Leeds “Bespoke Provision” Development

‘LEEDS OFFER’

Please note that the development of Bespoke Provision is still ‘works in progress.

This is a working document meant to support the discussion around the development of Bespoke Provision.

The content of the ‘Leeds Offer’ may be changed over time due to new development, new insight or because of the feedback we get.

.

Prepared by: Dave Barras, Gonnie Rutten and Steve Bardsley
Date: October 2018 (& updated June 2019 & reviewed April 2020 (no change))

Leeds "Bespoke Provision" Development

1. Bespoke Provision Concept and Characteristics

"Bespoke Provision" is a reasonably new concept. The term was coined by The National Development Team for Inclusion (NDTi) and National Health Service England (NHSE) and developed as a method of meeting the complex support needs of individuals within the Transforming Care Programme. The term refers to the encouragement and development of small scale, sole providers committed to delivering highly individualised or bespoke care and support.

The Bespoke Provider will deliver co – produced care and support which is very highly focussed on the individual and where the characteristics of each person's support reflect that person needs, wishes and presenting risks. For example staff might be matched to create a team which well reflects the person's needs and preferences.

Support will be delivered in the Community. The individual will ideally have a tenancy in their own home and the support organised on a supported living model. This maximises opportunities for the person to have control over their living arrangements and maximise their independence.

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.

The complex presentations associated with the people supported require well organised and highly consistent support. Staff need to be dedicated to working with a small number of people – 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.

As staff are key to the success of the model, we want the Bespoke Provider to recruit people with drive and commitment. Staff with some degree of inner strength can thrive in these arrangements and not all of whom come with care industry experience. Leeds are committed to paying a fair fee but retention of staff is also about great support from Managers and Leaders in the organisation and high degrees of job satisfaction from the outcomes achieved with each person supported.

The Bespoke organisation providing the support is small in nature, and this brings the advantage of transparency in decision making and helps the leadership maintain the focus on the individual.

We believe that the model can work best where finance is arranged through Personal Budgets / personal Health Budgets and is delivered through an Individual Service Fund model. Using this approach enables resource decisions to be taken close to the person and in line with their needs and wishes.

2. Who is the Bespoke Provision model for?

The “Bespoke Provider” model has been used in different locations across the UK to deliver services for people with complex needs. Often individuals with a Learning Disability diagnoses, Forensic histories and additional labels such as “Dual Diagnosis”, Behaviours which Challenges Others etc.

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 .

Initially we are developing the Bespoke Provision model to work with individuals who fall within the Transforming Care Programme (TCP). These will be individuals with complex support needs associated with their Learning Disability, autism and may also have a forensic history of offending. They will either currently be detained in hospital or be at risk of going into hospital.

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, or Personality Disorder. The general principles of the model can be applied to anyone – but in every case the Provider will need a service capable and confident in meeting the person’s needs in the required highly personalised way.

The scheme for Leeds will see Local Health and Social Care Commissioners identifying people who will be given priority for this approach. The numbers are currently being clarified, but we are hoping to identify an initial group of around 10 individuals who are currently detained in hospital, have a Learning Disability diagnosis along with a forensic history.

The highly individualised nature of the care and support around people enables high degrees of participation in the establishment and running of their care and support. This may require flexibility on the part of the provider – and people 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.

We will consider what if any wider lessons can be applied with other client groups as the work progresses. It is hoped that this individualised model could be applied to other types of need.

3. Enhancing the existing Service Model in Leeds

It is important to point out that we do not envisage The “Bespoke Provision” model replacing existing Market provision in any area – it merely seeks to give another highly personalised option and has delivered good outcomes for people with very complex presentations elsewhere.

We are not claiming that other services cannot deliver some or even all of the outcomes that these people need to have great lives. We know there are local examples where this happens and would expect Bespoke Providers to link into and form partnerships with existing community provision.

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

4. Housing

The model assumes that people 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.

Because the people who are referred have complex needs their home environment, its design and location in particular – has real importance – and as such 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 Team (MDT) at the earliest stage of the process.

The Bespoke Provider will be mindful that if decisions are required in relation to the Court of Protection, delays can occur and the earlier an application can be made the better.

We will work with the Bespoke Provider to identify reliable housing providers well suited to meeting the needs of people who will be referred.

We have already met and developed relationships with the Local Authorities own Housing provider and that of an independent organisation which specialises in identifying suitable private rented accommodation on the open market. These relations and new ones will continue to be fostered as a partnership approach with the Local Authority and the Bespoke Provider.

We would also welcome applications from Bespoke Providers who have existing partnerships with a range of Housing Providers.

It is important to clarify that 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. (Appendix 1). If the person were no longer to need support then the tenancy would be relinquished, the team would need to be redeployed to new work or lost. Remember it’s a person centred model! So no void cover or nominations.

5. Commissioning Intention

The" Bespoke Provision" model envisages a strong and revitalised relationship between Provider and Commissioner – with the Commissioner having a role in selecting Providers and awarding work as usual, but a stronger ongoing input into support and guidance as new Providers establish. It is also hoped that through collaborative work with all the providers involved there can be peer support and opportunities to share resources etc.

Leeds City Council – Adults and Health and Leeds Clinical Commissioning Group (CCG) are fully committed to the development of personalised services in Leeds. Adults and Health have already rolled out a Strength Based approach to developing individual support packages utilising Asset Based Approaches and we see Bespoke Provision as a natural extension of this.

Leeds City Councils Departmental Leadership Team in Adults and Health have granted permission for the project to progress. Positive conversations have already been had with Finance, Organisational Development, Housing and Health colleagues to see how they can support this innovative process.

Leeds CCG and Clinicians are fully committed to the development of Bespoke Provision in Leeds. An initial briefing paper has been presented to Leeds TCP Board and there was full agreement in support for the project to progress.

Leeds CCG are committed to supporting citizens of Leeds to receive the health input they require in order to live happy, healthy lives. To support this the CCG are developing a range of wrap around health services to support people in their community, in an individualised manner. This includes access to the Community Learning Disability Team, Crisis Response, Intensive Support Service and Forensic Outreach Liaison Service as appropriate.

There is also support to improve health outcomes and implement reasonable adjustments within mainstream services from the Health Facilitation Team and the Lead Professional, Learning Disabilities and Autism.

There is a joint commitment from Leeds CCG and its partners to support the improvement of delivery of annual health checks and to implement and learn from The Learning Disabilities Mortality Review (LeDeR; ref. date & link?) Programme and Stop the 'Over-Medication' of People with Learning Disabilities (STOMP; ref. date & link).

Leeds City Council will be the lead commissioner and tested the market at the beginning of 2019. We anticipate a phase of Provider Development and Recruitment will take place during 2019

Leeds City Council will also attend local provider forums to promote the Bespoke Provision service model and other organised events.

We envisage the Bespoke Provision model being a great addition to the service provision in Leeds and the work to strengthen new providers and support new provision will continue.

6. Finance

Learning Disability Services in Leeds are commissioned from the Learning Disability pooled budget as defined in the Section 75 agreement. Leeds City Council are the lead commissioners.

Both Pooled Budget partners – Leeds Adults and Health and the CCG are committed to the development of Bespoke Provision and the existing Pooled Budget arrangements as defined in the Section 75 agreement will apply to deliver services for Learning Disabled adults.

Discussions have already taken place with finance colleagues to ensure that payment of placements will happen in a timely fashion, including upfront payments. The Council does have a duty to pay invoices within a pre-set time.

There is an expectation that interested Bespoke Providers will have ideas or identified opportunities or funds to be used to assist with start-up costs. Leeds are also exploring the identification of possible grants that could be used to enable the successful provider(s) establish a presence in Leeds.

We are keen to support and promote the development of Individual Service Funds (ISF) to deliver Bespoke Provision. We would welcome applications from Bespoke Providers who have an interest in developing personalised services via the use of Individual Service Funds, who would work with us in partnership to develop this model. We are currently exploring our current systems to ensure they can support the delivery of ISF's including "bespoke" ways to monitor the contract.

We are also keen to utilise Direct Payments and Personal Health Budgets as a funding stream for the Bespoke Provision.

Whilst further work is needed on the exact hourly rate that we will be offering Bespoke Providers, a number of initiatives are already under way – which it is thought could also apply in the case of Bespoke Provision (eg. Using the proposed collaborative commissioning hourly rate).

Leeds is also part of a Regional Consortium looking to develop a Collaborative Commissioning Rate to meet the needs of individuals within the Transforming Care Programme. As Bespoke Providers would at least initially be supporting the same group it would seem reasonable to set a similar level of payment.

7. Support for Bespoke Providers

The Commissioners recognise the intrinsic elevated levels of risk associated with the complex needs or people likely to be referred through "Transforming Care". Part of the work will seek to mitigate risk by selecting and contracting with Providers with a sustainable and effective prospect. Additionally we recognise the Commissioners and the MDT will have an ongoing and active involvement in appropriate risk sharing arrangements around individuals.

The provision of highly individualised support by a "Bespoke Provider" for a person with very complex, sometimes high risk needs will require careful contracting to enable a new Provider to survive a situation where the service is interrupted or ceases – for example the person is re-admitted for hospital treatment. Consideration is being given to this in the design of the contract arrangement, and it will be important for prospective providers to keep these risks in mind.

Commissioners are committed to true partnership working to ensure the success of the project and the delivery of positive outcomes for individuals. We will be an active membership in mobilisation meeting, ensuring relevant partners are signed up to the process.

We would also expect Bespoke Providers to forge new and exciting community partners to ensure quality service delivery.

As a Bespoke provider you will be offered access to a range of training opportunities that Leeds City Council runs. These may include Values Based recruitment; Common induction standards; Statutory training (e.g. food hygiene, safe medication); De-escalation training based on Build standards; Team Building; Reflective supervision for managers; Safeguarding

In addition to the 'Council run' training we will also support the identification of more specialised training (e.g. Positive Behavioural Support (PBS))

We have secured external funding from National Development Team (NDTi) to enlist the support of a existing bespoke provider to assist in the development of bespoke provision in Leeds and mentor us through the process.

The individuals will have allocated Social Workers/Care Managers who will work closely with both the individual and the Bespoke Provider.

MDT support will be provided as appropriate via the local health teams.

Leeds City Council will also look to support and develop a Bespoke Provider Peer support network as we seek to stimulate a culture of peer support.

While not exhaustive and certainly not complete this document aims to outline the principles behind Bespoke Provision and the commitment of Leeds City Council and The Clinical Commissioning group to its success and development.

If people have further queries or are seeking clarifications a further revision will include these.

If you want to discuss this Project or ask any questions please contact:

Steve Bardsley from Leeds City Council on steve.bardsley@leeds.gov.uk

Appendix 1

Bespoke Provision Benefit Options

Housing Benefit
Housing Benefit (and Council Tax Support) can be paid for up to 52 weeks whilst an individual is in hospital.

DLA/PIP
DLA care / PIP Daily Living components stop after 28 days. Mobility components are unaffected unless the individual is awarded CHC funding.

Severe Disability Premium
The Severe Disability Premium paid in income related benefits like Employment & Support Allowance also stops after 28 days (this would affect only those who live alone)

Carers Allowance
Anyone claiming Carer's Allowance for looking after a client who claims DLA Care / PIP Daily Living will have their Allowance stopped after 8 weeks (this might affect family members who the clients lives with).

Universal Credit claimants
Housing Element rules are as per Housing Benefit rules (see above)
There is no Severe Disability Premium in Universal Credit so no impact
For those in a supported living tenancy – they will still claim Housing Benefit even after Universal goes live in Leeds. However, in all other cases Universal Credit will need to be claimed to get help with rent.