenging behaviours which are leading to repeated care and support breakdown.

2.5 How will people be identified? How many People will be involved?

2.5.1 The scheme for Leeds will see local Health and Social Care Commissioners identifying people who will be given priority for this approach.

2.5.2 An initial group of around 10 individuals (5 per bespoke provider) have been identified who are currently detained in hospital or in residential setting outside of Leeds. They will have a Learning Disability diagnosis along with a forensic history.

2.5.3 Bespoke Organisations will stay small and, depending on the complexity of the care and support individuals need, they will have an estimated maximum of 30 individuals within their organisation. This is to ensure they continue to be able to deliver really personalised care and support.

2.5.4 The highly individualised nature of the care and support wrapped around the individual enables a high degree of participation in the establishment and management of their care and support. This may require flexibility on the part of the provider – and individuals may choose to exercise their participation through advocates, family members or circles of support. A practical example of this in action might be involvement in the selection of support staff, participation in team meetings, with support plans being fully Co-produced with the individual and their families or representatives.

3. Main issues

3.1 The Bespoke Project Team will need to continue to work with the new bespoke providers to assist them to become established and viable organisations.

3.2 Although this type of model is untried in Leeds, it does compliment the Strength Based and ABCD (Asset Based Community Development) approaches we are advocating in the city. Evidence from the 3 existing National Bespoke Providers has shown that bespoke support does deliver positive outcomes and savings in the longer term.

3.3 The evidence from the existing 3 national bespoke providers demonstrates that this is a positive model in the delivery of robust services to support individuals with complex needs and to achieve better outcomes.

3.4 Existing support services in Leeds e.g. Health and social care, police etc. would need to work in partnership to support the delivery of the bespoke services.

3.5 Strong partnerships with a range of housing providers need to be continually established in order to deliver appropriate housing stock in a timely manner.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 During the last 2 years engagement has been taking place with numerous stakeholders (i.e. statutory partners, care providers, people with a learning disability, personal assistants, various third sector organisations and third party finance organisation e.g. big issue invest) via market sounding exercise and market engagement sessions.

4.1.2 During the whole process work has been undertaken with a range of departments i.e. procurement, legal services, housing, organisational development, finance, NDTi, other bespoke providers (nationally) and the Care Quality Commission (CQC)

4.1.3 The Leeds Offer (Appendix 1) is based on these discussions.

4.1.4 This is a highly personalised service and individuals and their families will be closely involved in setting up the care and support to meet their needs and aspirations.

4.2 Equality and diversity / cohesion and integration

4.2.1 The aim of bespoke provision is to give individuals with complex needs the support and care they require, to be enable them to maximise their potential and integrate in society.

4.3 Council policies and the Best Council Plan

4.3.1 Reducing health inequalities and supporting active lifestyles

- To facilitate individuals to move out of hospital and to live within their community.
- Creating opportunity within Leeds so that individuals can live closer to family and friends
- Support individuals to develop life skills so that individuals can participate in community activities in a safe way

4.3.2 Providing homes of the right quality, type and affordability in the right places and minimising homelessness

- Enabling individuals to find a house to live in Leeds with the support they need to sustain their tenancy

4.3.3 Keeping people safe from harm and promoting community respect and resilience

- Provide robust and very personalised wrap around 24/7 services that can support the individual with complex needs or behaviours that challenge to live in the community
- To use an approach that will increase the individuals understanding and skill set so they develop greater independence and freedom over time.

<u>Climate Emergency</u>

4.3.4 The service specification includes considerations the bespoke provider is expected to make with regards to energy use and customer values regarding efficient use of utilities.

4.4 Resources, procurement and value for money

4.4.1 Services will be procured through the individual commissioning routes using direct payments, personal health budgets or individual service funds. This means that it is the individual who will commission the service from the bespoke provider.

4.4.2 Two bespoke providers, M&M and USS, have been identified who, it is felt, meet the criteria and have the potential of developing into a real bespoke service in line

with the model described. Individuals will be encouraged to use these bespoke providers and to engage with them to create bespoke care and support that can meet their needs.

4.4.3 The Bespoke providers will set out their costed plans for the individual and a decision will be taken which one provides the best value for money and outcomes. This may require further approvals from a range of panels and DDP.

4.4.4 As previously noted in this report it is expected that initial cost of the support plans will be comparable with the cost of the existing support plan. However evidence from other bespoke providers has shown that over time, as the individual settles into their community home, savings can be made as the support plan gradually reduces. There are also the softer savings to be made – e.g. reduction in officer time travelling out of authority for reviews and the prevention of expensive service break down.

4.4.5 A steering group, with representatives of all stakeholders, will oversee this process and monitor if identified outcomes are achieved and Value for Money is delivered.

4.4.6 Monitoring will need to include a comparison of cost between the existing support plan cost and the cost of the bespoke provision package, so that long term benefits can be captured (i.e. cost comparison over 5 year period & lifetime care cost). Attempts should be made to develop mechanisms to capture the social benefits of the model; including contribution to society, reduction of emergency support, improved quality of life for individual and their family etc.)

4.4.7 Consideration has been made by the decision maker in respect of the current financial challenges placed upon the council as a result of the Covid-19 pandemic and the self-imposed spending restrictions placed upon the council by the Better Council Leadership Team and Cabinet. It is agreed that the award of this contract should be undertaken for a period in excess of 12 months due to the complex needs of the individuals and the extensive transition required to move them hospital into the community. Under the national TCP each council has a duty to move those individuals identified as part of the programme out of hospital. The Bespoke provision is a way of achieving this and delivering positive outcomes for the individuals.

4.5 Legal implications, access to information, and call-in

4.5.1 The proposed pilot relates to an innovative and novel way of meeting the complex needs of individuals to whom the local authority (in conjunction with the CCG) owes a duty in any event under s25 of the Care Act 2014. If needs were not being met via Bespoke Provision, then the statutory agencies would have a duty to meet their needs by some other method. As such, there are no specific savings/expenditure arising as a direct result of this decision (although it is noted that savings may arise in the longer term). Due to the complex needs of the individuals who make up the pilot cohort, it is highly likely that each individual care plan (once formulated) will exceed £100k per annum. Approval will therefore be required via a separate Delegated Decision in respect of each care plan at the relevant time.

4.5.2 Final approval of the individual Care Plan and the associated costs will be sought at a later stage and approval given, at which point individual contracts in respect of each service user will be entered into. however as the entire value of each individual future decision to enter into a 3 year contract (pilot) is over £100,000 but under £500,000, this report is submitted as a significant operational decision and is

not subject to call-in. As it is of such significance that a published record of the decision will ensure transparency and accountability in relation to decision making within the authority (Article 13.5.1(d) of the Constitution).

4.5.3 There are no grounds for keeping the contents of this report confidential under the Access to Information Rules.

4.5.4 Granting the formalisation of these contracts direct to the providers in this way without seeking competition could leave the Council open to a potential claim from other providers, to whom this contract could be of interest, that the Council has not been wholly transparent. In terms of transparency it should be noted that case law suggests that the Council should always consider whether contracts with a named value should be subject to a degree of advertising. It is up to the Council to decide what degree of advertising would be appropriate. In particular, consideration should be given to the subject-matter of the required service, its estimated value via a future published delegated decision process, the specifics of the sector concerned (size and structure of the market, commercial practices, etc.) and the geographical location of the place of performance.

4.5.5 The Director of Adults and Health has considered this and, due to the nature of the projects being delivered and the requirement to be physically located in Leeds, is of the view that the scope and nature of the projects are such that it would not be of interest to providers in other EU member states.

4.5.6 These comments should be noted by the Director of Adults and Health and in making the final decision as to proceed with the formalisation of contract documentation being the best course of action for the Council and that in doing so it represents best value for the Council.

4.6 Risk management

4.6.1 The steering group will report to the SBSC (Strengths Based Social Care) Board at least every quarter or as directed.

4.6.2 Every individual will have a mobilisation team to support the individual and the bespoke providers with the transition and first 6 month of community living. There after a named contact will continue to liaise with the individual and bespoke provider on a regular basis to review progress and capture learning.

4.6.3 Prior to commencement of the service the budget will need to be approved in line with normal direct payment, health budget or individual service fund protocols.

4.6.4 Bespoke providers will report back and account for quality and spending for each individual, initially on a monthly basis to the steering group. In this way the service can be closely monitored and any issues immediately addressed.

4.6.5 The steering group will continue to engage with housing providers and actively obtain their feedback on the scheme

4.6.6 Direct Payment, Personal Health budget or Individual Service Fund processes will be used.

4.6.7 Bespoke providers need to comply with GDPR and other legal requirements with regards to information sharing.

4.6.8 Each of the bespoke providers will be required to complete a due diligence process before a contract is awarded to them, which will include checking that they have satisfactory safeguarding and health and safety policies in place and that they have the required levels of insurance.

4.6.9 During the pilot period we will initially limit the offer to the 2 bespoke providers identified, M&M and USS. If, during the course of the pilot, new potential bespoke providers emerge, then consideration will be given to including them in the pilot. If the pilot is successful, the Bespoke Provision offer will be developed in line with normal procurement regulations. It is envisaged, if the pilot is successful, that a Bespoke Provider framework will be developed across all Working Age Adult service user groups.

5. Conclusions

5.1 Like many other Authorities, Leeds has a number of individuals identified under the Transforming Care Programme.

5.2 They will be either still detained in secure hospital provision under the Mental Health Act or have been placed in out of Area residential homes and be at continued risk of returning to hospital. They remain in such services because the robust, personalised, community based services required to meet their complex needs and associated risks do not currently exist.

5.3 In order to meet the National requirements of the Transforming Care programme we need to develop a unique service model to address this short fall.

5.4 In the two years that the Bespoke Provision project has been running, we have met with and witnessed the positive outcomes delivered by the three existing Bespoke Providers in Britain.

5.5 We have identified two potential Bespoke Providers who are committed to leave their current employment and set up Bespoke Provision in Leeds. We believe that, with the right support and partnership work, they will successfully support a number of complex individuals and deliver positive community outcomes for them and their families.

5.6 We also believe that in time this model of highly personalised support will deliver cash savings.

6. Recommendations

The Director of Adults and Health is recommended to:

6.1 Support and give authority to move from the start-up stage to delivery stage and to start the contract formalisation process with M&M and USS for a Bespoke Provision Pilot for a period of 3 years. The start date will be as soon as the Covid-19 pandemic will make this possible and safe.

The Director of Adults and Health is recommended to note that:

6.2 The Bespoke Provision pilot will report to the Strength Based Social Care Board and The Transforming Care Oversight Board at a minimum of a quarterly basis

(using highlight reports and being a standing agenda item), or more frequently where advised by Senior management from Adults and Health and The Leeds Clinical Commissioning Group (CCG).

6.3 The Service Transformation Team (STT) project manager & senior project support will briefly update Adults and Health Departmental Leadership Team via the STT Dashboard on a monthly basis.

6.4 The CCG representative in the Bespoke Provision project team will keep CCG members informed and ensure appropriate sign off procedures are followed where needed.

7. Background documents[1]

8. Appendices:

8.1 Leeds Offer v11

8.2 Bespoke Provision Outcome Framework

8.3 Cost Comparison

8.4 Equality & Diversity Screening

[1] The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.