

Leeds Integrated Market Position Statement

2019-22



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Preface

Welcome to our first Integrated Market Position Statement. This is the first time that Leeds City Council's Adults and Health Directorate, Children and Families Directorate and NHS Leeds Clinical Commissioning Group have jointly stated our commissioning intentions and vision for care and support services in the coming years. In accordance with our Inclusive Growth and Health and wellbeing strategies, our Integrated Market Position statement reflects our commitment to work in partnership across organisations and, where relevant, to jointly commission services to enable us to deliver our vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

The purpose of a Market Position Statement is to outline what services are currently delivered within a local authority area and to signal to the care market further development opportunities for care and support services. Market Position Statements were introduced as part of local authority market shaping duties under the Care Act (2014) and they are a starting point for market engagement and facilitation.

This document gives an overview of our ambitions for 'a strong economy and a compassionate city', the evidence base for commissioning (such as how predicted population changes will impact on demand for care and

support services), an overview of the financial position across the health and care system, our approach to commissioning and quality management, current and future commissioning intentions, the health and care workforce in Leeds and finally, how providers can engage with us.

Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

The main commissioning intentions section has been structured around five broad service areas representing a continuum of care in the city: universal, prevention and early intervention; community support; support to live independently; primary and extended care services; and Supported Accommodation including children's placements.

Integrated care and support is widely recognised as the best way of achieving high quality, person-centred care, which will result in better health and wellbeing and a better experience for our citizens. We seek to further integrate care and support services, and to do so by extending our integrated commissioning arrangements so that we can use our resources more efficiently and effectively and are able to maximise the value of the 'Leeds pound'.

Leeds City Council and NHS Leeds Clinical Commissioning Group (CCG) are committed to working together to improve health outcomes, independence and wellbeing of local people, and to ensure health inequalities are reduced

Preface continued

as set out in the Leeds Health and Care Plan. We work with families to ensure the best start in life for all children, to improve outcomes for all children and young people, but to improve those for children and young people with the poorest outcomes the fastest.

In order to achieve this, our commissioning plans and intentions will focus investment in prevention, self-management and early intervention services. The vision is to expand the range of services available within local communities to equip people to manage their own health and wellbeing at or close to home wherever possible.

This is to be achieved through market development and by targeting available budgets and resources at primary and community services. Together we will continue to explore new ways in which services are

arranged and delivered, including working across age groups. We will continue to build and sustain trusting relationships with providers and recognise the key role of the Third Sector and Independent Sector organisations. We will work particularly with organisations who strive to be good employers and who are committed to providing opportunities for people who are often excluded from employment. As the Council is a signatory to the Ethical Care Charter we will continue to implement the Leeds Living Wage for homecare and extend to other services as our finances allow.

As always we welcome your views both on this document and how we can further develop services and support. You'll find contact details and ways to engage at the end of this document.



Councillor Charwood
Executive Member for
Adults and Health



Councillor Venner
Executive Member for
Children's and Families



Dr Gordon Sinclair
Clinical Chair for
NHS Leeds CCG

Section 1 – The strategic context

Leeds is an ambitious city with the vision to be the best city in the UK by 2030, we want to be a compassionate city with a strong economy that everyone can share the benefits of. Health and wellbeing is integral to delivering this vision, and we are working to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. We also recognise the strength of our communities and the importance of being inclusive and welcoming to everybody, this is underlined by our aims to be the best city for children and young people to grow up in and an age friendly city.

We want everyone in Leeds, including those with care and support needs, to have the opportunity to play a full part in the communities where they live. Having friends and valued relationships is key to people leading the life they choose and staying as healthy as possible. Through the 'Left Shift', working in strength based ways and restorative practice, we will support people to live the life they choose, rather than waiting until people are unable to cope and have to rely on more services. The Council and the NHS Leeds Clinical Commissioning Group cannot achieve these things alone. We want to see all people, businesses and organisations get behind this collective effort.

To underpin this work, Leeds has a number of key strategic documents which help to define what the citizens of Leeds can expect from their public services. The most significant of these strategies are the Leeds Health and Well-being Strategy, the Leeds Health and Care Plan and the Inclusive Growth Strategy. They provide a clear vision of the future and the building

blocks needed to achieve them. All commissioned work will need to demonstrate its contribution to achieving these strategic aims.

Leeds Health and Wellbeing Strategy 2016-21 (LHWS)

(see [useful links](#))

This overarching strategy for the Health and Care sector sets out its ambition that 'Leeds will be the best city for health and wellbeing', with a vision that ***'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'***.

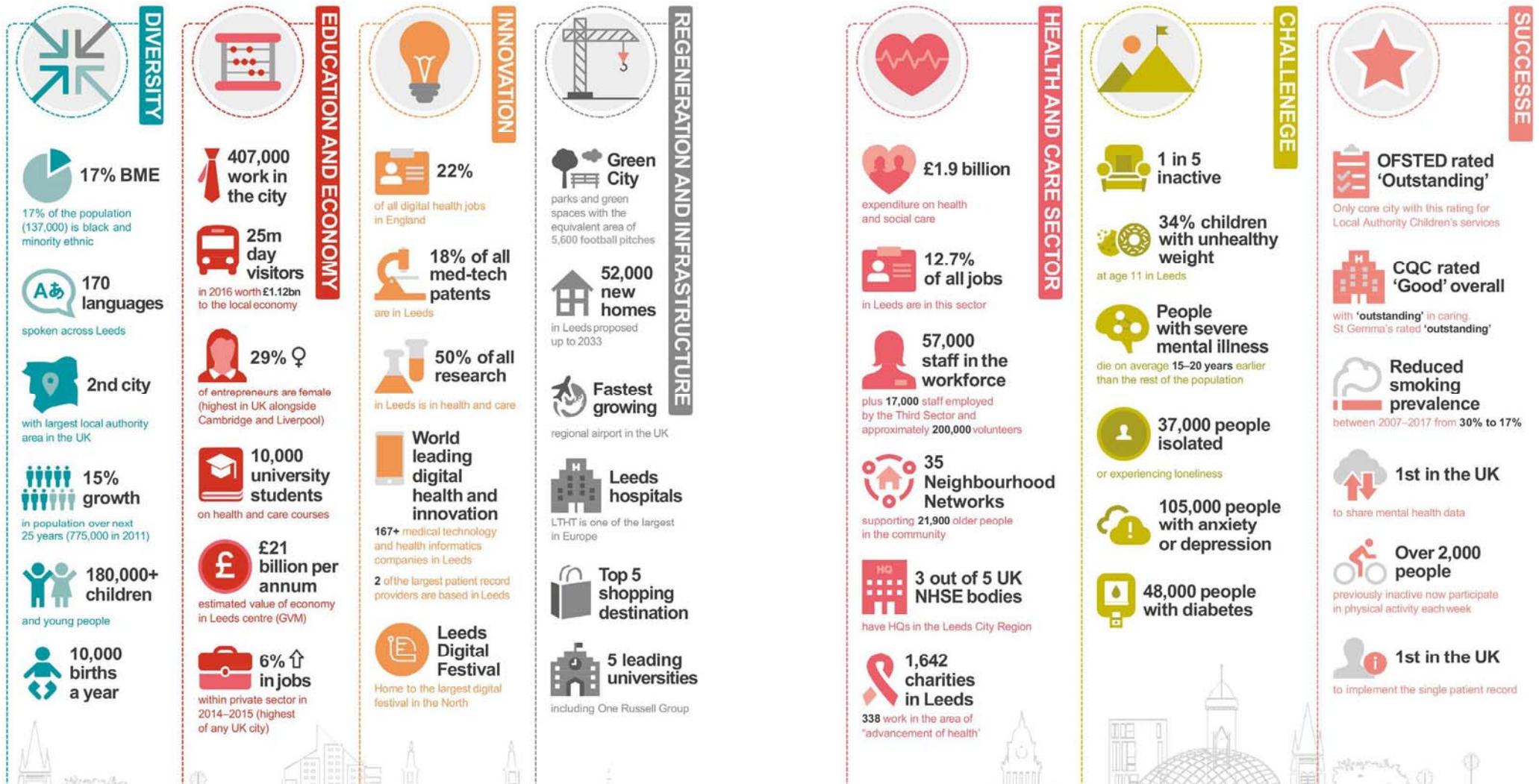
This document recognises that many factors contribute to our health and wellbeing, meaning our challenge is to reflect the breadth of the agenda, whilst being specific about the areas we need to focus on to make the biggest difference.

The strategy has five target outcomes:

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities.

Section 1 – The strategic context continued

This is us: a compassionate city with a strong economy



Section 1 – The strategic context continued

For Leeds to be the best city for health and wellbeing, people need to be able to access high quality health and social care services, if and when they need them. However, it is just as important that Leeds is an Age and Child Friendly city, a city that creates opportunities for business, jobs and training, a city made up of sustainable communities, and is a great place to live.

Leeds Health and Care Plan (see [useful links](#))

This plan underpins the Leeds Health and Wellbeing strategy and sets out a commitment that our community health and care service providers, GPs, local authority, hospitals and commissioning organisations, citizens, elected members and the third sector will work together to:

- Build on the strengths in ourselves, our families and our community; working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong.
- Invest in more prevention and early intervention, targeting those areas that will make the greatest impact for citizens.
- Use neighbourhoods as a starting point to further integrate our social care, hospital and the third sector around GP practice providing care closer to home and a rapid response in times of crisis.
- Takes a holistic approach to working with people to improve their physical, mental and social outcomes in everything we do.
- Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across Yorkshire.

Inclusive Growth Strategy

This strategy sets out our ambition and plan for delivering growth that is inclusive, draws on the talents of, and benefits, all of our citizens and communities. It sets out how everyone can contribute to the city's growth. It provides a framework for how all parts of the council will work with businesses, universities, colleges, schools, the third sector and partners regionally and nationally. Integral to this plan are the principles of sustainable development embracing the social, economic and environmental impact of their implementation.

For more detail on the strategic context and more specific strategy documents, please see **Appendix A**

Section 2 – The evidence base

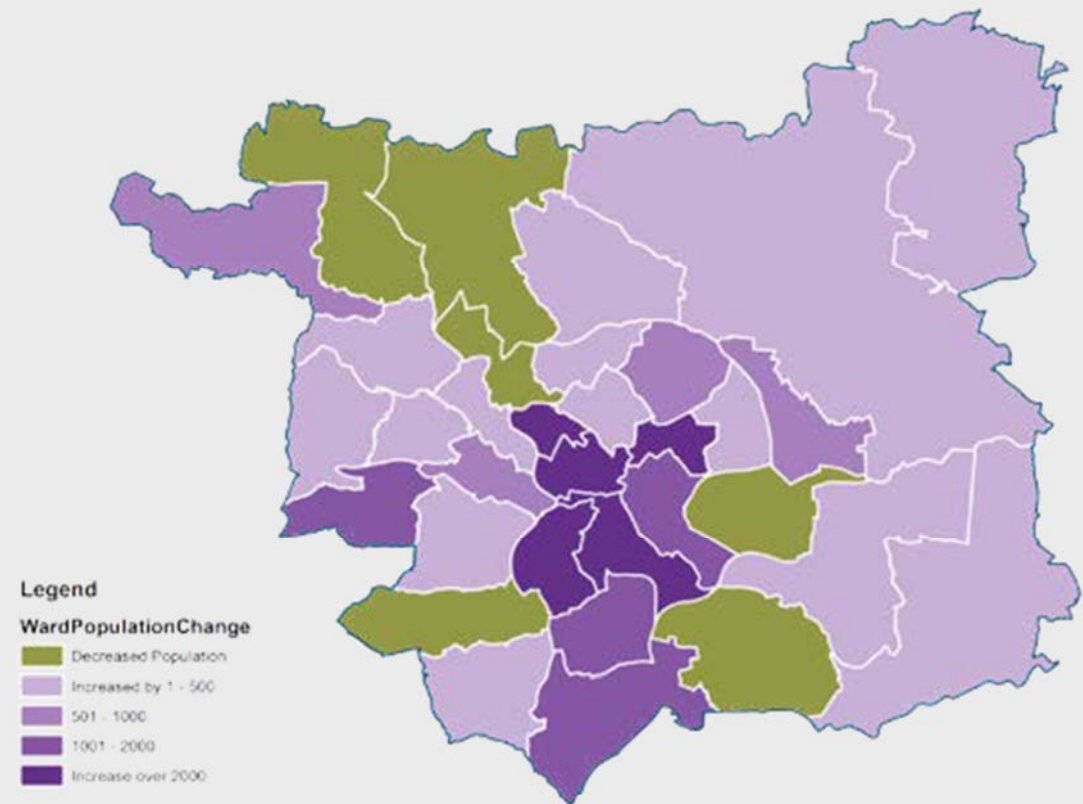
This section summarises the key demographic and health and care trends for Leeds which are important in providing the evidence base for our commissioning decisions. Our intention is to give the headline information and signpost you to where you can access more detailed analysis, such as the Leeds Observatory (see [useful links](#)). Our strategies for specific areas such as the ‘Being Me’ Leeds Learning Disability strategy (see [useful links](#)) and the Leeds Homelessness and Rough Sleeping strategy (see [useful links](#)) are also useful resources for understanding the evidence base for commissioning for these respective areas in more detail.

The changing population in Leeds

The 2018 Joint Strategic Assessment (JSA) (see [useful links](#)) outlines the headline population changes in the city as follows:

- Since 2011 there has been a disparity between the Office of National Statistics (ONS) population estimates for the city (785,000 people) and GP registrations (846,000). The greatest variance in the population numbers is found in the most deprived communities (particularly for the male population of these areas) which requires further investigation.

- The city’s population has continued to become more ethnically diverse since the last census in 2011, with the highest number of non-British National Insurance Number applications in Leeds being from Polish and Romanian nationals.



Section 2 – The evidence base continued

- The population continues to age, with the over 65+ age group projected to grow by another 15,000 (+13%) between 2016 and 2026, with the biggest growth in older men which presents new challenges. The number of people aged 80+ in the same timeframe is also set to grow by almost 5,000 (+15%). Higher numbers of older people live in the city's outer areas, although this will change over the coming years as a result of having a far more ethnically diverse older population, a greater number of who live in inner city areas.



There is an increase in the number of children and young people in the city, with the child population growing at a faster rate than the population of the city as a whole. The Leeds under 18 population is 166,268 (an increase of 1,449 since 2016) and is predicted to rise to 173,779 by 2020; 181,129 by 2025 and 181,205 by 2030. Analysis of Office for National Statistics Mid-Year estimates Leeds 0 to 17 year olds has increased by 6% overall. Areas defined as our 10% most deprived Lower Super Output Areas (LSOA) saw populations of children increasing by 11.3% and our 3% most deprived LSOAs increased by a significant 15%. So the numbers of children and young people in our most deprived communities are growing at a much faster rate than city wide.

School data also shows that there are more children and young people of black and minority ethnic heritage, particularly Black African and White Eastern European, with the number of people with English as an additional language increasing from 13% in 2010 to 19% in 2017

Health and wellbeing of the population

As we strive to improve the health of the poorest fastest we need to also consider the full range of issues affecting people's lives, including housing, education and employment. Tackling poverty and ensuring everyone benefits from economic growth in the city are critical to improving health and wellbeing of all people in the city. More information on this can be found in the Inclusive Growth Strategy (see [useful links](#)) and the JSA (see [useful links](#)).

Section 2 – The evidence base continued

Leeds continues to face a number of challenges in terms of equality in regards to health and wellbeing in the city. Public Health England data for the city (see **useful links**) shows that life expectancy is 12.7 years lower for men and 9 years lower for women in the most deprived areas of Leeds than in the least deprived. Life expectancy gains overall have levelled out (reflecting the national picture) but, importantly, the difference in life expectancy between the most and least deprived areas is not narrowing.

There are also a number of health challenges for the city, which the Director of Public Health's annual report for 2018 reflects on (see **useful links**) including:

- Infant mortality rates, which have been on the decline for many years (and over the last 10 years the Leeds infant mortality rate has been falling even faster than the national rate) have risen in the most recent period (2013-15) for the first time in many years.
- The number of alcohol related deaths in women from alcoholic liver disease has risen significantly.
- A rise in male suicides
- The number of male deaths from drug overdose; and
- A rise in women who self-harm.

In March 2019 The State of Women's Health in Leeds report (see **useful links**) was published, providing a comprehensive picture of life, health

and wellbeing for women and girls in Leeds. The report comes from detailed analysis of data about health and other factors, combined with conversations with women from across Leeds.

The main findings are:

- Women's life expectancy is dropping, despite improved cancer and cardiovascular health
- Leeds women have higher levels of smoking, drug and alcohol abuse than nationally
- Mental health is a key concern for women and girls
- The ageing population increases the risk of dementia, frailty and falls for women
- Women's reproductive and maternity health issues need greater recognition and support
- Safety is a priority for the women and girls of Leeds
- For many women life is more complex, often because of austerity, and this has implications for their physical and mental health

The State of Men's Health Report in Leeds (see **useful links**) gives a detailed analysis of the main issues facing boys and men with regard to their physical and mental health and wellbeing. Overall the report found a city with great variance in the health and wellbeing of its men, with areas of high

Section 2 – The evidence base continued

deprivation seeing very different health challenges than for men living in the more affluent suburbs.

Men typically have higher levels of preventable premature death and chronic ill-health compared to women, and Leeds is no exception. There needs to be a concerted effort made to address the causes of the health challenges men face. To tackle men's physical and mental health, action is required both at the structural level of service provision, in reaching out and targeting men more effectively, and also looking at prevention and the social determinants of health.

The findings from these two reports will be important guides in commissioning over the coming years, to ensure that Leeds is a city that is meeting the needs of its girls and boys and women and men. Throughout the Market Position statement wherever the terms 'children', 'young people', 'people', 'adults', 'carers', 'families' are used it is expected that these will be recognised as representing males and females and their differing needs based on their sex and gender.

Changing pattern of need

Children

At the end of March 2018, there were 1,271 children looked after (rate of 76.4 per 10,000); an increase of 1.5% since the previous year. This number is predicted to rise to 1,388 by 2023 and to 1,426 by 2027 in line with general

population increase. It should be noted that whilst the number of children looked after has increased, the children looked after rate per 10,000 in Leeds has continued to reduce year on year and is now below the core city average and on a par with our statistical neighbours.

The School Census Analysis shows that the number of pupils (all age groups) with an Educational and Healthcare Plan (EHCP) or Statement increased by 199 (9%) from 2,157 in 2017 to 2,356 in 2018. The number of pupils with an EHCP (or Statement) attending SILCs has increased at a higher rate, accounting for 145 and increasing at a rate of 12.6%. English as an Additional Language (EAL) has further increased to 20% in the 2018 census. EAL was 18.8% at the January school census 2017 which, in turn, was a 1% increase on the 2016 school census.

Leeds is not alone in experiencing growing challenges in the city. Need and demand are rising rapidly due to: rising child poverty; welfare reform; reductions to public service funding; and significant demographic growth and change. These challenges underline the importance of our partnership approach to achieving our ambition and the outcomes outlined in the Leeds Children and Young People's Plan 2018- 2023 (see [useful links](#)) and our Early Help Approach.

Section 2 – The evidence base continued

Adults

Drug and Alcohol

The last Public Health England prevalence data for Leeds was in 2016/17. It indicated that in Leeds there were:

- 5,550 opiate and/or crack cocaine users
- 10,308 people with an alcohol dependency

Leeds death rates as a result of drug misuse are approximately 40% higher for women and 50% higher for men compared to the data for England.

An analysis of the economic and social costs of alcohol-related harm in Leeds in 2008-09, (Jones et al. 2011) came to £480m, spread across health and social care (13%), criminal justice system (29%), workplace and lost productivity (27%) and the wider social and economic costs (31%).

In adulthood there is a decreasing male-female gap in the use of alcohol, which is most evident in younger adults, where often females have overtaken males in their drinking levels. But for above the recommended limit (14 units), males still have the higher levels of consumption in Leeds.

Homelessness

A statutory homelessness acceptance is the result of an applicant making a homelessness application to the local authority and being found eligible, homeless (not intentionally homeless) in priority need and to have a local connection. In 2015 the average acceptances across the core cities was 908 per year. This rose slightly to 927 in 2016 and fell slightly to 910 in 2017. Leeds has demonstrated a slightly different trend going from 530 acceptances in 2015 to 367 in 2017. This is as a result of the increased focus on prevention meaning that more applicants are assisted to prevent their homelessness.

Each authority is required to submit an actual count or estimated count of rough sleepers in their district to central government each year. Nationally, the number of reported rough sleepers is rising and Leeds has experienced a rise in rough sleeping from 6 in 2010 to 28 in 2017 [23 males (82%) and 5 females (18%)]. Leeds is joint lowest out of the core cities with the number of rough sleepers equating to 0.08 per 1,000 of the population. However rough sleeping is a pressing priority for all local authorities across the country including Leeds.

Learning disabilities

The Office for National Statistics estimates that in 2025 there will be an estimated 15,284 adults with a learning disability, of which 3,225 will have a moderate or severe learning disability, living in Leeds. There will continue

Section 2 – The evidence base continued

to be increases in the number of people with severe learning disabilities and autism, and increasing complexity of need.

Autism

Since the autism partnership board has been in operation (running since 2011) we have a much better understanding of the importance of the wider public health agenda for the wellbeing of autistic people. There is now evidence, from a large scale study, that life expectancy for autistic people, is between 2 and 10 years lower than that of a matched control group. Suicide rates for autistic people without learning disabilities were found to be up to ten times those of the wider population. There is also some evidence that autistic people will have a higher level of mental health issues. More information can be found in the autism section of the 2015 Leeds JSNA (see **useful links**).

Older people

The city has an ageing population with the 65+ age group projected to grow by over 15,000 (+13%) between 2016 and 2026, with the biggest increase being in older men. The city's outer areas is where there are currently higher numbers of older people, however, the next few years are likely to see a far more ethnically diverse older population, meaning the biggest increase of older people will be in the city's inner areas.

The number of people living with dementia has been almost level for the past two decades. Contrary to the expectation that increasing life

expectancy means increased dementia prevalence, the evidence from the Cognitive Function in Ageing Study is that the increase in older people has been offset by improved population health. Despite this, dementia is the biggest single cause of female death in the city and demand for dementia diagnosis and early/preventive support has still increased since 2012. This is as a result of increased public awareness, improvements to the diagnosis pathway and the imperative to reduce waiting times.

It is likely that the number of people with dementia, and demand on services, will start to increase from the early 2020s as the wider trend of the city's ageing population continues. As the baby-boomer generation grows older there will be a range of implications for service provision, not least as a result of a far more ethnically diverse older population.

Carers

The most recent census (2011) indicated that there were 71,598 carers living in Leeds. This means that around 1 in 10 of the population of Leeds are providing unpaid care, which is broadly in line with both regional and national averages.

The latest projections provided by Carers UK suggest there are now around 74,000 unpaid carers in Leeds. Based on national projections we expect that around 24,000 people a year (65 people per day) in Leeds will take on a caring role, with a similar number ceasing their caring role.

Section 2 – The evidence base continued

| Proportion of week devoted to a caring responsibility, Leeds | | | | |
|--|---------------------|----------------------|--------------------|--------|
| | 1-19 hours per week | 20-49 hours per week | 50+ hours per week | Total |
| Male | 20,228 | 4,214 | 6,972 | 31,415 |
| Female | 27,256 | 5,632 | 10,117 | 43,004 |
| Total | 47,484 | 9,846 | 17,089 | 74,419 |

Unpaid carers provide the bulk of care in Leeds and without them the NHS and social services would be overwhelmed. It is estimated that over 1.5 million hours of unpaid care are provided across Leeds every week, while research published by the University of Leeds and Carers UK estimates the financial contribution of unpaid carers in Leeds to be around £1.4billion per year. Increasing numbers of unpaid carers are taking on responsibility for more intensive levels of care (In 2011, 36.2% of all carers were providing more than 20 hours of unpaid care per week compared to 31.2% in 2001). With increasing longevity, many women now find they have older infirm relatives to care for whilst also having young children – this is especially the case for those who had their children later in life. This “sandwich caring” is leaving many struggling to cope, both financially and emotionally, with a toll on family life (Carers UK 2012; Brown et al. 2014). It is estimated that women are four times more likely to have to give up work due to multiple caring responsibilities (Carers UK 2012). There are now more men engaged in caring, with more male carers over the age of 75 years than female carers and are often poor users of support services.

Carers often feel isolated, that they are not respected or valued, and that the huge contribution that they make is taken for grant and overlooked. This combination is known to impact upon their physical, mental and economic health and wellbeing, for example:

- More likely to experience mental health, for example stress and depression
- More likely to experience physical health problems (for example back injury)
- Providing higher levels of care is associated with a higher risk of stroke
- Being isolated and not having as much social contact as they would like
- Worrying about finances
- Lack of sleep and time for themselves

Section 3 – The Financial Picture

The financial picture in relation to future public spending is a mixed one. The NHS have received indicative funding allocations for the next 5 years up to the end of 2023/24 with further clarity awaited later in 2019 around the mandatory delivery requirements against these allocations under the medium term planning guidance. From the local authority perspective, upon which Children’s and Adult Social Care and Public Health rely, there will be no clarity on the total funding available until at least December 2019 when the next Comprehensive Spending Review is released. Specifically in relation to Adult Social Care a much delayed Green Paper from the government is still awaited. The only certainty from a local government perspective is the current Local Government Finance Settlement which announced the reduction of £15.2m to the Council’s settlement funding assessment for 2019/20, which is in line with the multi-year funding settlement.

The Government announced a five year funding settlement to the NHS in June 2018. The new settlement provided for an additional £20.5 billion a year in real terms by 2023/24. In response to this, the NHS produced a Long Term Plan. 2019/20 is considered as the foundation year which will see significant changes to the architecture of the NHS, to lay the groundwork for implementation of the NHS Long Term Plan. More detailed planning guidance is due this summer against which the NHS will be submitting a medium term spending plan that meets the planning guidance ‘must dos’, later in the Autumn.

Leeds will benefit in 19/20 from increases in funding for the CCG programme costs (5.47%) and Primary Care (6.57%), as well as investment being made

| Year | Leeds CCG Programme Allocation £m | Leeds CCG Delegated Allocation (Primary Care) £m | Leeds CCG TOTAL Allocation (Excluding Running Costs and Other Funding) £m | % Increase |
|---------|--------------------------------------|---|--|------------|
| 2018/19 | 1,086.7 | 112.5 | 1,199.2 | |
| 2019/20 | 1,146.2 | 119.9 | 1,266.1 | 5.58 |
| 2020/21 | 1,192.9 | 125.5 | 1,318.4 | 4.14 |
| 2021/22 | 1,234.2 | 132.5 | 1,366.7 | 3.66 |
| 2022/23 | 1,276.6 | 138.1 | 1,414.7 | 3.51 |
| 2023/24 | 1,3717.8 | 144.0 | 1,461.7 | 3.33 |

into health and care services by Leeds City Council (including monies from the Better Care Fund). However the NHS is working within a constrained financial environment which also includes significant mandated service development requirements and in order that the CCG is able to afford all of its national commitments, commissioning developments and manage the financial risks associated with 2019/20 the CCG will need to deliver £27m (2%) in efficiency savings.

The CCG QiPP (Quality, Innovation, Productivity and Prevention) Plans are focussed on limiting unnecessary growth in demand for emergency and

Section 3 – The Financial Picture continued

planned care services, effective and efficient prescribing and reducing system costs (e.g. bed utilisation).

The CCG commissioning plans include a range of initiatives that support the delivery of our QiPP. These include the adoption of an Aligned Incentive Contract with Leeds Teaching Hospitals Trust to mitigate demand led risk and change service delivery models to make best use of limited resources. Redesigning services and pathways to reduce the number of inappropriate referrals, unnecessary face-to-face attendances or interventions and designing new and innovative ways of treating and interfacing with patients. The CCG has also adopted a proactive care approach to reduce exacerbation of long term conditions to reduce hospital demand, improving A&E and assessment pathways to reduce emergency admissions and redesigning community services to improve the flow of patients through the system. Also investments are required in community mental health services to reduce the number of patients receiving treatments outside of Leeds. Finally investment in social prescribing is aimed at reducing demand on GP practices and A&E.

The CCG is holding a 0.5% contingency reserve to ensure it is able to manage a number of potential financial risks identified as part of our planning process. Key risks include delays in implementation of QiPP and unforeseen costs of drugs, winter pressures, unforeseen pressures from integration pilots and new ways plus potential additional pressures in costs of Continuing Healthcare (CHC).

Council Services

The current financial climate for local government continues to present significant risks to the Council's priorities and ambitions. The Council continues to make every effort possible to protect the front line delivery of services. It is clear that the position is becoming increasingly challenging to manage and over the medium term it will be increasingly difficult to maintain current levels of service provision without significant changes in either the way the Council operates or substantial additional funding is made available. The LGA currently projects a £4.4bn shortfall in the necessary resources to sustain current Social Care Services.

A combination of reduced core funding and cost pressures means that the Council will need to deliver £22.6m of savings by March 2020. The environment in which local government operates continues to be one which presents significant financial challenges to all local authorities including some areas of significant uncertainty after 2019/20 which is the period covered by the Council's Medium Term Financial Strategy.

Between the 2010/11 and 2018/19 budgets, the Council's core funding from Government has reduced by around £251m. Additionally the Council has faced significant demand-led cost pressures, especially within Adult Social Care and Children's Services.

Section 3 – The Financial Picture continued

Children’s Services

The Council has a statutory duty and responsibility to safeguard and promote the welfare of over 175,000 children and young people (aged 0–18) across Leeds. The Children and Families Directorate has produced the Leeds Children and Families Improvement Plan 2018-2020 which sets out the aims and priorities for the next three years and how the Directorate will continue

| | Leeds City Council (LCC) Net managed Budget £m | Children & Families (C&F) Net managed Budget £m | C&F % of LCC Net managed Budget % |
|---------|--|---|-----------------------------------|
| 2019/20 | 516.7 | 121.7 | 23.6 |
| 2018/19 | 510.9 | 121.5 | 23.8 |
| 2017/18 | 492.7 | 115.3 | 23.4 |
| 2016/17 | 496.4 | 120.0 | 24.2 |
| 2015/16 | 523.8 | 124.0 | 23.7 |
| 2014/15 | 565.8 | 128.0 | 22.6 |
| 2013/14 | 583.9 | 135.0 | 23.1 |
| 2012/13 | 563.1 | 132.0 | 23.4 |
| 2011/12 | 582.2 | 129.0 | 22.2 |
| 2010/11 | 624.9 | 149.0 | 23.8 |

to work to make Leeds the Best City for Children and Families in the UK. This budget reaffirms the Council’s commitment to the plan and once again protects the vital services provided by the Directorate.

The Children and Families Directorate has come a long way in recent years. It is still less than a decade ago that OFSTED found that services to children in Leeds were ‘inadequate’ and vulnerable children were being left at risk. The most recent OFSTED inspection report, published in December 2018, has rated the services that Leeds provides for children and families as ‘outstanding’. Leeds is the first major city to achieve this standard. This national recognition has led to Leeds being awarded significant additional grant funding from the Department for Education (DfE) under the Partner in Practice (PiP) programme with a total of £9.6m invested in Leeds between 2016/17 and 2018/19. In addition, Leeds has been undertaking ongoing improvement work with Kirklees Council and this arrangement has secured an additional £1.6m of funding from the DfE between 2017/18 and 2018/19. This budget, £121.7m, ensures that the additional investment in services funded by the DfE PiP can be continued beyond the period of the grant funding. The table opposite highlights the fact that investment in Children & Families has been maintained over the period of austerity.

Section 3 – The Financial Picture continued

Recent budgets have provided additional resources for the Directorate to fund the significant budget pressures on demand-led budgets, notably around transport, Children Looked After (CLA) and financially supported non-CLA. In terms of CLA the Directorate has had considerable success in implementing the ‘turning the curve strategy’ and has made substantial and invaluable progress in reducing demand for care at a time when elsewhere demand has been rising. The CLA rate per 10,000 in Leeds has continued to reduce year on year and is now below the core city average and on a par with our statistical neighbours. The reductions in CLA have been achieved in the context of significant demographic growth in Leeds, particularly in the more deprived areas of the city. As well as demographic pressures there has also been a notable increase in costs, especially in externally commissioned residential placements. However, in 2018/19 there is a projected overspend of £2.1m on CLA and financially supported non-CLA and whilst this is significantly less than in previous years the actual number of children being supported is still higher than budgeted. The 2019/20 budget provides for an increase in the demand led budgets of £2.6m.

The 2019/20 budget proposals ensure ongoing provision to support the Children and Young People’s Plan, continue the investment previously funded through the DfE funded Partner in Practice grant, protect frontline services and provide a realistic and appropriate level of budget provision for demand-led services to meet current and anticipated demands.

Adults Services

The national context for Adult Social Care continues to be one of demand and demographic increases, increased life expectancy and increasing complexity of need and service user expectations, particularly in relation to people with a Learning Disability and older people with Dementia. The service continues to invest in greater support to allow people to remain living independently in their own homes for as long as possible. In addition to the significant investment in preventative services via the Third Sector, the move to a ‘Strengths Based Approach’ to Social Care, where the starting point of our conversations with people focusses on what is strong rather than what is wrong is ensuring that more people can be supported in their own home and less in more expensive residential and nursing care. Investment supports a national drive to improve the quality of social care services and an increased focus on the integration of health and social care services.

These national trends, which are leading to increased cost pressures, have been evident for many years, but the economic climate is putting increased pressure on public finances and the reductions in public spending have added to the financial challenges faced by Adult Social Care. Whilst the approaches outlined above can defer the prevalence of more acute needs arising it cannot stop or reverse them.

Section 3 – The Financial Picture continued

In light of this, the table below highlights the continued investment by the Council in the budget for Adults and Health Services as a share of the total Leeds City Council Budget, despite the overall financial challenge faced by the Council.

| | Leeds City Council (LCC) Net managed Budget | Adult Social Care (ASC) Net managed Budget | ASC % of LCC Net managed Budget | Public Health (PH) Net managed Budget | PH % of LCC Net managed Budget |
|---------|---|--|---------------------------------|---------------------------------------|--------------------------------|
| | £m | £m | % | £m | % |
| 2019/20 | 516.7 | 206.2 | 39.9 | 0.3 | 0.1 |
| 2018/19 | 510.9 | 207.4 | 40.6 | 0.4 | 0.1 |
| 2017/18 | 492.7 | 207.7 | 42.2 | 0.0 | 0.0 |
| 2016/17 | 496.4 | 201.6 | 40.6 | 0.0 | 0.0 |
| 2015/16 | 523.8 | 192.9 | 36.8 | 0.0 | 0.0 |
| 2014/15 | 565.8 | 195.5 | 34.6 | 0.0 | 0.0 |
| 2013/14 | 583.9 | 198.5 | 34.0 | 0.0 | 0.0 |
| 2012/13 | 563.1 | 177.7 | 31.6 | | 0.0 |
| 2011/12 | 582.2 | -2.8 | -0.5 | | 0.0 |
| 2010/11 | 624.9 | 5.3 | 0.8 | | 0.0 |

The 2019/20 gross demand budget included as part of the figure above has been set at £213,766k and is estimated to support spending requirements as outlined in the table below in terms of types of care.

| Demand Budgets (External Provision) | (£000) |
|-------------------------------------|----------------|
| Residential and Nursing | 104,700 |
| Homecare | 27,792 |
| Direct Payments | 17,962 |
| Supported Living | 51,969 |
| Day Services | 11,343 |
| Demand Budget Totals | 213,766 |

The 2019/20 budget is estimated to support the spending requirements as outlined in the table below in terms of type of client supported.

| Demand Budgets by Client Type | (£000) |
|-------------------------------|----------------|
| Older Persons | 87,509 |
| Learning Disability | 92,654 |
| Physical Impairment | 21,419 |
| Mental health | 11,184 |
| Other (E.g. drug and alcohol) | 1,000 |
| Demand Budget Totals | 213,766 |

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement

Our approach to commissioning

Commissioning, and our approach to it, continues to evolve. Our priorities are to improve the health of the poorest the fastest, to build on the strengths of individuals and communities and to support people to stay well. We want Leeds to be the best city to grow up and grow old in. We will do this by using strength and asset based approaches, restorative practice and through the 'left shift' to invest in more preventative support. When services and support are needed we will aim to provide them close to home, where appropriate.

One of our tools is Population Health Management (PHM) and it is founded on a collective understanding, across organisations, of the needs and behaviours of the defined population they are responsible for. It uses data to understand where the greatest opportunities to improve health outcomes, value and patient experience can be made; and then using available resources to plan, design and deliver care solutions to achieve better outcomes for the defined population. PHM is a data driven approach which focuses resources on preventative and proactive care. This approach understands that wider social, economic and environmental factors play a big role in people's health outcomes. Increasingly there is a greater focus on integration across the health and care system and the need for continuous quality improvement.

We work across the Council and the Clinical Commissioning Group to consider how we commission 'people services' and to simplify, standardise

and share best practice. Our aim is to have a more consistent approach to how we work with providers.

We will work to:

- Have people at the centre of all decisions and change the conversation around health and care
- Build on the strengths in ourselves, our families, carers and our community; working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong
- Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for people
- Use neighbourhoods (or localities) as a starting point to further integrate our social care, hospital and voluntary, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis

As the nature of how funding is provided from central government to local authorities and local areas changes we want to continue to be flexible and innovative about how we work with the market to respond to these challenges. This could include collaborating across statutory, private and third sectors to access short term funding opportunities or to pilot short term innovations which could support our priorities for individuals and families in Leeds. We recognise our shared ambition for the city, our ability to work collaboratively across sectors and with communities, and to respond

CASE STUDY

Community based mental health contract, Live Well Leeds



Key facts about the service:

- A service to provide community based mental health support across Leeds for people with mild to moderate mental health problems
- Value of £1.3 million for each year of the contract
- Funding from both Leeds City Council and Leeds NHSCCG
- Commissioners merged four contracts into one, but also specified that small providers were a key part of this work.
- Final model: a strategic partnership of three providers, with one lead provider responsible for contract compliance and sub-contracting, and a delivery network of 16 smaller community based providers

Co-production and service planning:

The service providers and people who use the services were involved in all aspects of the service design process. Over a period of three years, the commissioning team had conversations with people, alongside more formal stakeholder events. This was seen as essential part of ensuring the service provided meets people's needs, while at the same time being something that providers can deliver effectively. The service takes a 'Think Family' approach being aware of the children in a household when working with adults and recognising that the needs of an adult can often have a significant impact on health and wellbeing on children throughout their lives. It is based on a single point of access with multiple points of access and work was done in partnership across the health and care sector to articulate what that could look like.

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

CASE STUDY continued

Commissioning and procurement process:

The service specification was made as clear as possible and was coproduced, with a clear expectation of what the service was expected to deliver. Work was done to ensure the procurement process was made as simple as possible and thought was given to how small groups and organisations could be part of this process. By specifying that 30% of the contract needed to be used to fund work delivered by small, community based organisations this ensured that we are supporting a diverse range of organisations, but it also recognises the importance of these smaller organisations as key delivery partners. Smaller organisations are often best placed to support seldom heard groups and people who do not access mainstream services.

It was possible to offer a longer contract (five years) for this piece of work and this offers organisations sustainability and the opportunity to plan and deliver a different service, build on learning and drive improvements.

Key principles which underpin the contract:



Values based recruitment: Front-line staff dealing with people with complex needs need to be able to be personable and relatable.

Equality and Diversity: We recognised that specific groups were under-represented in Leeds's community based mental health services, for example LGBT, sex workers and Gypsy and Traveller groups. A diversity of local service providers, with links to such groups, is vital in tackling this.

Make every contact count: Making sure every interaction people have with a member of staff is meaningful is key to supporting people with their recovery.

Being a responsible employer: For staff to offer good support they need to be well supported by their employees. This contract stipulated that providers have systems in place to ensure their staff are well-cared for.

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

quickly is important in being able to maximise these opportunities to improve people's lives.

Relationships and arrangements between commissioners and providers of health and care services are rapidly evolving with new models of care being tested and developed. Increasingly, strategic commissioning decisions on integrated care are being taken at different levels, and new arrangements are being put in place to support and enable implementation of those commissioning decisions. In addition, NHS provider organisations are forming new partnerships and are working collaboratively and developing new models of care across the city or at a place or neighbourhood base through the Local Care Partnerships (LCPs). The West Yorkshire and Harrogate Integrated Care System (ICS) enables a high level approach, where decisions can be made where responsibility for pieces of work are best aligned. There may be instances where the decision is made to commission across the region, but the importance of place and working at a community scale is also recognised.

Integrated commissioning can help the wider partnership adopt the principles of the Think Family approach, which asks any practitioners to be aware of the children in a household when working with adults and to respond to the needs of children safely and appropriately when designing services. Taking a Think Family approach recognises that issues like parental substance misuse, domestic violence and parental mental health are key factors in referrals for Children's Social Work Service in Leeds and can have a significant impact on health and wellbeing on children throughout their lives.

The commissioning lifecycle essentially covers four key areas (See **useful links** – <https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/commissioning/what-is-commissioning.asp>):

- analyse – understand the needs of the population and the market environment;
- plan – identify the gaps between what is needed and what is available, and decide how these gaps will be addressed;
- do – secure services and ensure they are delivered as planned; and
- review – monitor the impact of services and ensure any future commissioning activities take the findings of this review into account.

We aim to work collaboratively with providers and people who use services when commissioning to co-design and co-produce sustainable, high quality services that deliver the outcomes that are most important to people. The involvement of people who use services, their families and carers is integral to the way we commission.

CASE STUDY

Young person's social emotional mental health contract – The Market Place



Key facts about the service:

- Social emotional mental health services that address the specific needs of children and young people
- Value of £450k for each year of the contract
- Funding from both Leeds City Council and NHS Leeds Clinical Commissioning Group (CCG)
- Two separate contracts merged into one, bringing greater flexibility over managing two funding streams for the provider
- City-centre presence with open access drop-in, counselling including fast access counselling, group work and one to one support

Integrated working:

As part of the Leeds response to Future in Mind, a whole system review of mental health and wellbeing services was undertaken in

2015/16 to ensure that we meet the needs of children and young people and families as well as professionals.

Initial discussions took place in 2016/17 between Leeds City Council, Leeds NHS CCG and The Market Place to move towards a joint approach to developing the services delivered by the Market Place for Leeds City Council and Leeds NHS CCG. The recognition of the inter-link between the two core contracts led to a joint approach to considering any changes to contract arrangements and the pressures on current funding arrangements.

It was agreed that Leeds City Council and NHS Leeds CCG would move to a joint contract management approach, initially with a single joint service specification and monitoring framework and then a joint short-term contract with The Market Place.

In 2018, a joint tender was advertised, with Leeds City Council and NHS Leeds CCG committing to a new five year joint contract. The Market Place were the successful bidder and the contract will start on 1st July 2019.

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

CASE STUDY continued

The benefits of joint commissioning:

Joint commissioning arrangements should maximise the impact of funding from both Leeds City Council and Leeds NHS CCG, give greater security to The Market Place and ensure an effective, whole system approach from commissioners.

This joint commissioning approach has the benefits of:

- a single approach, agreed between commissioners, to identifying suitable outcomes (and associated performance measures) for services delivered;
- increased flexibility for provider in identifying how to best deliver outcomes required;
- a single contract management approach, reducing the resources required for contract management; and
- a shared approach from commissioners to developing a co-ordinated service model, rather than relying on the expertise of the provider to align funding in an integrated service model.

Key principles which underpin the contract:

For many years the Market Place has provided a range of early intervention and prevention support services for young people in Leeds particularly for mental health, sexual health and crisis support. The Market Place meets the diverse needs of hundreds of young people each year, working holistically, being flexible and tailoring services, in particular supporting those not in touch with other services.

The Market Place is known for its young person centred approach in the development, delivery and evaluation of services. Because of its approach it is able to access some of the most vulnerable young people in the City.

The new contract gives The Market Place and commissioners the opportunity to work together to further develop the service, building further partnerships across the city to support a whole system approach and sustainable planned exits, offering seven day open access drop in and implementing a new evidence based outcomes framework to capture the difference made for young people.



Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

We also need to consider a number of factors in relation to the provider market as well, and ensuring that the way in which we commission is sustainable. For example, considerations around TUPE and the potential impact on a procurement, market sustainability, including ensuring that the service is commissioned for a fair price which supports the provider to be able to recruit and retain staff and maintain and/or improve quality. Equally, where decommissioning decisions are taken, we aim to minimise the impact of these decisions on both the people who use the services and the organisation the service is commissioned from.

Our commissioning practice is underpinned by the following principles and approaches:

- **Support and strengthening families and communities by:** building on **strengths and assets**; recognising that people rarely live in isolation and working with the whole family using a **Think family** approach; using **asset based community development** to recognise and support the interdependencies of communities and people coming together; an increased focus on localities, ensuring things are linked up within a locality.
- **Working with people through:** having **better conversations** with people, recognising their strengths and building from there; co-producing services and support with the people who use them; promoting equality and ensuring that no one is left behind.
- **Building Capacity within the health and care sector by:** using the Leeds Compact agreement which sets out partnership arrangements between the public and third sector including a Commissioning Code of Practice

(see **useful links**); using the Leeds Social Value Charter, which commits partners in the city to promote social responsibility and social value to make the maximum impact in Leeds with the Leeds pound (see **useful links**); using national and local Quality Improvement Initiatives (for example, in primary care the 10 high impact actions that support care in the community); the use of longer term contract arrangements where possible, to ensure there is sufficient investment and return for set up costs, and to encourage service flexibility and innovation; identifying opportunities to innovate and to pilot new approaches; encourage more collaboration between GPs, their teams and community services (as ‘primary care networks’) to increase the services they can provide jointly, and increase the focus on organisations working with their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities; enabling consortia working; where appropriate; using non-recurrent funding to test and innovate.

Outcomes based commissioning

Focusing on the things that are important to people and their families is at the core of outcomes based commissioning and is integral to the way we commission across health, care and support services in the city.

Integrated Commissioning for Better Outcomes

Our commissioning is guided by the ‘Integrated Commissioning for Better Outcomes’ (see **useful links**) framework. The standards in the framework

CASE STUDY

West Yorkshire Appropriate Adult Service – The AA Service (TAAS)



Key facts about the service:

- Provision of Appropriate Adults (AA) service across West Yorkshire for young people and ‘vulnerable adults’ (term defined in the Home Office eligibility guidance). An AA is an individual person responsible for safeguarding the rights and welfare of a child or ‘mentally vulnerable’ adult who is either detained by police or is interviewed under caution voluntarily.
- Local Authorities have a statutory duty to provide an AA for young people and Home Office guidance indicates it is good practice to provide an AA for vulnerable adults.
- The service is delivered by TAAS via a network of volunteers. Consultation with young people evidenced how important it was to them that the AAs are volunteers and not paid workers.
- Funded by West Yorkshire Local Authorities: Leeds, Wakefield, Calderdale, Bradford & Kirklees with contributions from Children &

Families and Adults & Health with a contribution from the Office of Police & Crime Commissioner (OPCC) with a yearly value £184k p.a.

- The contract replaced provision that was internally delivered by each of the five Local Authorities.

Integrated working:

Joint inspections in 2016 by HM Inspectorate of Prisons / HM Inspectorate of Constabulary (in partnership with the Care Quality Commission) praised West Yorkshire Police for the high priority it gives safeguarding however a number of recommendations around use of AAs were made.

A multi-agency steering group was established to consider the recommendations from the inspections. The steering group had representatives from the OPCC (Office of Police & Crime Commissioner), West Yorkshire Police, the National AA Network

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

CASE STUDY continued

(NAAN) and all five of the West Yorkshire Local Authorities (Leeds, Wakefield, Bradford, Calderdale and Kirklees) with representatives from Children's and Adult's Services.

Young people were consulted on what is important to them about AAs. The key feedback was their desire for a volunteer based service. Young People appreciated that the AAs were there to support them in a voluntary capacity and not because they were being paid to do so; which is the case for many other adults supporting the young people. Representatives from the steering group formed the tender evaluation panel. Bidders were required to present to a panel of young people and the scores of the presentation formed part of the quality element of the evaluation criteria.

The steering group remains in place and following tender award met regularly with TAAS during the mobilisation of the contract to ensure a smooth transition to the new service. The steering group continue to meet quarterly to review the contract performance with TAAS and to support/challenge to ensure delivery is in line with the needs of the region.

The benefits of joint commissioning:



- Jointly commissioning provision across the West Yorkshire region has enabled consistency in responding to recommendations arising from HM inspections in 2016.
- All custody suites in the region now have access to AA provision 24 hours a day, 365 days a year.
- Reduction in duplication in recruitment, training and supervision of volunteers benefits from economies of scale in management/coordination costs.
- Volunteers can more efficiently be deployed where they are able to cover multiple custody suites.
- Significant improvement for West Yorkshire Police having one point of contact to request an AA.

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

were co-produced with a wide range of local authorities, service providers and service users. The updated framework has nine standards, which states that good commissioning is:

- Person centred and focused on outcomes
- Co-produced with service users, their carers and the wider local community
- Well led
- A whole system approach
- Uses evidence about what works
- A diverse and sustainable market
- Provides value for money
- Develops the workforce
- Promotes positive engagement with providers
- Outcomes Based Accountability

In Leeds we also use the Outcomes Based Accountability approach. Outcomes Based Accountability (OBA) is a disciplined way of thinking and taking action communities can use to improve the lives of children, families and the community. The approach is based on working backwards from the ends we wish to achieve: the conditions of well-being on which we are trying to make an impact. Then taking a step by step approach to understanding how we want those conditions to look and feel different; how to measure if

that is happening and why; who needs to be involved in making the changes and what practical steps are going to be taken to actually achieve that change. This is often called ‘turning the curve’.

The performance of services will be measured using the following:

- How much has the service delivered?
(The quantity of effort of the service)
- How well has the service delivered?
(The quality of effort of the service)
- What was the impact of the service?
(The quantity and quality of the effect of the service)

The OBA ‘One Minute Guide’ provides more information on OBA (see **useful links**)

NHS Outcomes framework

The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

Underpinning all of the outcomes frameworks we use is the emphasis on person-centred and outcome focused commissioning which is inclusive

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

of all, and which places co-production with service users at the centre of commissioning practice.

Market shaping

We see market shaping as a core part of commissioning. Under the Care Act 2014 the council now has specific duties regarding shaping the market for adult care and support so it meets the needs of all people in Leeds who need care and support (whether funded by the local authority or by themselves). Market shaping has three key aspects to it: shaping the quality, diversity, and sufficiency of care and support services; understanding which providers may be experiencing trouble and are at risk of business failure; and knowing which providers would be able to take the place in meeting needs if any a provider fails ('Care and Continuity: contingency planning for provider failure' see **useful links**).

In Leeds we have a diverse and vibrant health, care and support provider market, with a good mix of third and independent sector organisations, and small as well as larger providers. This diversity is positive for the city and provides service users with greater choice. Maintaining a vibrant and diverse market is a priority for us and we will continue to review our risk management and business continuity plans to ensure we are able to fulfil our responsibilities if a care and support provider operating in Leeds fails.

Social Value

We will make the Leeds pound go further and have a positive impact in Leeds through the implementation of our statutory Social Value responsibilities and our more wide ranging Leeds Social Value ambitions. In May 2016 Leeds City Council, along with other partners in the city, signed up to the Leeds Social Value Charter. Social Value is a way of thinking about how scarce resources are allocated and used to improve the economic, social and environmental well-being of the area they operate in. It involves looking beyond the price of each individual contract and looking at what the collective benefit to a community can be when a public body chooses to award a contract.

The Leeds Social Value Charter sets out the following guiding principles to help us achieve our social value ambitions in Leeds:

- Work in partnership with others to ensure that we achieve the best outcomes for Leeds and everyone benefits from the success of the city
- Create employment and training opportunities for people in Leeds and be a good employer
- Grow and strengthen the local economy by investing the Leeds pound in Leeds
- Be sustainable, fair and ethical in all that we do
- Recognise the added value that community led organisations bring to the city

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

In addition to the above, the development of the Commissioners Social Value Toolkit by Procurement and Commercial Services (PACS) will provide further ideas for commissioning economic, social and environmental added value – such as, spending the Leeds £ in Leeds, improving health and quality of life, building strong communities and reducing negative environmental impacts. PACS will take the lead on coordinating and driving the council's approach to seeking to deliver social value, including:

- further developing the Social Value Toolkit in order to improve the consistency and transparency of the council's requirements for 'added value' from its procurement activity; and
- developing Social Value Guidelines for procurement/commissioning staff which will require consideration of the council's wider ambitions when undertaking all procurement and commissioning activity; and
- supporting the local economy by ensuring tendering opportunities are made more attractive such that local, small and medium sized enterprises and voluntary, community and faith organisations can bid for work either individually or as part of a consortium.
- providing support to small and medium sized enterprises and voluntary, community and faith organisations, including regular market engagement sessions, training and greater publication of tendering opportunities.

Such activity will complement the council's commitments under the Social Value Charter.

Our approach to maintaining and improving quality

We are committed to working with providers to maintain and improve the quality of services that we commission to ensure that we have well led, safe and reliable services that help people to achieve their desired outcomes. This section outlines our approach to achieving this.

Regional Commissioning and Quality Management of Children's Placements

Ensuring the quality of provision offered through placements for children and young people is a significant priority for Leeds City Council as it looks to meet its statutory obligations and the objectives of the Leeds Children and Young People's Plan. There are three separate framework contracts in place that enable Leeds to make placements: Residential Children's Homes, SEND Learning, and Fostering and supported lodgings. This work is undertaken through the White Rose Partnership of 14 local authorities in the Yorkshire and Humber region and includes four key elements aimed at improving quality:

- **Quality Standard:** Agreed by all participating local authorities setting out the required standard for quality placements
- **Contact Management:** Based on a process of a provider self-assessment and a process of validating this through quarterly returns through desktop and in-person visits to children's homes, residential family assessment centres, foster carers and supported lodgers and SEND special schools and colleges.

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

- **Practice Improvement:** Responding both in relation to the needs of individual children and the requirements to improve practice for individual children’s homes, residential family assessment centres, foster carers and supported lodgers and SEND special schools and colleges, a formal process is in place which looks to manage quality and safety issues.
- **Market management and sufficiency:** A centralised process which collects and shares best practice with LA partners and providers with the aim of celebrating successes and championing quality provision through regional placements of children and young people.

Regulated services

Over the last five years we have worked to develop a number of quality assurance frameworks, in conjunction with providers, for home care, residential and nursing care (older people), and accommodation based services (mental health, learning disability and physical or sensory impairment services).

The quality frameworks are designed to gather information across a number of domains including the workforce, leadership and management, and personalised care and support. The quality framework for residential and nursing care also has a direct relation between the quality standards and the care fee paid to each home. This approach facilitates a shared understanding

of risk and enables a common language through which all stakeholders can determine agreed action.

The frameworks are reviewed on a regular basis and updated in line with changes in legislation and the requirements of the regulators, such as the Care Quality Commission (CQC). We are also working with the CQC to see if we can share monitoring information where appropriate and provide a more coordinated approach to quality management.

Non-regulated services

For non-regulated services we have redeveloped our Quality Management Framework (QMF), the aims of which are to:

- enable organisations to demonstrate that quality services are being delivered;
- identify areas where improvements need to be made; and
- demonstrate that there is a culture of continual improvement

The QMF is split into the themes of Well-Led, Performance, Safe, Effective and Client Involvement. Each quarter providers use one of the themes to reflect on how they deliver their services, and this is discussed with commissioners as part of contract monitoring processes. Commissioners then compile feedback for providers, which includes, examples of best practice and challenges being encountered.

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

This new approach was implemented last year with a small number of services, and is gradually being rolled out across commissioning.

Care Quality Team

The Care Quality team is a new team within Adults and Health at Leeds City Council that delivers proactive, targeted support around providing care to regulated care providers in the city. The purpose of the team is to improve quality of care for those citizens of Leeds receiving care in the city as measured against success criteria, such as the percentage of CQC Good rated care homes, improved feedback from residents and families etc. Initially working with Care Home sector the team gives care home providers in Leeds access to a responsive support and specialist advice and guidance network committed to improving quality of life for older people receiving care through regulated services in the city and thence improved CQC ratings and feedback.

Leeds CCG Quality team

This is an established team within Leeds CCG that supports the maintenance and improvement of quality in care homes with nursing beds, through the use of targeted support (in collaboration with LCC or independently through contract processes). This involves reviewing systems and processes from a clinical perspective and supporting the home to maintain and/or improve to the standard required by CQC and includes listening to service users, their families and other health professionals.

Quality improvements are also further supported through Commissioning for Quality and improvement (CQUINs) built in to contracts and monitored as part of that process, which helps to further incentivise defined improvements.

User and carer feedback

A critical part of monitoring quality within services is gathering feedback from people who use services and their carers. As part of the contract monitoring process compliments and complaints are monitored and we also have a range of mechanisms in place through which we can gather feedback from service users, their families and carers.

In Adults and Health we run a volunteer initiative called, 'Good Lives Leaders', who are people with a learning disability and their family carers that independently visit services to gather the views of people using them about the quality of the support they are receiving, which is then fed into the monitoring process.

We also commission Healthwatch Leeds (see **useful links**) which is the consumer champion for health and social care services locally. As well as providing citizens with information, advice, and signposting to health and social care services they are also responsible for promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services. This includes the right to enter and view premises where publicly funded care services are provided as part of its role in gathering

Section 4 – Our approach to commissioning, and maintaining and driving quality improvement continued

evidence. Reports and recommendations made by Healthwatch regarding how local health and care services could or ought to be improved are used by commissioning to inform our contract monitoring.

Other standards and quality marks

We would also encourage health, care and support providers in the city to sign up to quality and kite marks such as the Domestic Violence quality mark, Child Friendly Leeds, Mindful Employer.

Section 5 – Commissioning intentions

This section outlines where our current commissioning investment is targeted, as well as our future commissioning intentions (both short and long term), including what we think provision needs to look like in the future keep people well, improve the health of the poorest the fastest and deliver high quality care and support where and when it's needed. It is intended as a high level document and doesn't give the details about each service we commission but is intended to give you the direction of travel and also sign post you to where you can engage further about areas of interest. All of our work is underpinned by our commitment to using **restorative practice** and **strength based approaches**, as well as recognising the interdependencies of families and communities through **Think Family** and **Asset Based Community Development (ABCD)**. We will co-produce services and support with the people who use them, ensuring that people are involved in all stages of commissioning.

The section is organised by service area, with each service area having specific subsections outlining commissioned services and support for children and young people, adults, older people and carers, to enable you to find the information most relevant to your organisation. Each service area briefly outlines where the council and the CCGs current commissioning investment is focused, followed by how this needs to change in the future.

The five service areas are as follows:

- Universal, early intervention and prevention services
- Support in the community
- Support to live independently
- Primary care services
- Supported Accommodation

It is important to note that the above represents a continuum of care and support, of which people may move up and down at different points in their lives. For example, people may be accessing support in the community for a time limited period and then no longer require it.

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service

5.1.1 Current Provision

KEY MESSAGES

- There is a strong commitment in the city to investment in prevention, early intervention and universal services and this includes information and advice, which is a critical element of the prevention offer
- Investment in this area achieves better outcomes for people and is also key to preventing people's needs becoming more complex (early intervention). This approach is best for individuals and communities and reduces the demand on long term support services.
- We will work with people (not do to, or for), be inclusive and address inequalities. We will focus on the priority neighbourhoods and improving outcomes for people with the worst health outcomes.
- The provision of a universal Youth Work as a key part of how we will continue to support positive outcomes for young people. As is a mixed offer of short breaks for children with young people including universal, targeted and specialist provision.

Leeds is committed to investing in prevention, early intervention and universal services to support people to live a healthy and active life and keep themselves well. This includes ensuring that children have the Best Start, supporting people to live healthy lifestyles and maintain their health and wellbeing.



Children and young people

Prevention and universal services commissioned for children and young people fall into three main areas: youth work, health and wellbeing (including young carers which is covered in the carers section below) and support for children with additional needs.

Youth work is a key part of the prevention offer in the city. Commissioned services are delivered by a mixed market of internal and external providers, with a 65%/35% split. There is a strong third sector market throughout Leeds although some areas have more third sector presence than others. Since the findings of a review of youth work were released in 2018, we have been consulting with stakeholders across the city on both the findings of the review and a proposed model for new arrangements. It has now been determined that we need to consider broadening the scope of the review in order to meaningfully respond to the findings, reflect more broadly on our vision for youth services in Leeds and the range of and extent of adolescent need in the city.

We currently have a contract for **Counselling** in Children's Centres. There is stable demand for this service although demand fluctuates across the city and the current provider manages demand well by being responsive and creative. A new contract for delivery of the service is currently in the process of being put in place, following a recent tender. The new contract will be for up to five years (three years, plus to the provision to extend for a further 24 months)

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service continued

Short Breaks for children and young people with additional needs can be delivered by universal providers and we have a contract with a third sector provider in Leeds to provide support to organisations around inclusion. The focus in Leeds is on increasing access to universal settings, so that children and young people with a Special Education Need (SEN) and disabilities can take part in activities with their non-disabled peers. Targeted Short Breaks support a young person's personal, social and emotional development whilst supporting families that could potentially be at risk of breakdown or significant disadvantage. We currently invest approximately £550k per annum via an annual grants process which funds a range of activities including weekend and holiday provision, residential breaks and a range of other activities. The current contract runs until March 2020 and a review and options appraisal for inclusion support will take place over the next six months informing our commissioning intentions for the next 3-5 years.

Support for **Young Carers** has recently been reviewed and found to be in high demand, with the provider managing a waiting list and often having to close it. It is known that the number of young carers is significantly underestimated. There is one jointly funded contract for young carer support in Leeds, provided by Barnardo's. Carers Leeds also delivers young adult carer provision for 16 and 17 year olds. Plans are underway to put in place new contracts for this provision with a competitive tender in early 2019 for a new contract to start December 2020. This will be similar to the current contract but will have different referral and assessment expectations.

Working age adults

A wide range of early intervention and prevention services are commissioned by Adults and Health and the NHS Leeds CCG in the city for adults, and it is important to note that many of these services are available to/continue to support people as they age.

We commission a number of services with the aim of providing support to **improve the wellbeing of citizens** of Leeds and to meet the priorities of healthy and sustainable communities, healthy lifestyles, preventative support tackling the major causes of ill health and premature death, healthy ageing and health protection.

Information and advice is critical element of the prevention and universal offer in the city, both in terms of helping people to improve their wellbeing, manage a long term health condition and to access information on the support available to help people to live independently. One of our main information services, Leeds Directory, was recently brought back in house to Leeds City Council following a review. Mindwell, commissioned by the CCG, brings together information on mental health from the NHS, Leeds City Council and the third sector into one single 'go to' place. The website provides up-to-date information for all adults in Leeds, including GPs, employers and other professionals. The Through the Maze information service is a key source of information and signposting for people with a learning disability, their carers, and health and care professionals in the city. A specialist information and advice service for people with learning

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service continued

disabilities on issues such as employment and housing benefit is currently provided by Chapeltown Citizen Advice Beaurau.

Leeds also have a citywide **Social Prescribing** service commissioned by NHS Leeds CCG. Social Prescribing is a means of enabling GPs and other frontline health & care professionals to refer people to a link worker. This provides them with a face-to-face conversation during which they can learn about opportunities to improve their health and wellbeing and connect them to local non-clinical services. The service acknowledges that people's health is determined primarily by a range of social, economic and environmental factors and social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

The primary service for people seeking support with their medical care needs is the NHS 111 service which offers advice as to where people need to go when they have an urgent care need. It also offers clinical advice via its Core Clinical Assessment Service. The Yorkshire and the Humber region have recently undertaken a procurement for this service and the Yorkshire Ambulance Service will be running it from 1st April 2019. The CCG is also developing the scope for a Clinical Assessment Service (CAS) to support the 111 Core CAS. We will continue to test the concept and to gather findings to inform commissioning decisions over the next 1-2 years.

We also commission **advocacy services** for the people of Leeds covering both statutory advocacy and issued based advocacy, with the view of

providing an accessible, single gateway advocacy service for eligible people. Issue based advocacy service is provided with a priority given to people with a care and support need, protected characteristic and/or those who are from disadvantaged groups or communities. The current contract was awarded to Advonet, commencing 1st April 2018 for a period of five years.

There are also some further services and support provided across the city for specific groups of people, as summarised below:

- **Live Well Leeds** provides community based mental health support has recently been commissioned under a five year contract. The service is for adults with mild to moderate mental health problems. The service is open access and provides early intervention when people are first diagnosed with mental health need.
- The council commissions the **Leeds hearing and sight loss service** which has two years remaining on contract from 1st April 2019. The service provides direct access for people in the city who have recently been diagnosed with hearing or sight loss. The service provides peer support, information and emotional support (for example, coming to terms with sight and hearing loss).
- Autistic people can need a resource to help them identify their own strengths/ skills and to access other supports, this is provided by **Leeds Autism Aim**. The other autism specialist providers also offer advice and guidance to people who contact them.

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service continued

Older People

Universal and preventative services for older people are largely provided by community-based, voluntary organisations called Neighbourhood Networks. This includes an investment of approximately £3million per annum across 37 geographical areas identified as the Neighbourhood Networks. This provides full citywide coverage and represents up to a potential of 10 years investment from October 2018 onwards.

Beyond the Neighbourhood Networks, investment is made to seven further older people's organisations either engaging with specific communities or providing further, complimentary support functions. The funding, provided by Adults and Health, generally acts as a contribution towards the work being carried out by the Third Sector as opposed to fully subsidising the sector.

Current provision for older people with dementia includes the Memory Support Worker (MSW) service, provided by the Alheimers Society, this is the principal post-diagnosis support service in Leeds. It has operated since October 2015 and obtained recurrent NHS funding from April 2018. The MSWs connect people to a range of community support, including Memory Cafes, singing groups, Neighbourhood Network Services, financial advice.

There are around fifty Memory Cafes and twelve 'Singing for the Brain' and other groups in Leeds, which meet at least monthly. Some are funded via Neighbourhood Networks and others are purely voluntary initiatives.

'Dementia-Friendly' community initiatives are an important source of preventive, promoting an inclusive approach from everyday services e.g. buses, taxis, and shops. See www.dementiaaction.org.uk/leeds

Carers Leeds also provide a dementia carers 'hub' which offers 1:1 support, groups, and dementia education sessions. It includes a hospital-based support worker.

Carers

We currently commission the following services and support for **adult carers**:

- Carers Leeds provide information, advice and support for citizens of Leeds who are adult or parent carers. The service will work 'with' carers to help them to find solutions that build on their own strengths and assets, the strengths and assets of their families, their networks and their communities.
- Comfort Call provide a Carers Emergency Scheme which means carers can plan for what would happen in the event of an emergency which meant they were temporarily unable to provide care.
- The Carers UK Digital Resource for Carers, available free of charge for any Leeds carer.

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service continued

5.1.1 Future Provision

KEY MESSAGES

- Investment in universal, prevention and early intervention services will continue to be maintained in the medium to long term
- There will be a continued focus on Child Friendly Leeds and the contribution that all partners can make to this.
- There will be an increased focus on localities and neighbourhoods continued focus on the principles of 'Better Conversation' to change practice
- Services are expected to proactively seek opportunities to work in an asset based way in communities and a strengths based way with individuals
- Investment in Youth Work provision will be maintained with a mixed market of internal and commissioned delivery and respond to the high level of demand for support to young carers through the re-commissioning of services.
- Priority for improved access to universal short breaks for children with SEND.



Leeds's commitment to investing in preventative, universal and early intervention services will continue in the future and we see it as a cornerstone of our approach and it is one of the four pillars of the Leeds Health and Care Plan in delivering our health and wellbeing ambitions for the city. The section below gives a summary of how we think preventative, early intervention and universal provision needs to adapt or change.

Children and Young People

The Children and Young People's plan as a strong focus on prevention and early intervention, including outcomes around enjoying healthy lifestyles, having fun growing up and do well at all levels of learning and skills for life, all encapsulated as Child Friendly Leeds. In terms of future investment the priority will be to retain investment in Youth Work provision with a mixed market of internal and commissioned delivery and respond to the high level of demand for support to young carers through the re-commissioning of services. A further priority is for improved access to universal short breaks for children with SEND. Targeted Short Breaks provision is currently being reviewed and we anticipate a new delivery model in place for April 2020. The review highlighted the importance of our short breaks provision in supporting families of children with additional needs and also the role these services play in supporting preparation for adulthood. A commissioning model is being developed which responds to key recommendations of the review including prioritisation of weekend and holiday provision and ensuring young people can access provision in their local areas wherever possible.

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service continued

Adults

There is a continued focus on the wider determinants of health and targeting prevention and early intervention in areas that will make the greatest impact for citizens. Taking a population health management approach to develop outcomes for specific population groups will be a continuing focus.

There is a national expectation for people to ‘talk before they walk’ with campaigns underway to encourage higher use of NHS 111 services. Therefore the expectation is for activity into NHS 111 to increase. Currently no gaps in service provision are anticipated due to very recent re-procurement of the NHS 111 service

In respect of General Adult Neighbourhood health services it is anticipated that there will be increase in demand for these services in the future due to an ageing population. Local and national strategies will set out the framework for the commissioning of these services and it is likely an increased workforce will need to be available to meet the demand. This will be built around the Local Care Partnerships and the broader offer to people within the communities in which they live.

In terms of adult care and support services, there will be a continued focus on supporting people away from specialist services and in terms of prevention, targeting early intervention support to stop people’s needs getting more complex. For people with learning disabilities the focus is on ensuring that universal services are accessible so that they have the

opportunity to live healthy lives, feel safe, and to connect with people where they live. Some of the ways in which we will achieve these outcomes are the continued expansion of the Safe Places scheme and ensuring the provision of Changing Place facilities to facilitate people being able to travel safely and access the facilities that the city has to offer. Initiatives such as the hospital passport, which helps health professionals to understand the individual communication needs of that individual, and the independent travel training scheme also support these aims.

Older People

Demand for universal and preventative services for older people is expected to continue to grow, in line with the ageing profile of the city’s population (in particularly people age 80+) and as such our investment will be maintained in the medium to long term in this area. In respect of dementia, given likely increases in prevalence, continuing success at diagnosis and connecting people to support, this is likely to be either a steady market, or for there to be growth, particularly after 2020. Although Memory Cafes, day services and other groups continue to be popular, it is possible that future demand in respect of preventative/early intervention services will include:

- More opportunities to access the community, perhaps with volunteer support where this can meet needs and offer matching of interests and activities.
- More opportunities for physical activity and exercise, which both reduces dementia risk, and helps keep people with dementia, and carers, well.

Section 5 – Commissioning intentions

5.1 Universal, preventative services and early intervention service continued

- Developing use of digital technology for a wide range of aspects – e.g. promoting personal safety, accessing reminiscence materials, creative activities, staying in touch with family and friends. A barrier at the moment is that most devices require some level of learning and competence to start using and accessing applications.

As outlined in Section 4 Our Approach to Commissioning and Quality Management we are working towards a population health management approach and defining outcome measures for different population groups. This work has started with people living with frailty. 'Frailty is a term used to describe someone who does not bounce back quickly from an illness or accident' Frailty is related to the ageing process, however, not all older people are frail, and not all individuals living with frailty are older. The Leeds' vision for people living with frailty, older people at end of life, and their carers is that:

- people will live healthier, happier and more active lives
- they will be in control of their care
- they will be supported by care which is based on their strengths and delivered within their communities.

These outcomes will be used to inform future commissioning across health. It also sets out that focus on people being connected to their communities and building on people's strengths and assets.

Carers

Both Carers Leeds and Comfort call report increasing numbers of carers accessing their services. We expect the number of carers to increase and the intensity of caring to also increase. It is vital that all commissioned services (i.e. not just Carers Specialist Services) understand and are able to demonstrate their responsibilities towards carers, for example: training and supporting the workforce to be carer-aware; improving their identification and recognition of carers; providing carers with relevant information and signposting/referring carers to specialist information, advice and support; improving support for carers in their own workforce who are balancing work and care (working carers); and supporting carers to access local resources.

For a summary of market opportunities for universal and preventative services, please refer to **Appendix B**

Section 5 – Commissioning intentions

5.2 Support in the community

5.2.1 Current Provision

KEY MESSAGES

- The focus is on services that are accessible, easy to navigate and that provide holistic support
- Working with people (not doing to or for)
- There is an emphasis on partnerships and collaboration with a focus on providing timely services/early intervention
- Services need to be integrated and understand where they fit within the overall pathway of support
- We will design and co-produce services, including services and support people with multiple and complex needs
- Provision of integrated family support through group work and one to one casework
- Significant programme of commissioned mainstream school transport and school transport for children with SEND
- The Travel Buddies programme, which supports young people with SEND to travel independently on the public bus network in Leeds is very successful.



This section covers services commissioned to provide support in the community for children and young people and adults. This covers a broad range of support, from support for families, to support for children and adults who have care and support needs, as well as time limited services which support people at a specific point in their lives, for example, when they are at risk of becoming homeless.

Children and young people

Children and Families commission an Integrated Family Support service which provides support to families via paid one to one support work, volunteer led support and group work. This service compliments our Early Help Strategy and supports our ambition for children to live in safe, supportive and loving families as well as improve achievement, attainment and attendance of children and young people to improve outcomes for families.

The Children and Families directorate also commissions a service to support to young people at risk of or experiencing Child Sexual Exploitation. This contract compliments the service provided by the internally delivered Safe Project.

In regards to transport services we currently commission two types:

- Mainstream School Transport: Provision of school buses for children eligible to assistance under the Children’s Transport

Section 5 – Commissioning intentions

5.2 Support in the community continued

policy (usually on grounds of distance from school – over 2 miles up to age 8, over 3 miles age 8+). Individual services are tendered annually towards the end of the academic year for commencement at the start of the next academic year. Currently approximately 100 school services are tendered by West Yorkshire Combined Authority on behalf of LCC via a cooperation agreement.

- SEND School Transport: Provision of transport assistance via in-house fleet vehicles and tendered private hire taxis. Details of forthcoming tenders are periodically published by LCC, Civic Enterprise directorate.

There is also independent travel training (ITT) available with the provision of Buddies to work with children and young people with SEND who are learning to travel on the public network independently. Within the current contract there is the option to extend for two further years. Details of future tenders for this service will be published on Yortender.

The CCG also commissions a range of community based mental health provision for children and young people. As part of the Future in Mind: Leeds Strategy (see **useful links**), children and young people told us that they want to be able to get help quickly and easily when they ask for it, especially when they are in crisis. In response to this, crisis care has been given priority within the Strategy noting that: *‘Sometimes young people need to be seen urgently because they are in crisis. Services will work together to provide children and young people with the help they need when in crisis.’*

In order to develop this priority one of the ambitions within our Local Transformation Plan is that we will create a dedicated children and young person’s mental health crisis response. An operational group is now responsible for taking forward this area of work and we are in the process of developing an alternative safe space for young people in the city, in direct response to the overwhelming feedback from young people that this is what they want. Funding is available to deliver the safe space provision through the Local Transformation Plan and following feedback from children, young people, parents, carers and professionals a service specification has been developed and agreed by the Operational Group. The service specification focuses on: utilising funding to procure expertise in the city to deliver a crisis model for children and young people that makes use of current space and expertise across the city. This will include training of existing staff to support children and young people who are experiencing crisis; providers will bring expertise in either working with young people, working with people in crisis or both; and the model that is to be delivered will enable children and young people to be supported locally but also be linked to the more specialist element of care when required i.e. CAMHS community crisis support (as this develops).

As part of the **Targeted Mental Health in Schools (TaMHS)** project, pilot clusters setup multi professional teams with a specialist mental health in-reach offer, to provide early intervention short-term support to pupils in their schools from 2008. The model developed from a provided service into a match-funded investment for clusters to commission specialist mental health support.

Section 5 – Commissioning intentions

5.2 Support in the community continued

This integration into the cluster team allowed for easier and swifter support without separate service referral criteria and forms. Each cluster was responsible for providing a service that met the needs of the children, young people and families in their cluster. Each service had a core offer and variation according to local need with some additional services attending the local Guidance and Support meetings to offer assistance and direction. A GP referral pilot was also tested with certain clusters in 2014. The model is now city-wide.

In 2015 the CCG provided additional funding to enhance the existing cluster model and to ensure the cluster offer became integrated into the whole system pathway. This was facilitated by connection with the MindMate Single Point of Access (SPA). The SPA referrals to clusters come, in the main, from GPs, though the majority of cluster referrals continue to come directly from schools.

Each cluster currently receives annual funding from the CCG and council from a joint 3-year fund. This was setup to aid planning in clusters for some certainty of funding. Funding is calculated annually according to actual SEMH referrals (both from MindMate SPA and those directly from schools). Funding from the CCG into this model will cease in September 2020 and a new commissioning model will be established from September 2020.

As Lead Commissioner, the CCG will work with Cluster representatives to develop a service specification that delivers our requirements.

Commissioning models will be presented for feedback to our Future in Mind Network and the commissioning process will then be instigated.

Adults

Supporting people to access the appropriate health care where they live, rather than accessing A&E services will continue to be a priority for Leeds. Currently we commission the Urgent Care Outreach Support Service, the aim of which is to look at the underlying reasons for frequent attendance across all urgent care services in the Leeds system and to work with service users to resolve the root causes, thereby reducing their use of these services. We have found that not all contacts with urgent care services require a medical intervention and that often the reasons for the use of Urgent Care services are socially determined. The contract is currently funded on a non-recurrent basis for 2019/20. Additionally, in Leeds there are many different single points of access (SPA) to help people live independently/manage their health and care needs. As part of the Unplanned Care and Rapid Response Strategy, the ambition is to align and integrate these services offering more consistent and standardised offer to people.

A range of public health and housing related support services are commissioned to provide community based support for adults who are at

Section 5 – Commissioning intentions

5.2 Support in the community continued

risk due to a range of factors such as homelessness. Current commissioned services include:

- **Housing Related Support:** Accommodation-based and visiting support services, which support vulnerable people and families across the city, including those who are homeless, to achieve and support them to move towards independent living. Services for adults (including families) were commissioned in 2017 for a contract length of 5 years, with the option to extend for up to a further 3 years. Services for young people are being re-commissioned during 2019.
- **Domestic Violence & Abuse:** Emergency housing provision and a range of community-based options including one to one support, group support, telephone helpline, IDVA and drop-in services were commissioned in 2017, with a contract length of 5 years, with the option to extend for up to a further 3 years.
- **Drugs & Alcohol:** An integrated drug and alcohol treatment and recovery service was commissioned in 2015 for a period of 5 years, with an option to extend for up to a further 3 years. Alongside this is a residential alcohol detoxification and rehabilitation service, which is being re-commissioned in 2019.
- **Integrated Offender Management:** A service that supports offenders to change their behaviours and ensure that they are resettled successfully in their communities is being re-commissioned in 2019.

Street-Based Support: A Street Outreach service supports people who are rough sleeping to move off the streets as quickly as possible into appropriate accommodation. Working alongside this is a Resource Centre, which offers a drop in service for vulnerable people who are rough sleeping or unsuitably housed. These services are currently being reviewed and will be re-commissioned in 2020.

For adults with care and support needs, including people with a learning disability, autistic people, people with mental health needs, and people with a physical or sensory impairment a range of community support services are commissioned.

Live Well Leeds is a mental health support service commissioned for 5 years by Leeds City Council and NHS Leeds Clinical Commissioning Group (CCG) to work with adults aged 18+ (17+ if they are transitioning from children's mental health services) who have mild to moderate mental health support needs, throughout the Leeds Metropolitan District or registered with a Leeds GP as defined by NHS Leeds Clinical Commissioning Group (CCG). Live Well Leeds will deliver a range of services that include one to one support, group support, peer support, befriending and volunteering opportunities. All services will be based around a recovery, maintaining wellbeing and social inclusion.

Leeds Centre for Integrated Living provides direct payment support service for those who need it. In addition there are a range of mental health services and support, including specialist provision, for example women and refugee

Section 5 – Commissioning intentions

5.2 Support in the community continued

and asylum seekers. Dial House provides a crisis house and outreach centre, jointly funded by Leeds City Council and Leeds CCG. The Crisis Café offers a diversion from A&E scheme and is open out of hours and is complimented by a service to support Frequent A&E attenders.

In Leeds there is an active third sector offering a wide range of opportunities for community participation for people with a **learning disability**. These include information and advice services, a full range of day and evening opportunities such as, sport, dance, performance and arts, and support available for people with learning disabilities to develop and run their own activities. There are lots of groups across the city commissioned to support people with a learning disability to have a healthy lifestyle and achieve the outcomes that are important to them, such as employment. The majority of these contracts will be coming to an end over the next 12-18months and consultation will begin in spring 2019 to explore re-commissioning options.

There are no specific community services for **Autistic adults** but Leeds autism Aim (as referenced in early intervention section) provides support to help autistic people access appropriate community services. We now have increasing evidence that autistic people are over represented (compared to the expected prevalence numbers) in areas such as homelessness, mental health services and drug and alcohol services. The focus in the immediate future (up to 5 years) will be to work with existing services to help them improve their offer to people who are accessing those services who are autistic.

Older People

Whilst Neighbourhood Network Services (NNS) are traditionally associated with providing preventative support such as activities etc. within a community setting, more and more NNS are providing support to individuals within their own homes, this support may take many forms (usually befriending) but is primarily associated with helping the individual maintain their own home and continue living within their local community. The current agreement with the NNS began 1st October 2018 and is for a period of five years with an option to extend for a further five year period.

There is also a range of support commissioned for people with dementia in the city, including:

- Younger dementia day services: awarded October 2017 for 5 years plus option for further 2 years.
- Day centre provision within extra-care scheme in north Leeds; contract until Nov 2021 with options to extend; this service uses the providers own premises within an extra-care scheme.
- Independent day centres supported by a mix of self-funding and Direct Payments.
- Dementia specialist staff within housing-related 'floating support' contract;
- Support provision (not CQC-registered) from a small number of providers, relying on private purchase / direct payments.

Section 5 – Commissioning intentions

5.2 Support in the community continued

Carers

A newly commissioned information, advice and support for adult and parent carers service, commences in April 2019, and will be provided by Carers Leeds. The service will provide a single point of access to information, advice and support services for adult and parent carers in Leeds. The contract period is for five years, and there is an option to extend the contract for a maximum period of up to 24 months.

As well as a universal offer of information and advice for any carer, the service will provide personalised support through suitably trained and qualified specialist carer support workers who have particular skills, experience and knowledge of particular groups of carers. Specialist worker's will provide practical and emotional support over a period of time agreed with the carer, and will help individual carers to improve their health and wellbeing and/or identify the support they need and to achieve their personal goals. Specialist worker's will meet carers in a location that is convenient for carers and will support carers to have their voices heard and their views taken into account when health and care services are assessing and/or planning support for the person they care for. Specifically, specialist carer support will be available for:

- Carers of adults with mental health and/or learning disability
- Carers of adults with dementia
- Carers of people affected by another person's drug or alcohol use

- Parent carers of disabled children under the age of 18
- Young adult carers
- Bereaved carers
- Working carers

Section 5 – Commissioning intentions

5.2 Support in the community continued

5.2.2 Future Provision

KEY MESSAGES

- Services will continue to need to be accessible, easy to navigate and provide holistic support, with a strong focus on providing timely support/early intervention
- Further integration across services
- An increase in collaborative approaches, that also recognise the value of smaller service providers
- Re-commissioning of Targeted Short Breaks for Children with SEND with a greater emphasis on weekend and holiday provision
- Implement the findings of a review of support and accommodation for care leavers
- Respond to the rising demand in school transport for children with SEND
- Continued investment in independent travel training for young people



Children and young people

Children and Families Integrated Family Support Service has recently been re-commissioned and the new contract started on 1st May 2019. As this is a long term arrangement there will not be commissioning opportunities in this area in the short to medium term.

There are no current gaps in provision for Mainstream School Transport and no expectation of rising demand for service. The market remains open annually to bus and coach operators on a route-by-route basis.

There is rising demand for SEND School Transport, yet market competition can sometimes be limited meaning there is room for market innovation.

In contrast to adults, children and young people in Leeds who are in mental health crisis do not have access to a dedicated crisis team or safe space. The current response is fragmented, incomplete and during out of normal working hours is over reliant on emergency services, such as A&E departments and the police. Children and young people have told us that they want to be able to get help quickly and easily when they ask for it, especially when they are in crisis (Future in Mind: Leeds, 2015).

The CCG led review of crisis care for children and young people clearly pointed to a need for a non-medical safe space provision. The all age mental health CORE 24 General Hospital Liaison service commenced in Leeds in 2016. Between December 2016 and June 2018, 727 young people attended

Section 5 – Commissioning intentions

5.2 Support in the community continued

the LGI of whom 360 required a full mental health assessment. Young people are the highest users of the CORE 24 service at 55.1% and consume 73.2% of the resource. Those young people who did not require a full mental health assessment could have benefited from the safe space provision.

The new provision will offer a safe, calm and welcoming environment where children and young people can receive support and advice in the aim of improving emotional wellbeing and prevent the onset of a crisis. The aims of the service are to:

- Introduce effective alternative models of care that offer access to support before crisis point, at the right time, in the right place and by the right person
- Prevent acute mental health inpatient admissions or re-admissions
- Reduce reliance on other emergency services including Accident & Emergency (A&E), police and ambulance
- Support people to recover and stay well by making sure they are referred to appropriate services that will prevent future crisis.
- Improve overall user and family/supporter satisfaction and experience.

In regards to the mental health in schools cluster project, one of the key strengths of the cluster model is that it provides holistic support for families. They provide families that struggle to access traditional services a more local, accessible support offer in a familiar setting. Cluster Managers report an increasing complexity of health and social care need presentation.

It is recognised that clusters support families and children and young people with complex social needs using all the resources and additional agencies at their disposal. Funding from the CCG and council ensured that the specialist mental health early intervention offer is supported. Future funding allocations will now be based on the following objectives:

- The CCG needs to have a more formal commissioning / contracting relationship with the service provider(s)
- The CCG is keen to work with clusters and schools to ensure the commissioning and contracting of the service includes them as key partners
- The CCG is keen to ensure the service delivery is within the school clusters/school partnerships local setting
- The CCG will use the data and intelligence we have (sense checked with the clusters) to inform the service model
- The CCG will draw from the best available clinical evidence base to help inform the service model
- The CCG will specify that the provider(s) of the service have to flow data into the Mental Health Services Dataset
- MindMate Single Point of Access (SPA) will be a source of referrals from the system
- The CCG will work with clusters and MindMate SPA to agree how the system works together, working to address some of the current issues.

Section 5 – Commissioning intentions

5.2 Support in the community continued

The direction of travel for this offer is clear from both national and local developments. The Green Paper – Transforming children and young people’s mental health provision (see **useful links**) notes the need for: a consistent and evidence based Social, Emotional, Mental Health core offer; and a School & College based: prevention and support. Locally, the developing Child and Family hubs making the need for local providers to work together even more important and the NHS 10 Year Plan places an emphasis on children and young people’s mental health including staff, community care, prevention, mental health, digital solutions.

Demand for **Independent travel training (ITT)** has plateaued but there will be a continuous stream of young people entering ITT. This is a niche market with a limited amount of competition. In addition to opportunities to enter the market there is room for market innovation to create added value.

Adults

Supporting people to access the appropriate health care where they live, rather than accessing A&E services will continue to be a priority for Leeds. We foresee the frequent attenders for the Urgent Care Outreach Support service is likely to continue to grow as there are many unexplored avenues for referrals to the service across the unplanned care system including, urgent GP appointments, walk in centre (WIC) and out of hours (OOH) including GP OOH and UTCs. We estimate that the service will need expanding to meet this demand; initially on a non-recurrent basis to enable us to assess the impact across the system. There are currently

no gaps in service provision that need to be filled. There is opportunity to be innovative in this project as most similar projects across the country have only explored the impact of working with frequent attenders at the emergency department and not across the entire unplanned care system, which is what we will be looking to do next. In conjunction with the above service a baseline assessment of Single Points of Access (SPA) in the city is currently underway to determine the number of SPAs across Leeds and to understand how they are configured, the service offer, the demand, activity, how they cross refer and the costs for each. The results of the assessment will highlight opportunities for development and efficiencies.

The public health and housing related support services commissioned to provide community based support for adults who are at risk due to a range of factors such as homelessness, will continue to be a priority and as such, they will be reviewed prior to contract end to assess how demand and need has changed over the lifetime of the service. The reviews will include consultation with clients, providers and other key stakeholders and will determine the form of any services to be re-commissioned. We will continue to look for innovation in terms of new ways of working, within services and between partners. Overall, the direction of travel is an increased focus on prevention/early intervention and of integration, between both services and commissioning partners. Services need to be able to provide holistic and person-centred support to respond to increasing complexities of health and social needs.

Section 5 – Commissioning intentions

5.2 Support in the community continued

The demand will continue to increase for community support and universal services for adults with care and support needs, including people with **a learning disability, people with a physical or sensory impairment or complex mental health needs**, as the emphasis is around supporting people away from specialist services and promoting independence. We therefore anticipate increased uptake of direct payments as people develop a network of services to allow them to remain in their own tenancies and independent for as long as possible. There will also be a strong focus on support to enable people to pursue their own passions and interests and to participate in community life where they live.

Leeds has a good range of mental health services delivered by the Third Sector that promote recovery, independence and wellbeing. Investment and capacity in these Third Sector contracts have remained relatively static for a number of years, whilst mental health needs and demand have continued to increase. To address this the CCG and LCC will review all of these services jointly through 2019/20 to ensure services are commissioned in the right level and reflect local need. We will then co-design community support offer with service users, carers and wider communities.

CCG is seeking a more streamlined way of commissioning and contracting services in the future, for example, fewer contracts, encourage alliances and integrated model/s between Third Sector, primary care and LYPFT services.

We know that we need to increase the availability of support for people who require more intensive support within the community and present a higher level of acuity of need.

We continue to look for alternatives to hospital admissions, including looking to pilot a Crisis House model in 2019/20.

We will be looking to develop bespoke provision for BAME communities.

Older People

There is an expectation that demand for the types of services that provide support to older people within their own homes will increase over the next five years, as more people are being supported to live at home with long term health conditions preventing them from remaining active, which could lead to social isolation. Whilst there are some small gaps in service provision at the moment it is anticipated that these gaps will reduce as more organisations develop befriending type services.

Although council run day services have reduced in the past decade, driven by a reduction in demand, some independent day services have flourished, offering activity and occupation for people with dementia and a break for carers. This includes carers who are in paid employment and depend on the service to manage work/life balance. The council offers direct payments for people eligible to be funded for these services. One provider has expressed

Section 5 – Commissioning intentions

5.2 Support in the community continued

a preference for a framework contract from which individual services could be 'called off'; they would find this simpler to administer.

People with dementia and carers can benefit greatly from innovative models of provision. There are examples locally of support at home and to get out and about, and day activities, with co-produced programmes for meaningful activity and therapeutic use of creative activities, reminiscence etc.

Technology and digital solutions have a lot to offer. Leeds City Council would like to work with providers to consider how these could best be encouraged and funded. Although the personal budget route is available and works for some people, dementia does increase the barriers to setting up and running this method of payment. Having structure and meaning to life is good for the brain, and enables people with dementia to live well for longer, and may promote more independence in daily living. Therefore it is important to find a way forward to make more services viable.

Carers

We expect the number of carers to increase and the intensity of caring to also increase. As previously mentioned, it is vital that all commissioned services (i.e. not just Carers Specialist Services) understand and are able to demonstrate their responsibilities towards carers.

Section 5 – Commissioning intentions

5.3 Support to live independently

5.3.1 Current Provision

KEY MESSAGES

- We will work to support adults to remain as independent as possible and live the life they want to lead.
- There are difficulties in meeting the needs of young people with SEND using existing framework independent support workers (ISW)
- Support and Accommodation for Care Leavers is provided through a mix of investment from Children's and Adults and Health in Leeds City Council.
- Support people of working age to have independent fulfilled lives
- Transforming Care Programme – supporting people with the most complex needs to come out of long term hospital care and live independently (with support) in the community
- Maintain the investment in support that enables older people to stay at home for as long as possible



This section covers the services commissioned to provide support to enable people to live independently, or in the case of **children and young people** to provide support to **develop independence skills** and support to **the family**.

Children and young people

Children and Families currently has a framework for Individual Support Workers (ISW) for children with SEND. This service can provide both domiciliary care and a short break outside the home and forms part of our specialist short breaks offer. This framework runs until Dec 2019 with option to extend for a further 12 months. Although demand for this service has reduced in recent years as direct payment numbers have increased, it is still an important service for a small number of children and young people with SEND and their families. We experience significant difficulty in meeting some of these packages from the market currently. This service is currently under review to determine the best way of meeting this need in future.

Support and Accommodation for Care Leavers is currently provided via some jointly commissioned contracts as well as a framework held by Children and Families Services. This framework can respond to a range of needs including intensively staffed supported living, supported tenancies and floating support in the home. This framework is designed to respond to the needs of individual care leavers on a placement by placement basis. Current arrangements run until June 2020.

Section 5 – Commissioning intentions

5.3 Support to live independently continued

Adults

There are a number of demographic challenges to commissioners, notably the increase in numbers of people with a **learning disability**, the increased level of acuity and complexity of need, and the increasing number of people with learning disabilities surviving into old age. This increased demand has led to the continuation of people with complex needs being placed out of the city. However, these individuals still represent a small group within the learning disability population.

Many people with complex behavioural and/or physical needs are supported in a range of supported living tenancies provided by the independent and third sector. This is the preferred model to residential care. There are currently 29 learning disability accommodation providers in Leeds. Care and support for individuals is arranged on an individual basis and there remains very few block contracts.

Adults and Health and the Leeds CCG have been working together as part of the **Transforming Care programme** to support people with complex needs currently in long term hospital placements to move into independent living settings in line with the national NHS England programme. The number of Leeds residents in long term hospital placements has continued to reduce, with plans for the remaining people being developed. Work has included a collaborative commissioning framework across the Yorkshire and Humber region supporting people with learning disability and or autism with complex and or forensic needs to move into independent living settings.

We are working collaboratively to develop 45 specialist supported living accommodation to support people with the most complex needs to prevent future out of area or hospital placements, particularly focusing on young people transitioning into adult social care. This is expected to be available from the summer 2021. The council has also invested 3.5 million and NHS Leeds 1 million capital to build a start of the art autism service to support people with the most complex needs which will be available from summer 2021.

There is a relatively small amount of demand for such services **for autistic people without learning disabilities**, we are currently exploring the possibility of quantifying this demand, both in terms of numbers of people and numbers of hours to see if there is a way of meeting this need in a useful way. A key element of such a service would be a flexibility in numbers of hours provided to meet changing, and reducing demand from the individuals. Autistic people who also have learning disabilities will have their needs met within Learning Disability services – with appropriate reasonable adjustments for their autistic needs.

We commission a number of accommodation based support services for people with a mental health need and a physical impairment in the city. The continued direction of travel is away from residential care to supporting people in their own tenancy with support. We currently commission 26 supporting living services for people with a mental health need and 10 supported living services for people with a physical or sensory impairment. We want to continue to work with providers regarding the gap in the market for housing solutions.

Section 5 – Commissioning intentions

5.3 Support to live independently continued

Older People

There are currently a range of statutory and non-statutory services that support people to live independently: Home Care services provide personal care and support to people in their own homes to enable them to continue living within their own familiar environment within their community for as long as they are able (and want to). The current contract was commissioned in June 2016 and will end 31st May 2021, the planning and development of the future model for Home Care services commenced in early 2019.

There are currently no dedicated contracts for dementia-specialist domiciliary care. The service specification for 'mainstream' domiciliary care includes the expectation that staff are trained and capable of supporting people living with dementia. Individual packages of care are allocated by our care brokerage process, and at present dementia and other specific conditions are not used as a basis for allocation.

Due to issues with capacity in the Home Care sector a new initiative entitled Community Catalysts will commence in April 2019 whereby micro-enterprises will be developed and offered support and training to establish an array of micro enterprises who will be able to deliver home care services to individuals within specific geographical locations across the city.

Extra Care Housing with Support combines independent living within your own apartment/flat along with care services that are arranged according to your needs. There are a number of Extra Care Housing with Support schemes within Leeds City Council and a new contractual agreement is due

to be put into place for the majority of the existing schemes in April 2019. A separate procurement will be undertaken in 2019 for the services offered at Hampton Crescent with the new contract looking to commence 1st October 2019.

Carers

Community based short break provision is commissioned for carers in the city. The purpose of a community based short break service is to provide a carer with a break from caring. This is achieved by a paid worker providing a replacement care service to the person with care and support needs. The service is sometimes referred to as a 'sitting service' as it often involves sitting with the person with care and support needs in their own home.

Leeds City Council has six interim contracts with four Independent Sector providers to deliver community based short break services. The interim contracts are for 6 months duration and will expire on 31st October 2019. The combined value of the interim contracts is £564,720 from April 2019 access to the commissioned community based short break service will be via a needs assessment or carer's assessment as laid out in the Care and Support (Assessment) Regulations 2014, and will be prioritised for people who meet the eligibility criteria for care and support as laid out in Care and Support (Eligibility Criteria) Regulations 2014. A procurement process to appoint a suitable provider or providers will be undertaken to deliver community based short break services from 1st November 2019.

Section 5 – Commissioning intentions

5.3 Support to live independently continued

5.3.2 Future Provision

KEY MESSAGES

- Anticipate an increase in demand for independent support workers (ISW) for children with SEND.
- The continued direction of travel will be to support all adults to live independently in their own homes rather than in residential care
- We are looking to different model of support and would welcome discussions with providers and potential providers, particularly around Small Support
- There is an increasing challenge regarding affordable rents (due to housing benefit rules) and we want to work with providers to develop solutions to this
- Extra care provision needs to increase – using the ‘Leeds model for extra care’ – and we want to engage with providers regarding this
- Increased use of Individual Service Funds, Direct Payments and Personal Health Budgets for people with learning disabilities



Children and young people

Demand for **Independent Social Worker** type of support will remain, and possibly increase, and a review is underway to determine how best to respond to meet this need. This area of work sees a number of common challenges that apply to the care market on a local and national level. Current framework commissioning approach does not meet all needs are required so there are potential opportunities to innovate.

Support and Accommodation for Care Leavers is being reviewed with colleagues in Adults and Health. This will see a single delivery model for all accommodation and support for young people, including care leavers, who require accommodation and support offer an more integrated and flexible service. The council is keen to encourage organisations to work together to respond to this model.

Adults

In regards to longer term demand, there is very little take-up of direct payments for people with a **learning disability** and we will work to increase the use of both Individual Services Funds and Direct Payments. Work is ongoing to understand how Individual Service Funds can be used more widely to support choice and control for people with learning disabilities in Leeds. It is also likely more supported living tenancies and support will be needed as demand continues to increase. Longer term the council, Leeds CCG and

Section 5 – Commissioning intentions

5.3 Support to live independently continued

Housing Leeds are working to implement plans for supporting people with the most complex needs, to be supported to live in Leeds.

If we were to provide the accommodation service for **Autistic people** as outlined in section 5.3.1 then the requirement would be for individual accommodation with some shared social space for a single figures amount of people, and a flexible (depending on current need) level of support.

We are also looking to work with local entrepreneurs to **develop Small Support** for a unique and individualised way of delivering supported living for individuals with very complex support needs. Small Support 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. Small Support are not the large established support provider currently commissioned to provide support to a large number of individuals. Small Support provision is different as it small in scale, entrepreneurial and provides highly individualised dedicated community based support to a small number of individuals with specific and highly complex needs. The Small Support 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. Staffs needs 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 staffs are key to the success of the model, we want the Small Support 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.

Section 5 – Commissioning intentions

5.3 Support to live independently continued

The 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.

Initially we are developing the Small Support 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.

It is important to point out The Small Support model is not 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. It is not a claim 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 Small Support 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 through the Transforming Care programme, this model can give a further option in this context.

We would like to engage with entrepreneurial individuals in developing this new provision.

As part of the Transforming Care Programme we are also **developing forensic providers**. Within the last six months a scoping exercise has been undertaken to determine the gaps within Leeds for the people identified by the programme. The main area of development required in Leeds is to cater for those individuals whom have a learning disability with a forensic background, or those whom have a learning disability with a personality disorder / other mental health issues. The Enhanced Community Living Service is based on national legislation and guidance. Commissioners for the Enhanced Community Living Service will only work with providers who have highly trained staff and the right skills to support people with complex needs and behaviour that challenges. We want to support people to access the care and support they need, from highly

Section 5 – Commissioning intentions

5.3 Support to live independently continued

trained providers, in the community. The regional model of enhanced care and support, delivered locally in ordinary communities, will:

- Invest in high quality training and development for staff, enabling a richer skill mix qualified to national standards with robust contingency
- Play a proactive role in multi-agency planning and system collaboration
- Improve collaboration amongst providers and with commissioners
- Reduce time spent in hospital or residential care, avoidable admissions from community, and frequent care and support package assessments and breakdowns.
- Reduces restrictions and increase independence for people over time through a better understanding and management of people's triggers in the context of their life experience, interest and aspirations.

Older People

Demand for **Home Care Services** is expected to grow due to the changing demographics of the city, people are living longer with long term health conditions and people want to stay in their own homes. The current services are unable to meet demand across all areas of the City but specifically in the outer areas where people are waiting longer for services. A market analysis document will be published early summer 2019 and can be requested from the Commissioning Manager – Older People.

Whilst the Community Catalyst initiative will resolve some of these demand issues it is anticipated that not all demand will be met by this initiative thus new innovations within the market could be tested.

In regards to supporting people with dementia living at home, there are particular needs that have been identified, including:

- relationship-building strategies to overcome lack of acknowledgement of care needs, including particular benefits of consistency of a small number of staff;
- staff training in dementia care, including senior care staff and managers trained in leadership in dementia care;
- personalised options which recognise the benefits of meaningful activity and positive risk management, and that the traditional 'four calls per day' based around personal care tasks and meals is not always the best use of allocated hours.
- The use of technology and digital solutions alongside the care relationship.

There are a small number of examples where employing personal assistants has worked well, and the person who supports you to get up and ready in the morning then helps you to get out and about. However, dementia increases the barriers to setting up a Direct Payment; so it seems important to create options for more personalised care within a contracted service provision.

Section 5 – Commissioning intentions

5.3 Support to live independently continued

Carers tell us that it would help them to be able to book residential short-stays in advance; there is very limited capacity for this locally, so carers have found themselves looking for somewhere for the cared-for person 1-2 weeks ahead of a long-booked holiday.

Extra Care Housing with Support is growing due to the flexibility that this type of scheme offers individuals. There are currently eight Extra Care schemes where Leeds City Council either directly delivers or commissions care and support, with a further four schemes due to come onto the market by March 2021 and a further three schemes by December 2021 as part of phase two of this work. These new schemes will count towards the ambition of Leeds City Council to establish more than 1,000 new units of extra care housing in the city by 2028 to address the estimated shortfall within the city, however the development of these new schemes will still leave a shortfall of approx. 700 units. All arrangements for the first four schemes have been procured, with procurements to still take place for the construction and care provision of the remaining three schemes covered by phase two. Further information about the above can be requested from the Commissioning Programme Leader– Older People’s Services.

Carers

We expect the number of carers to increase and the intensity of caring to also increase. Additional investment for community based short breaks has been identified from 1st April 2019 in order to provide more carers with a short break.

In addition to community based short breaks services, the Council will be looking to provide grants funding to suitable organisations to provide additional support which will enable carers to have a short break from caring in line with changes in our overall approach to how we manage adult social care, for example, helping individuals and families to find solutions that build on their strengths and assets and harnessing the strengths of resilient individuals, families and communities.

For a summary of market opportunities for support to live independently, please refer to **Appendix B**

Section 5 – Commissioning intentions

5.4 Primary care and extended care services

5.4.1 Current Provision

Urgent Treatment Centre (UTC) and Minor Injury Unit (MIU)

Both the Urgent Treatment Centre and Minor Injury Unit services sit within the West Yorkshire Urgent Care (WYUC) contract, which is a West Yorkshire wide contract. The contract has been awarded to Local Care Direct for initially a 1 year contract for 2019/20. The WYUC contract also includes GP Out of Hours service

The UTC is based at Middleton, South Leeds, and the MIU is at Wharfedale hospital in Otley. Over the 19/20 period the MIU will be converted into Leeds's second UTC (MIU being one element of what an UTC offers). The MIU offers a service to deal with minor injuries and has diagnostics such as an X-Ray machine. The UTC offers a service to deal with urgent minor illness, minor injury, includes the extended access offer and GP Out Of Hours.

Extended Care Services

Extended care services are those specialist services currently provided by hospitals or independently procured community providers who are delivering services that were traditionally only offered on a hospital site. The majority of non-hospital services for people outside of mental health services are delivered by the Leeds Community Healthcare NHS Trust or by local hospital trusts (primarily but not exclusively Leeds Teaching Hospitals NHS Trust). For those services which still require a hospital admission, there

is a limitation to the facilities locally available because of the infrastructure costs required. The CCG therefore also contracts with major Independent Sector providers (Nuffield, Spire and Ramsay Healthcare primarily) for services which require hospital admissions. The CCG also commissions a number of non-hospital services which have been subject to formal procurements.

These are:

- Consultant led community dermatology
- Consultant led community ophthalmology
- Consultant led gastroenterology and endoscopy
- Non obstetric ultrasound
- Consultant led ENT and hearing loss services
- Community vasectomy services
- Community minor surgery services
- Community pain services (being re-procured in 19/20)

In line with the local discussions about system integration and the development of place based services, each contract will be reviewed as it comes up for renewal to consider the best way to re-procure these services in a way that is more outcomes focused and reflects and contributes towards the delivery of the CCG's strategy.

Section 5 – Commissioning intentions

5.4 Primary care and extended care services continued

5.4.2 Future Provision

Urgent Treatment Centre (UTC) and Minor Injury Unit (MIU)

The vision for Leeds is to create three community based UTC's and two co-located alongside to the A&E departments at St James' and Leeds General Infirmary to manage urgent care demand across the city.

Extended Care Services

As we re-procure we will continue to look for innovation in delivery and particularly in the role of digital, alternatives to face to face attendance, innovation in workforce models. Demand is likely to continue to rise in line with demographic change locally.

The CCG will continue to review its service models to explore further potential for delivering services outside traditional settings, in line with the long term plan.

Section 5 – Commissioning intentions

5.5 Supported Accommodation

5.5.1 Current Provision

KEY MESSAGES

- For adults of working age there continues to be a move away from residential care to supporting people to live independently.
- For older people the focus continues to be on maximising support to live at home for as long as possible. Overall residential care placements continue to decline, with an increase in people being supported with more complex needs. The demand is for care homes with nursing, including those who can work with people with complexity around their dementia.



This section covers residential care services for children and adults. The focus is on supporting children who have been taken into care and for adults the focus on support for people who have more complex needs who are unable to live independently with support.

Adults

Placements of adults in residential care continue to decline, with the continued focus on supporting people to live independently. Adults and Health currently contracts with 15 residential or nursing care homes for people with a mental health need, physical impairment, or sensory impairment, and one twelve-bed dual registered nursing and residential care

home for people whose mental health needs cannot be satisfactorily met from other services. There are also a small number of people with a learning disability placed in residential or long term hospital care, however, there is a continued focus to move away from this type of provision to support people to live independently in their own tenancies with support.

Older People

Residential and/or nursing care provides support to individuals who are no longer able to care for themselves in their own homes. The current arrangement for these services commenced in July 2018 and is for a five year period.

There is no requirement for care homes to register for ‘dementia care’, and all care homes for older people will have people with dementia living there. The Alzheimers Society report “Low Expectations” suggests circa 50% of people will have dementia in ‘mainstream’ older people’s homes. The Council has increased the differential paid on the standard contract price when a person has so-called ‘EMI’ care (a term that we no longer want to use and simply refer to ‘dementia care’ or ‘specialist dementia care’).

It is also important to note that the council and the CCG only commission a number of care home placements and that many are arranged and funded by people who pay for their own care. Work to estimate the number of self-funders has been undertaken and is available by contacting the Commissioning Programme Lead for Older people.

Section 5 – Commissioning intentions

5.5 Supported Accommodation continued

5.5.2 Future Provision

KEY MESSAGES

- It is envisaged that the current direction of travel in terms of moving away from residential placements for people of working age and supporting older to live at home for as long as possible will continue.
- We anticipate that the demand for care homes with nursing care, supporting people with increasing complex needs, will also continue.



Older People

The demographics for dementia care are hard to predict, but a general increase in demand is expected as people born in the post-war 'baby boom' grow older. This will start to appear in the early 2020s as people born in 1946 reach age 75, and continue to emerge over the next two decades.

People who came to the UK post-war from south Asian and Caribbean countries have started to reach the age where dementia risk is higher, and this may be exacerbated by health inequalities, e.g. a higher prevalence of Type 2 diabetes in some populations will increase dementia risk. There is local experience that older people and families are increasingly looking to residential care, including short-stay, as a support option. The needs may

include language competence, especially as people with dementia may lose their 'second language' ability in English as the condition progresses.

There are currently gaps in the market for nursing care homes for people with dementia who may also have complex needs/behaviours that challenge and it is anticipated that this gap in the market will grow over the next five years. This shortfall in the current market provides opportunities for providers to develop initiatives targeted at people with dementia who may also have complex needs/behaviours that challenge. We are looking to identify perhaps 20-30 care homes, among both existing and new providers, with the capability, leadership and organisational maturity to work with us to support people who may be distressed, agitated, live with multiple conditions including frailty alongside dementia. These providers must cultivate amongst their staff teams a strong culture of person-centred care that recognises the need for human warmth and a sense of belonging, and that people's behaviour indicates unmet need and may be the only way they have to communicate it.

The steps taken to develop local capacity include:

- NHS development of intensive and responsive specialist support to care homes.
- An individualised approach to funding of care, including transitional support to leave hospital as well as long-term funding;
- Development of training in 'leadership in dementia care'.

Section 5 – Commissioning intentions

5.5 Supported Accommodation continued

Learning Disabilities and Autism

A project is underway that aims to create a high quality six bed medium stay specialised community facility and a two bed long term home in West Leeds. Both units will cater for people with learning disabilities and severe autism with have behaviours that challenge. Both units will be registered with CQC as residential care.

The six bed unit will provide medium stay accommodation in a specialist, autism friendly environment as a stepping stone from home or hospital to community based specialist supported living. It will provide a service for people with LD/ASD to:

- Allow people to be discharged from in patient accommodation, particularly those in the Transforming Care Programme cohort
- Prevent future hospital admissions when supported living or family arrangements break down
- Enable certain individuals to be brought back to Leeds from out of area residential care placements
- Enable young people in transition a pathway to prepare them for specialist supported living. The unit will be able to offer up to 3 places for 16 to 18 year olds under CQC rules
- Offer emergency respite if a room is available

For a summary of market opportunities for Supported Accommodation, please refer to **Appendix B**

Section 5 – Commissioning intentions

Placements for Children Looked After (CLA) and those with Special Education Needs and/or Disability (SEND)

5.6.1 Current Provision

KEY MESSAGES

- The rate of children being taken into care per 1000 population remains level in Leeds, counter to trends at the regional and national level. However population growth is driving growth in demand for the provision of placements of children in residential and foster care. Leeds commissions these services on behalf of the Yorkshire and Humber region with a total spend of £200m.



This section covers placements for children looked after and those with special education need and disabilities.

Children and young people

Providing children and young people who are in care with a safe and nurturing family or home is a statutory duty that is fulfilled through corporate parenting responsibilities. Some of this provision is sourced using independent fostering and residential providers, but it is a mixed market of independent, third and public sector providers. For some children and young people who have a special education need and/or disability placement in a special school or college is necessary to enable them to fulfil their potential. There is a mixed market of independent, third and public sector providers who meet this need for children and young people with SEND. Some SEND children and young people are also CLA.

Section 5 – Commissioning intentions

Placements for Children Looked After (CLA) and those with Special Education Needs and/or Disability (SEND) continued

5.6.2 Future Provision

KEY MESSAGES

- Responding to growing demand at the Leeds and regional level, re-commissioning of a framework of residential, SEND and fostering placements & supported lodgings for 14 Yorkshire and Humber Local Authorities.
- Demand for placements for teenagers with more complex needs is increasing in the region.
- Local service offer for children and young people with SEND.



Children and young people

Leeds has an effective strategy for enabling families which is demonstrated by having been able to successfully and safely reduce the numbers of children looked after for several years now. This is in a national climate of increasing numbers of children looked after.

For those children and young people who have needed to come into care there are placements in foster care and residential children's homes which will provide a safe and nurturing home for as long as they need it. 'Staying put' with foster carers beyond 18 year old and 'staying close' to residential workers who have played a key role in the lives of children looked after is actively promoted in Leeds.

In recent years all regional Local Authorities have seen an increase in the demand for placements for teenagers with more complex needs. Work to meet the demand for these young people with the right placement is an area of focus.

There continues to be a need to offer care leavers the opportunity to live in supported lodgings prior to making the step to independent living. This is a key part of the strategy to delay the age at which a care leaver makes the transition to independent living.

Again, as part of the response for children and young people with SEND for whom mainstream education and living at home is not meeting their needs, special schools and colleges are utilised. There is a strong commitment for Leeds to be self-sufficient in meeting the needs of its SEND children and young people and the aspiration is for a local service offer for the majority of children and young people.

For a summary of market opportunities for placements for CLA and SEND, please refer to **Appendix B**

Section 6 – Health and care workforce

‘A valued, well trained and supported workforce’, is a key priority of the Leeds Health and Wellbeing Strategy to help achieve the ambition of being the best city for wellbeing. Having the right health, care, and support workforce with the right skills and values, is critical to achieving better outcomes for citizens of Leeds and progressing the Leeds Health and Care Plan.

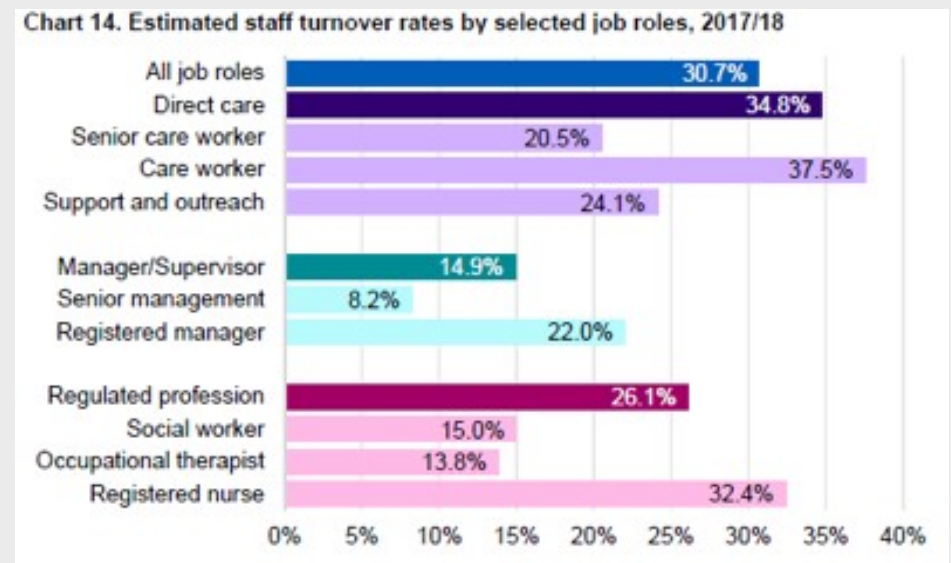
When we talk about the health, care and support workforce we are referring to people working across a range of organisations in the city, including local authority staff, schools staff, private/independent sector, third sector staff, NHS staff, personal assistants (and the people that employ them), carers and volunteers. A sector that it is estimated employs over 57,000 people. This section outlines the workforce challenges for the sector in the city and how we are working to address the priority areas identified.

Workforce challenges

The health, care and support workforce is extremely broad and is employed by a diverse range of organisations – from large NHS organisations, through to small and medium size, independent and third sector organisations. There are some specific challenges in particular parts of the sector, e.g. a shortage of nursing staff in the care home sector, however there are also some key themes emerging which can be summarised as follows:

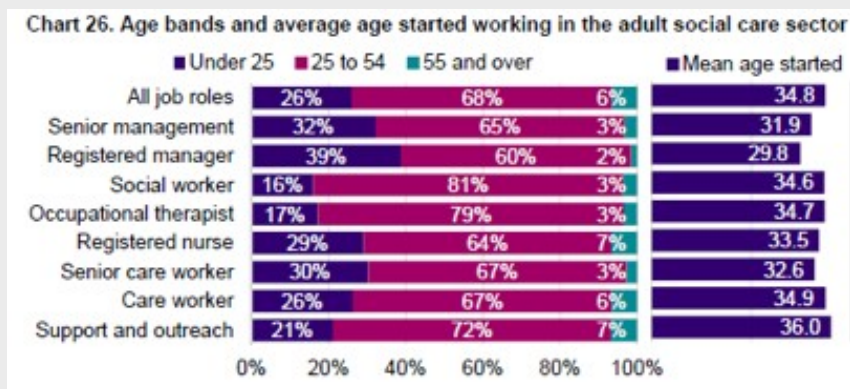
- **Recruitment and retention** – Recruitment and retention of staff with the right skills and values continues to be a challenge, particularly in some specific roles within the health and care sector such as home

care assistants and nurses. This is due to a number of factors, including that employment levels in the city have recovered to pre-recession levels, coupled with lower wages in some parts of the sector such as for home care works, which impacts on recruitment and retention. The uncertainty regarding ‘Brexit’ is also having some impact.



Section 6 – Health and care workforce continued

- **Ageing workforce** – We have an ageing health and care workforce, for example, the West Yorkshire and Harrogate Partnership Workforce Plan (see **useful links**) outlines that 29% of registered managers in the region are over 55) and as a result there is a need to attract younger people into the health and care workforce. Images of the care sector, the opportunities within in it (coupled with the issues around pay) are challenges to attracting younger people into the sector and there is a need to raise the profile of the sector, promoting the wide range of opportunities and career progression options in the sector.



- **Increased flexibility and alternative skills mix to fit new models of service delivery** – There is a need to work differently, with a shift towards prevention, proactive care and to work seamlessly around people, families and communities rather than organisation to meet the future demands of health and care in Leeds. This will require the development

of new skills and potentially new roles, particularly in community settings. For example, the increased use of technology, the development of new skills (Better Conversations framework) and new roles to carry out more routine patient care freeing up other clinicians for more specialised care or roles (West Yorkshire and Harrogate Health and Care Partnership Workforce Strategy 2018 – see **useful links**).

How are we going to meet these challenges?

At a strategic level, to support the implementation of the Leeds Plan (see **useful links**), there is a proposal to develop a **Leeds Health and Care Workforce Strategy**, which encompasses the breath of the health and care sector recognising that many of the challenges (and opportunities) require leadership at a strategic level due to the diversity of providers delivering health, care and support services.

The **Leeds Health and Care Academy** has been established in the city, with the aim of bringing together the planning, coordination, resource and delivery of learning and development for staff working in health and care in the city. It will help to meet the citywide workforce challenges to: drive social mobility in the city by promoting careers in health and care, attract talented people to work in Leeds, support the creation of a highly diverse, skilled and engaged workforce and support our ambition to become a city known for innovation.

Section 6 – Health and care workforce continued

Plans are also being developed to develop a **Leeds Health and Care Careers website** in the city which facilitate a partnership approach to promotion of opportunities in the city and will more widely promote careers in the health and care. This will link with the existing **'We Care'** academy work which promotes apprenticeships in the care sector, attracting new people into care roles.

In line with the Care Act, **Leeds Adult Social Services has developed a workforce strategy** (see **useful links**) which responds to the specific challenges facing care services in Leeds. The paid social care workforce in the city is estimated to be around 19,100 and is mostly made up of women (75%) aged over 45 (51%). Staff turnover in the sector is high at 31% (source Skills for Care – see **useful links**). The strategy identifies four priorities: leadership and management; re-modelling of the workforce and joint and integrated working; recruitment, retention and career development; and workforce development, regulation and registration. Providers can access training and support through the Adults and Health's People Development and Leeds Safeguarding Adults Board (see **useful links**).

Leeds has put in place a dedicated **Children's Workforce Development Team and Children's Workforce Development Strategy** (see **useful links**). The Workforce Development Team is responsible for ensuring that the key behaviours that guide the approach in Leeds: listening to the voices of children and young people (guide); working restoratively with families (guide); and using outcomes based accountability to measure what difference has been made – underpin practice and professional development across the

children's workforce. The team provides a mixture of statutory and tailored training, combining a free core package with a traded offer. Training is also available from the **Leeds Safeguarding Children's Partnership**.

Section 7 – How to engage with us

We are committed to working with providers to help develop our future plans and would encourage organisations to get in touch with us to discuss areas of interest outlined in this document. To aid further conversations this section outlines the ways in which you can engage with commissioners, including outlining the:

- range of provider forums and partnership boards in the city;
- independent and third sector health and care forums and networks in the city; and
- key contacts for specific commissioning areas.

Section 7 – How to engage with us continued

Health, care and support provider forums and networks

The table below outlines the range of forums and networks that providers can engage with. Some are restricted to providers that we have a contractual relationship with, or to nominated representatives from the sector and some are open to all. For further details

| Area | Details | Contact for information |
|---------------------------------|--|---|
| Autism Provider Forum | The Forum meets quarterly and is open to both specialist and non-specialist providers. All providers are welcome to join the forum. | Helen.gee@leeds.gov.uk |
| Learning Disability | Adults and Health hold regular accommodation based provider forum for contracted organisations. | lauren.lewis@leeds.gov.uk |
| | Leeds Learning Disability Partnership Board. | Louise.mills@leeds.gov.uk |
| Older People's Services | Adults and Health hold regular provider forums for contracted home care and residential providers. | Homecare – Maggie.king@leeds.gov.uk |
| | | Residential care – barbara.robinson@leeds.gov.uk |
| Physical and Sensory Impairment | Adults and Health hold a regular accommodation based provider forum for contracted organisations. | lauren.lewis@leeds.gov.uk |
| Mental Health | Adults and Health hold a regular accommodation based provider forum for contracted organisations. | lauren.lewis@leeds.gov.uk |
| | The Mental Health Partnership Board is made up of people with lived experience of mental health, commissioners from health and social care, providers of services from the statutory and community and voluntary sectors and public health and is the group responsible for developing the Leeds Mental Health sFramework. | Sinead.cregan@leeds.gov.uk |
| Carers | Carers Strategic Partnership Group which oversees the implementation of the Leeds Carers Strategy. | Ian.brookemawson@leeds.gov.uk |
| Leeds Integrated Dementia Board | | Timothy.sanders@leeds.gov.uk |
| General | The Market Development Forum meets quarterly and is attended by a cross section of third and independent sector providers to discuss key areas of challenge facing the health, care and support sector. | sukhdeep.kaur@leeds.gov.uk |

Section 7 – How to engage with us continued

Third sector and independent sector forums

Health and care commissioners also work with a number of third and independent sector forums in the city which you may wish to join to keep up to date with developments in Leeds.

| Area | Details | Contact for information |
|------------------------------------|---|---|
| Third Sector Health and Care Forum | Forum Central is a membership organisation which represents the third sector working in the area of health, care and wellbeing in the city. The forum represents the third sector, ensuring the sector is able to influence and input into health and care developments at a strategic level. | https://www.forumcentral.org.uk/ |
| Independent Sector | Adults and Health works with representative groups such as the Leeds Care Association which represents independent sector providers in the home care and residential care sector. | www.leedscare.co.uk/ |
| Young Lives Leeds | Young Lives Leeds supports the Third Sector to improve the lives of children, young people and families in Leeds. The forum aims to give organisations the voice, information and advice they need to build better services. It offers access to opportunities for third sector organisations for their voice to be heard, to help shape policy and keep up to date with key developments within children’s services across the city. | https://doinggoodleeds.org.uk/young-lives-leeds/ |
| | | Contact Ann Crossland if you would like to join Young Lives Leeds or want more information: ann.crossland@val.org.uk |

Section 7 – How to engage with us continued

Tendering Opportunities

Leeds City Council Tendering Opportunities

All Leeds City Council tenders that have a value of greater than £10,000 will be published on the YORTender website (see **useful links**). Providers can register on the site at any time and will receive alerts when suitable tenders are posted. We would encourage you to ensure that you update your organisation's profile on the site regularly so that you don't miss out on any relevant opportunities.

Health tendering opportunities

All NHS tender opportunities NHS over £25K in value that go out to tender are advertised on Contracts Finder (see **useful links**).

<https://www.gov.uk/contracts-finder>

NHS Leeds CCG also advertises opportunities in the NHS Sourcing e-tendering portal (see **useful links**)

<https://www.nhssourcing.co.uk>

Leeds Directory Micro Commissioning

The Micro Commissioning module, hosted on the Leeds Directory website, (see **useful links**) is a tool to support adult social care social workers, to work with a Personal Budget recipient to explore options regarding the care and support services available to meet their desired outcomes.

For Personal Budget holders the tool assists them with exercising choice and control and making an informed choice regarding the services which best

meet their needs. For social workers the tool assists them in understanding what services are available in the wider marketplace.

Any provider that is registered on the Leeds Directory, and has been through the 'Green Tick' checking and vetting process, can request a log in for the micro commissioning module. Once registered you will be notified of, and be able to respond to, adverts for individual packages of community based care and support for adults.

Grant funding

Funding Leeds

Funding Leeds is a free funding search tool to tap into local, regional and national funding sources, get regular updates on your funding area of interests and take advantage of useful information and local support to help you achieve your funding goals.

<https://www.idoxopen4community.co.uk/lcc>

Ideas that Change Lives Investment fund

Through the Ideas that Change Lives (ITCL) investment fund Adults and Health offers business support and financial investment in the form of small grants to support and encourage third sector or social enterprise organisations and socially enterprising individuals to develop ideas that enable Leeds residents with care and support needs to remain independent. The types of activity that the fund will support include alternatives to traditional day care and support services; brokerage; health and wellbeing

Section 7 – How to engage with us continued

promoting activities; employment related opportunities.

The fund is managed by Leeds Community Foundation on behalf of the council and further information on it and how to apply is contained in the **useful links** section. Business support for people with an idea that may be eligible for investment from ITCL is available through See Ahead.

For further information visit:

<https://www.leedscf.org.uk/ideas-that-change-lives-grants>

Section 7 – How to engage with us continued

Key Commissioning Contacts

| Contact | Area of Commissioning | E-mail Address |
|--|---|--|
| Adults and Health Directorate , Leeds City Council | | |
| Julie Staton, Head of Commissioning | | Julie.staton@leeds.gov.uk |
| Tracey Phillips, Commissioning Programme Lead | | Tracey.phillips@leeds.gov.uk |
| Joanne Buck, Commissioning Programme Lead | | Joanne.buck@leeds.gov.uk |
| Kate Daly, Commissioning Programme Lead | | Kate.daly@leeds.gov.uk |
| Aidan Smith, Head of Commissioning | Working Age Adults | aidan.smith@leeds.gov.uk |
| Eleanor Hastwell and Helen Bradshaw, Commissioning Programme Lead | Learning Disability Commissioning | Eleanor.hastwell@leeds.gov.uk Helen.bradshaw@leeds.gov.uk |
| Lauren Lewis, Commissioning Programme Lead | Working age adults contract management | Lauren.lewis@leeds.gov.uk |
| Sinead Cregan, Commissioning Programme Lead | Working age adults (mental health, physical and sensory impairment, substance misuse, HIV support services, Direct Payments and Young Carers) commissioning | Sinead.cregan@leeds.gov.uk |
| James Woodhead, Head of Commissioning | Integrated Services | James.woodhead@leeds.gov.uk |
| Tim Sanders, Commissioning Programme Lead | Dementia Commissioning Lead | Timothy.sanders@leeds.gov.uk |
| Ian Brooke-Mawson, Commissioning Programme Lead | Carers Commissioning Lead | ian.brookemawson@leeds.gov.uk |
| Lisa Keenan, Commissioning Programme Lead | Enterprise Development | Lisa.keenan@leeds.gov.uk |
| Mark Phillott, Head of Commissioning | Older people's services | Mark.phillott@leeds.gov.uk |

Section 7 – How to engage with us continued

| Contact | Area of Commissioning | E-mail Address |
|---|--|-------------------------------------|
| Jason Lane, Commissioning Programme Lead | Home care and residential care contracts management | Jason.lane@leeds.gov.uk |
| Michelle Atkinson, Commissioning Programme Lead | Older people's commissioning | Michelle.l.atkinson@leeds.gov.uk |
| Children's and Families Directorate, Leeds City Council | | |
| Chris Dickinson, Head of Commissioning and Market Management | Head of commissioning for Children's services | Chris.dickinson@leeds.gov.uk |
| Catherine Henderson, Commissioning Programme Manager | Learning and skills | Catherine.henderson@leeds.gov.uk |
| Rebecca Fenwick, Commissioning Programme Manager | Placements | Rebecca.fenwick@leeds.gov.uk |
| Luke Myers, Commissioning Programme Manager | Targeted and specialist support | Luke.myers@leeds.gov.uk |
| John Bradshaw, Commissioning Programme Manager | Transport | John.bradshaw@leeds.gov.uk |
| Leeds Clinical Commissioning Group | | |
| Helen Lewis | Head of Acute Provider Commissioning | helen.lewis5@nhs.net |
| Debra Taylor-Tate | Commissioning Lead – Urgent Care | d.taylor-tate@nhs.net |
| Kashif Ahmed | Head of Commissioning (Mental Health and Learning Disabilities) | kashif.ahmed2@nhs.net |
| Martin Earnshaw | Head of Primary Care (Proactive Care) | martin.earnshaw@nhs.net |
| Sally Bower | Medicines Optimisation Team | sallybower@nhs.net |

Section 7 – How to engage with us continued

| Contact | Area of Commissioning | E-mail Address |
|-------------------|---|---------------------------|
| Heather Edmonds | Medicines Optimisation Team | heather.edmonds@nhs.net |
| Lisa Hollingworth | Senior Commissioning & Business Manager – Neighbourhood Care | lisahollingworth@nhs.net |
| Andrea Dobson | Acting Head of Continuing Care | andrea.dobson@nhs.net |
| Jane Mischenko | Lead Commissioner for Children’s & Maternity Services | jane.mischenko@nhs.net |
| Maureen Kelly | Deputy Director of Nursing & Quality | maureen.kelly2@nhs.net |
| Nichola Stephens | Business Intelligence Manager | nichola.stephens1@nhs.net |
| Penny McSorley | Deputy Director of Nursing & Quality | Penny.mcsorley@nhs.net |

Section 8 – Appendices

Appendix A Further Strategic Context

The strategies are summarised here, they are not static documents and are under regular review.

Vision for Leeds 2011 to 2030

The key aim of the Vision for Leeds 2011 to 2030 (see **useful links**) is to be the 'Best city in the UK'. This means: Leeds will be fair, open and welcoming; Leeds' economy will be prosperous and sustainable; and all Leeds' communities will be successful.

Best Council Plan 2018/19-2020/21 (see **useful links**)

This whole council plan sets out what we will do to support the improvement the lives of local people and how we will measure progress in delivering better outcomes across Leeds. This plan explains Leeds City Council's objectives for the financial year, the values that underpin everything we do and the longer-term challenges and opportunities we face over the period **2018/19-2020/21**. The Best Council Plan is used by the council to inform our resource allocation and how we plan and deliver services. The outcomes for 2018/19 – 2020/21 are:

- Be safe and feel safe
- Enjoy happy, healthy, active lives
- Live in good quality, affordable homes in clean and well cared for places
- Do well at all levels of learning and have the skills they need for life

- Enjoy greater access to green spaces, leisure and the arts
- Earn enough to support themselves and their families
- Move around a well-planned city easily
- Live with dignity and stay independent for as long as possible

NHS Leeds Clinical Commissioning Group Strategic Plan 2018/19 – 2020/21

This strategy supports the Leeds Health and Care plan and focusses on how the work of the CCG will reduce health inequalities and improve outcomes for all citizens of Leeds.

They will concentrate resources to:

Deliver better outcomes for people's health and well-being
Reduce health inequalities across our city

And work with partners to:

Support a greater focus on prevention and the wider determinants of health
Increase their confidence to manage their own health and well-being
Deliver more integrated care for the population of Leeds

This will be approached by:

1. Using Population Health Management (PHM) to inform our commissioning decisions. The first population group with which

Section 8 – Appendices

Appendix A Further Strategic Context continued

some of these approaches will be tested is for people living with frailty. We are beginning to use data about people's health based on their access to health and care services, to help us decide which services we need to invest in further, to support people to live independently within their own communities.

2. We want to ensure that people's health and care needs are, wherever possible, addressed within local neighbourhoods. A key focus of this aim is to support the work to develop Local Care Partnerships that build on Primary Care Networks which will include partners from across the health and care system and cover the whole city.

The following key strategies that focus on specific areas such as adult social care, children's and public health which provide a useful context to our commissioning intentions:

Children and Young People's Plan 2018-2023 (see [useful links](#))

The Children and Young People's Plan (CYPP) is the shared vision for everyone working with children and young people in Leeds. It has been developed following citywide consultation on how we can best work together to improve outcomes for children, young people and their families and communities. All partners and practitioners are encouraged to use the plan as a focus for their work to improve outcomes.

The vision is for Leeds to be the best city in the UK and the best city for

children and young people to grow up in. We want Leeds to be a child friendly city. The plan recognises that by investing in children and young people it will help to build an increasingly prosperous and successful city. We aim to improve outcomes for all our children whilst recognising the need for children and young people with the poorest outcomes to improve faster. The plan's five outcomes are:

All children and young people:

- are safe from harm
- do well at all levels of learning and have skills for life
- enjoy healthy lifestyles
- have fun growing up
- are active citizens who feel they have a voice and influence

Better Lives Strategy 2017-2021 (see [useful links](#))

The Better Lives strategy is the council's strategy for people with care and support needs and was first produced in 2011. This refreshed strategy does not cover everything we do, but focuses on the priorities for improvement. The ambition of the Better Lives strategy is 'To ensure that people with care and support needs are able to have a fulfilling life'.

The strategies five key aims are:

- To promote well-being and increase personal and community resilience
- To maximise recovery and promote independence so people can live

Section 8 – Appendices

Appendix A Further Strategic Context continued

independently in their own communities for as long as possible

To improve the quality of life for people with care and support needs

To provide choice and control for people who have care and support needs

To ensure value for money and the best use of the Leeds pound

Leeds Housing Strategy 2016 – 2021 (see [useful links](#))

This Housing Strategy sets out our ambitions for effectively meeting the needs of those in greatest housing need over the next 5 years. The strategy will be delivered through common approaches:

- **Neighbourhood Approach** – targeting particular neighbourhoods with a wraparound service that meets the wider needs of residents and the neighbourhood, not just the housing need.
- **Focus on Prevention** – ensuring that suitable levels of support are available from an early stage to enable residents to live confidently and independently in their home.
- **Collaborative Working** – developing established and strong relationships with our key partners in order to jointly deliver this strategy.
- **Building Community Resilience** – empowering communities to support themselves through closer working with community led and third sector organisations.

Leeds Homelessness and Rough Sleeping Strategy 2019 -2022 (see [useful links](#))

This strategy sets out how people and services in Leeds will work together to prevent and end homelessness.

In addition to the above strategies and plans there are some **key pieces of legislation** that guide the way in which the council plans, commissions and provides health, care and support services, including: **The Children and Families Act (2014)** (see [useful links](#)); **The Care Act (2014)** (see [useful links](#)); and **Working Together To Safeguard Children (2018)**.

Section 8 – Appendices

Appendix B Summary of Market Opportunities

Universal, preventative services and early intervention services

Short term commissioning opportunities (next 12-18 months)

- **Youth work services** – Tenders will be undertaken throughout 2019 for six new contracts to start April 2020. Voluntary Action Leeds are offering support to form consortia and we will be consulting on key elements of the new specifications. These will be new services where we will be asking providers to work in partnership and continually develop to meet changing need. The contracts to be awarded for April 2020 onwards will be for 4+2 years with the aim of giving stability to the sector. The contract to be awarded for December 2019 onwards will be for 3+2 years.
- **SEND support** – The current contract runs to March 2020 and a review and options appraisal for inclusion support will take place over the next six months informing our commissioning intentions for the next 3-5 years.
- **Young carers** – Competitive tender exercises to be undertaken around September 2019 in preparation for a new contract to commence around April 2020
- **Adult Carers** – An open procurement process will be undertaken to identify a suitable provider or providers to deliver a redesigned Carers Emergency Scheme from 1st April 2020.

- **Adult Carers** – Grants funding will be available to suitable organisations to provide low level support which will enable carers to have a short break from caring.
- **Learning disability** – Over the next 18 months we will be consulting with stakeholders regarding the development of preventative services in line with the learning disability strategy. The outcome of this consultation could lead to commissioning opportunities.
- **Dementia** – Options are being explored to pilot a matched-volunteer activity support service. Consideration of inviting independent day care providers to work with us via framework contracts, so that people who are Council-funded can access places without needing to go through Direct Payment complexities. Continue the progress towards more choices of activity, with more physical / outdoor options, creative activities / art, digital solutions, catering for the diversity of the population living with dementia, and carers.

Longer term commissioning opportunities (next 2-5 years)

- **Older People** – Commissioners are keen to see the development of more community led activities that have been adopted using an asset based community development approach to meet demand for preventative services for older people.
- **Carers** – To ensure that all commissioned services (i.e. not just Carers Specialist Services) understand and are able to demonstrate their responsibilities towards carers.

Section 8 – Appendices

Appendix B Summary of Market Opportunities continued

- **Dementia** – The most significant investments are likely to be in the support for people with more complex needs, which has emerged as a ‘gap’ in recent years, particularly with people delayed leaving hospital. The successes in improving diagnosis and support for well-being in recent years, means that sustaining, diversifying and more modest investment are likely to be the picture for preventive support.
- **Autism** – Future developments will involve exploring ways to expand this successful low level preventative work to facilitate use of mainstream resources.
- **Sensory impairment** – In 2020 a review of the current service will commence to inform future commissioning plans.
- **Public health preventative/healthy lifestyle services** – Longer-term commissioning will be dependent on changing national and local policy and budget priorities and availability, but is likely to continue to have a strong focus on prevention and integration. This will involve joint commissioning, better linking of services, more integrated and holistic services, and providers coming together to deliver as consortia. Some current services will be coming to an end by then, so future commissioning will be informed by both local need at the time as well as any lessons that have been learned about things such as scope and delivery models.
- **Health** – General Adult Neighbourhood Services – In line with local and national strategies to increase available resources available to community services to meet the demographic demand and increase the provision of care out of hospital.

Support in the Community

Short term commissioning opportunities (next 12-18 months)

- **Children** – Children’s Targeted Short Breaks tender anticipated to be published in early summer 2019 for new services April 2020.
- **Children** – Anticipated that a tender will be published for accommodation and support for young people, including care leavers, in summer 2019 for a contract to start summer 2020.
- **Children** – Mainstream School Transport: Individual services are tendered annually towards the end of the academic year for commencement at the start of the next academic year.
- **Children** – SEND School Transport: Details of forthcoming tenders are periodically published by LCC, Civic Enterprise directorate.
- **Children** – The procurement process for mental health crisis support for young people has commenced and the service will go out to tender as a 3+1+1 year contract from April 2019.
- **Children** – We plan to develop the commissioning and operational model with clusters, regarding mental health support, for example: to develop the service specification and model together; to work through the system operational detail (e.g., referral management); and to reduce the administrative burden on clusters whilst still ensuring the data needed by the CCG flows through to the MHSDS. The provisional timeframe for this work is: for the service Specification developed and agreed by November

Section 8 – Appendices

Appendix B Summary of Market Opportunities continued

2019, with a view to a tender process commencing in January 2020 and contract award in June 2020.

- **Health** – Develop the Urgent Care Outreach Support Service to explore reducing demand on urgent GP services, WIC and OOH services to inform future scope for the future service.
- **Health** – Future commissioning options to be determined for the Single Points of Access, pending the outcome of the baseline evaluation.
- **Adults** – Integrated Offender Management will be re-commissioned in 2019 and will include close working with other offender support services including those that operate ‘Through the Gate’
- **Adults** – Young People’s Housing Related Support will be re-commissioned in 2019
- **Adults** – Street-Based Support service will be re-commissioned in 2020
- **Adults** – Community Support Team contract expires 31 May 2020. The service is to be reviewed and subjected to a procurement exercise in 2019.
- **Adults** – Counselling and Therapy Service – service to be reviewed and subjected to a procurement exercise in 2019.
- **Adults** – HIV Social Care Support Service – Procurement exercise to commence March 2019.
- **Learning disability** – Re-commissioning of the contracts which support community participation – this will involve a stronger focus on strengths based approach of working with individuals and supporting them to

pursue their passions and interests and be more connected to the communities in which they live.

- **Older people** – We are looking for dialogue with interested providers that can provide innovative models of dementia care provision, providing activities and support for people living at home.

Longer term commissioning opportunities (next 2-5 years)

- **Health** – Secure the long term future of the Urgent Care Outreach Support Service and develop a 5 year strategy.
- **Health** – Future commissioning options to be determined for the Single Points of Access, pending the outcome of the baseline evaluation.
- **Housing related support and public health services for adults** – We have been increasing the lengths of our contracts in order for more stable provision and to allow services to innovate. Where services are demonstrably high quality and delivering the requirements of the contract, extensions will be invoked where there is provision to do so. Assuming extensions are invoked, none of our services will be re-commissioned within this period.
- **Adults** – Leeds Hearing and Sight Loss Service – contract expires 31 March 2022. A review and future procurement options to be considered from 2020.

Support to live independently

Short term commissioning opportunities (next 12-18 months)

- Independent Travel Training for **young people**: The current contract will end in a maximum of two years and will be retendered in advance of that. The duration is likely to be for 3+1+1 years. This is a niche market with a limited amount of competition.
- **Autism** – The care and support for the specialist autism service will go out to tender spring 2020.
- **Learning disability** – Bespoke provision framework for a unique and individualised way of delivering supported living for individuals with very complex support will be tendered in spring 2019.
- **Learning disability** – Over the next 18 months we will be exploring the development of a framework for supported living services in the city.
- **Older People** – Home Care Services will be advertised on YORtender
- **Dementia** – Commissioners are interested in dialogue with providers who can offer dementia-inclusive and dementia-specialist personalised models of care, and how these could best be commissioned.
- **Carers** – Community Based Short Break Services will be placed out to tender via an open procurement process, with a contract start date of 1st November 2019. The contract period will be 3 years and 5 months with options to extend up to 24 months. Leeds City Council will be looking

to provide grants funding to suitable organisations to provide low level support which will enable carers to have a short break from caring.

Longer term commissioning opportunities (next 2-5 years)

- **Learning disability** – We will continue to look at how we further develop asset based opportunities in the community for people with learning disabilities. A priority is making personal budgets work more effectively in the city, enabling people to purchase their own, individualised care and support, in a way that suits them while allowing the local authority to meet its statutory requirements and ensure people are protected from harm.
- **Older People** – Extra Care Housing with Support will be advertised on YORtender
- **Dementia** – Domiciliary care will be procured as described under older people's services and consideration of the option to reintroduce block contracts for short-stays in care homes, to offer carer breaks; and specific needs such as language and cultural competence for older people of south Asian origins.

Supported Accommodation

Short term commissioning opportunities (next 12-18 months)

- **Learning Disabilities** – Any provider interested in developing bespoke provision should contact the commissioner for further discussion

- **Dementia** – Continuing constructive dialogue with providers who are interested in developing nursing care that has a comprehensive approach to include communication of assessment information, specialist support required, training, and the true costs of complex dementia care. There may be consideration of options for block contracting to meet specific needs, e.g. a small unit for males with disinhibited behaviours;
- **Forensic** – Leeds has begun to identify and bring forward providers whom are not necessarily currently part of the Leeds local authority contracting team determining from other commissioners and local authorities due diligence and value for money. Leeds has now sourced a number of providers whom can meet the current gap of those on the TCP including looking at the housing / property development requirements. Investment within this area is now being considered with at present up to 18 apartments across East and South Leeds being proposed, with a referrals being made to a number of new providers whom can meet both the housing and provider solution for these individuals.

Longer term commissioning opportunities (next 2-5 years)

- **Dementia** – From 2021, the people born post-war will start to reach age 75 and beyond, and an increase in demand for dementia services is expected.

Placements for CLA and SEND

Short term commissioning opportunities (next 12-18 months)

- **Residential children’s homes, residential children’s homes with education and residential family assessment centres** – a regional (14 Local Authorities) Electronic Market Place will be out to tender in April 2019 and this will be a 10 year contract that allows new providers to join every 3 months.
- **Special Schools and Colleges (day and residential)** – the current regional contract ends in March 2020 with a possible one year extension. New providers can potentially join for an April 2020 start and this may be tendered in autumn 2019, should the final one year extension be used. The regional commissioners will review the current arrangements in 2019-20 and potentially re-commission this once more.

Longer term commissioning opportunities (next 2-5 years)

- **Fostering & Supported Lodgings** – the current regional contract ends in March 2021 with a possible one year extension. New providers will be able to bid to join the framework in autumn 2019 for an April 2020 start. Should the one year extension be taken up, there will also be another opportunity for new providers to bid in autumn 2020 for and April 2021 start. The regional commissioners will review the current arrangements in 2020-21 and potentially re-commission this once more.

Section 9 – Useful links

Leeds Health and Wellbeing Strategy

<https://www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf>

Leeds Health and Care Plan

<http://inspiringchangeleeds.org/wp-content/uploads/2018/08/MASTER-Leeds-Health-and-Care-Plan-PoP-20180313-V6.pdf>

Vision for Leeds 2011 – 2030

<https://www.leeds.gov.uk/docs/Vision%20for%20Leeds%202011%20-%202030.pdf>

Best Council Plan 2019/20 – 2020/21 (Full)

<https://www.leeds.gov.uk/docs/Best%20council%20plan%20-%20in%20full.pdf>

Best Council Plan on a page 2019/20 – 2020/21

<https://www.leeds.gov.uk/docs/Best%20council%20plan%20-%20on%20a%20page.pdf>

Best Council Plan and Budget 2019/20

<https://www.leeds.gov.uk/docs/Best%20council%20plan%20-%20budget.pdf>

Leeds Inclusive Growth Strategy – 2018 – 2023

[https://www.leeds.gov.uk/East%20Leeds%20Extension/5%20-%20Local%20policy%20and%20guidance/5.14%20Leeds%20Inclusive%20Growth%20Strategy%20\(2018%20-%202023\).pdf](https://www.leeds.gov.uk/East%20Leeds%20Extension/5%20-%20Local%20policy%20and%20guidance/5.14%20Leeds%20Inclusive%20Growth%20Strategy%20(2018%20-%202023).pdf)

NHS Leeds Clinical Commissioning Group Strategic Plan 2018/19 – 2020/21

<https://www.leedsccg.nhs.uk/content/uploads/2018/08/LCCG-strategic-plan-10Jul18-WEB.pdf>

Children and Young People’s Plan 2018-2023

<https://democracy.leeds.gov.uk/documents/s172514/CYPP%20Refresh%20Report%20Appendix%20%20090318.pdf>

Better Lives Strategy 2017-2021

<https://democracy.leeds.gov.uk/documents/s167070/Better%20Lives%20Refresh%20Report%20Appendix%20011117.pdf>

Leeds Housing Strategy 2016-2021

<https://www.leeds.gov.uk/docs/Leeds%20Housing%20Strategy%20Draft.pdf>

Leeds Homelessness and Rough Sleeping Strategy 2019 – 2022

<https://www.leeds.gov.uk/docs/Homelessness%20and%20Rough%20Sleeping%20Strategy.pdf>

Children and Families Act (2014)

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

Care Act (2014)

<http://www.legislation.gov.uk/ukpga/2014/23/contents>

Working Together To Safeguard Children (2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Leeds Observatory

<https://observatory.leeds.gov.uk/>

Being Me’ Leeds Learning Disability Strategy

<https://democracy.leeds.gov.uk/documents/s174420/LLDPB%20Being%20Me%20Appendix%201%20Strategy%20Document%20060418.pdf>

Joint Strategic Needs Assessment

<https://observatory.leeds.gov.uk/jsna/>

Public Health England Data

<https://www.gov.uk/guidance/phe-data-and-analysis-tools#cardiovascular-disease>

The State of Women’s Health in Leeds Report

https://www.womenslivesleeds.org.uk/wp-content/uploads/2019/03/state_womens_health_leeds_final.pdf

Section 9 – Useful links continued

The State of Men’s Health in Leeds

<http://eprints.leedsbeckett.ac.uk/2735/7/The%20State%20of%20Men%E2%80%99s%20Health%20in%20Leeds%20-%20Main%20Report.pdf>

The Leeds Compact Agreement

<https://democracy.leeds.gov.uk/documents/s104634/5.Appendix%201.pdf>

Leeds Social Value Charter

<https://www.leeds.gov.uk/docs/social%20value%20charter.pdf>

Integrated Commissioning for Better Outcomes

https://www.local.gov.uk/sites/default/files/documents/25.70_Integrated%20Commissioning%20for%20Better%20Outcomes_final.pdf

Care and Continuity: Contingency planning for provider failure

<https://www.lgiu.org.uk/wp-content/uploads/2015/10/Care-ContinuityFINAL.pdf>

Health Watch Leeds

<https://healthwatchleeds.co.uk/>

Future in Mind: Leeds Strategy

<https://www.leeds.gov.uk/docs/Future%20in%20Mind%20Leeds%20strategy%202016%20-%202020.pdf>

Government response to the consultation on transforming Children and Young People’s Mental Health Provision: a green paper and next steps.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

West Yorkshire and Harrogate and Health and Care Partnership Workforce Strategy 2018

<https://www.wypartnership.co.uk/our-workforce-strategy>

Leeds Adult Social Services has developed a workforce strategy

<https://www.forumcentral.org.uk/content/uploads/2018/10/CMT18-110-People-Development-Workforce-Strategy-WEB.pdf>

Yortender

<https://www.yortender.co.uk/>

Leeds Directory Micro Commissioning

<https://www.leedsdirectory.org/s4s/Auth?ReturnUrl=%2fs4s%2fWhereILive%2fCouncil?pageId=4430>

Section 10 – Glossary

IMPS

**Integrated Market
Position Statement**

AH

Adults and Health

CCG

Clinical Commissioning Group
*Clinical Commissioning Groups (CCGs) commission most of the hospital and community **NHS** services in the local areas for which they are responsible.*

LHWS

**Leeds Health and
Wellbeing Strategy**

BCP

Best Council Plan

PHM

Population Health Management
Population health management refers to ways of bringing together health-related data to identify a specific population that health services may then prioritise. For example, data may be used to identify groups of people who are frequent users of accident and emergency departments.

CYPP

Children and Young People's Plan

JSA

Joint Strategic Assessment
This a continuous process for identifying current and future Health and Wellbeing assets, needs and inequalities across and within Leeds. The purpose is to inform commissioners and influence priorities that will help to improve outcomes and reduce health inequalities across the city.

ONS

Office of National Statistics

PHE

Public Health England

SEND

**Special Educational and
Needs Assessment**

SEN

Special Educational Needs

TUPE

**Transfer of Undertaking
Protection of Employment**

OBA

Outcome Based Accountability

NHS OF

NHS Outcomes Framework

CQC

Care Quality Commission

QMF

Quality Management Framework

CQUIN

**Commissioning for Quality
and Innovation**

CAS

Clinical Assessment Service

MSW

Memory Support Worker

NNS

Neighbourhood Network Services
A network of local services covering the whole of Leeds focusing on prevention and keeping people well.

WYCA

**West Yorkshire Combined
Authority**

CAMHS

**Child and Adolescent
Mental Health Service**

TaMHS

Targeted Mental Health in Schools

Section 10 – Glossary continued

SPA

Single Point of Access

*Single point of access provides one route for referrers, service users and carers to access a range of mental health needs, **meaning** there's no wrong door.*

WIC

Walk in centre

OOH

Out of Hours

UTC

Urgent Treatment Centre

ISW

Independent Support Workers

ITT

Independent Travel Training

Trainees will learn to travel by themselves on public transport to and from school, college or day opportunities and will be matched with their own dedicated Travel Buddy. The Travel Buddy works through a training plan with the young person. The plan is specifically tailored to the young person and aims to develop their independence along their own route to and from school, college or day opportunities.

MIU

Minor Injury Unit

WYUC

West Yorkshire Urgent Care

ITCL

Ideas that Change Lives

LCP

Local Care Partnership

*This is the term used in Leeds to describe our model of joined-up working to deliver **local care** for **local** people; working in and with **local** communities.*

