

# Adult Social Care Market Position Statement 2015-2018



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Welcome to the Leeds Adult Social Care Market Position Statement for 2015-18.

**We have now reached that 'difficult third album' stage feared by many bands** – where the initial creative drive and innovation for the first, and the consolidation in the second, needs to be built on, refreshed and revitalised but also revisioned for the new times. And nowhere is this more true than in social care where the immense financial pressures, alongside changing demographics and increasing expectations from the public and government (not least the Care Act) are meaning we need to work, and subsequently commission, in very different ways. This challenging financial environment is set to continue and we are currently developing our future budget plans which we hope to share with you in early 2016.

At the same time, we are increasingly being very clear this is not **something we can do on our own, and you will note within this year's** document an increase in references and linkages to the plans of fellow directorates in the council as well as from our NHS commissioning partners. I hope the overview of the wider strategies in the city, that follows this section, helps set the context in which we are operating in a clear and straight forward manner, but I think because it is swiftly followed by sections on demographics, finance, and supply tells its own story.

Crucially we are still structuring much of the Market Position Statement around particular client groups, but with a clear thread

running through these, so as suits, you can look across an entire group or particular type of intervention to find out more information and to consider how this may impact on you as a provider. You will **note a section on 'workforce' for the first time, and this reflects a** recognition that this is a challenge across many providers, be it living wage, recruitment, or new staff roles, a challenge we know that in commissioning we also need to respond to, but one of the most **important sections I would suggest is on 'Engaging with Adult Social Care'**.

This is for three very good reasons. Firstly, this Market Position Statement will continue to be an interactive document, although written within commissioning, we very much see it as being co-produced – and we want that to continue through the life of the document – so please, continue to send us your comments and suggestions by e-mail to [commissioning.asc@leeds.gov.uk](mailto:commissioning.asc@leeds.gov.uk). Secondly, providers are a key route to the voice of service users, and while we also do a lot of work to ensure that voice, and those of the wider communities in Leeds, are heard the more information, feedback and views of those who we serve the better. Thirdly, and most importantly, we recognise that much of the knowledge, experience, skills and commitment around social care are within providers of care and support, and we need you to share that with us, and for us to work together, to ensure we commission as effectively as we can.

**And on that note, can I recommend the document:** [‘Commissioning for Better Outcomes’](#), (see [Useful links](#)) and in particular the Commissioning Standards within it – standards you should be holding us to.

My best wishes for the year ahead, and as always, it is good to hear back directly from you with any thoughts.



Mick Ward  
Interim Chief Officer, Commissioning  
Adult Social Care

Leeds has a vision to be the best city in the UK by 2030, with the aim of being a compassionate city with a strong economy that everyone can share the benefits of. The council cannot achieve this vision alone. We want to see all people, businesses and organisations get behind this collective effort. To underpin the vision, Leeds has a number of key strategic documents which help to define what the citizens of Leeds can expect from their public services. These strategies describe for citizens, businesses, third sector, and staff within the public sector what the future will look like, and the building blocks that need to be in place.

These strategies are not static documents but are under regular review with some due to be revised during the period covered by this Market Position Statement.

[Leeds Joint Health and Wellbeing Strategy 2013-15](#) (JHWS) (see [Useful links](#)) is the key overarching strategy for the health and care sector, whose development has been led by the Health and Wellbeing Board (representing all of the statutory commissioners and providers in the city as well as the third sector and citizens). The vision for health and wellbeing is Leeds will be a healthy and caring city for all ages with a key principle in all of the outcomes in the **strategy being: 'people, who are the poorest, will improve their health the fastest'. The strategy has five target outcomes:**

1. People will live longer and have healthier lives
2. People will live full, active and independent lives

3. People will enjoy the best possible quality of life
4. People are involved in decisions made about them
5. People will live in healthy and sustainable communities.

**Overall these outcomes will be measured by a 'reduction in the differences in life expectancy between communities'.**

The strategy is currently being reviewed with a refreshed version to be published in March 2016. This will build on the previous strategy and set the strategic direction for commissioning across the city up to 2020. The refresh process is currently underway and public engagement on the draft strategy is planned for early 2016 prior to the final version being published.

Of course, for Leeds to be the best city for health and wellbeing it means making sure people can access high quality health and social care services but it also means Leeds is a Child Friendly city, a city which creates opportunities for business, jobs and training, a city made up of sustainable communities, and of course a great place to live.

Each of the three Clinical Commissioning Groups (CCGs) within the city has contributed to a five year strategic plan for Leeds which fundamentally, along with their own two years plans, are extensions of the objectives within the Joint Health and Wellbeing Strategy and **provide detail of the 'how'. Seven ambitions described in these plans are:**

1. Securing additional years of life for the local population with treatable conditions
2. Improving the health related quality of life of people with one or more long term conditions
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital
4. Increasing the proportion of older people living independently at home following discharge from hospital
5. Increasing the number of people having a positive experience of hospital care
6. Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

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

[City Priority Plan 2011-15](#) (see [Useful links](#)) - This is the city-wide partnership plan which identifies the key outcomes and priorities to be delivered by the council and its partners over the next four years. The plan is a small set of outcomes and priorities which are the most

important areas for the city to make progress in by 2015 - they are our "must do's". Each strategic partnership owns the relevant priorities in the plan and they are responsible for working together to deliver them.

[Best Council Plan](#) (see [Useful links](#)) - The plan sets out what the council will do to help improve the lives of local people and how we will measure progress in delivering better outcomes across Leeds. It **explains Leeds City Council's six objectives for 2015-16**, the values which underpin everything we do and the longer-term challenges and opportunities we face over the period 2015-20. The Best Council Plan is used by the council to inform our resource allocation and how we plan and deliver services. The six objectives for 2015/16 remain as:

1. Supporting communities and tackling poverty
2. Promoting sustainable and inclusive economic growth
3. Building a child-friendly city
4. Delivering the better lives programme in social care
5. **Dealing effectively with the city's waste**
6. Becoming a more efficient and enterprising council.

In addition to the above strategies and plans there have recently been two new pieces of legislation, the [Children and Families Act \(2014\)](#) (see [Useful links](#)) and the [Care Act \(2014\)](#) (see [Useful links](#)), that impact on the way in which the council plans and provides information and care and support for children with a disability or

special educational need (SEN), adults with care and support needs, and their families and carers. Both Acts aim to consolidate previous legislation but also contain some new elements.

The Children and Families Act covers adoption and contact, family justice, children and young people with special educational needs, child care, and child welfare. It reforms the statutory framework for identifying children and young people with a disability or special educational needs and providing them with information and advice, assessment of their needs, and making provision for them. Similarly, the Care Act aims to make it clearer and fairer for adults with care and support needs to understand how they can access support. It also strongly promotes the principle of wellbeing, supporting people to be in control of their lives so they can pursue opportunities to raise their potential. It also introduces some new responsibilities for local authorities regarding the provision of support for carers, prisoners, and broadening access to advocacy support. Both Acts also place an emphasis on the need for local authorities to better integrate health and social care provision as well as other related support such as education and housing.

## The changing population in Leeds

Leeds is a growing city and many people have benefited from the **success of the city's economy over the last two decades, both within the city, and beyond in neighbouring localities.** According to the latest data from the Office for National Statistics (ONS) there are now 761,481 people living in Leeds (mid-year estimate of population 2013). In 2014 the Office for National Statistics predicted that over the next 25 years the population would increase by around 15.7%, this compares with regional growth of 11% and national growth of 16%. The growth is predicted to be largely as a result of increased births and international migration. While these figures cannot predict the future economic, political and social context they can provide an estimate based upon past and current trends.

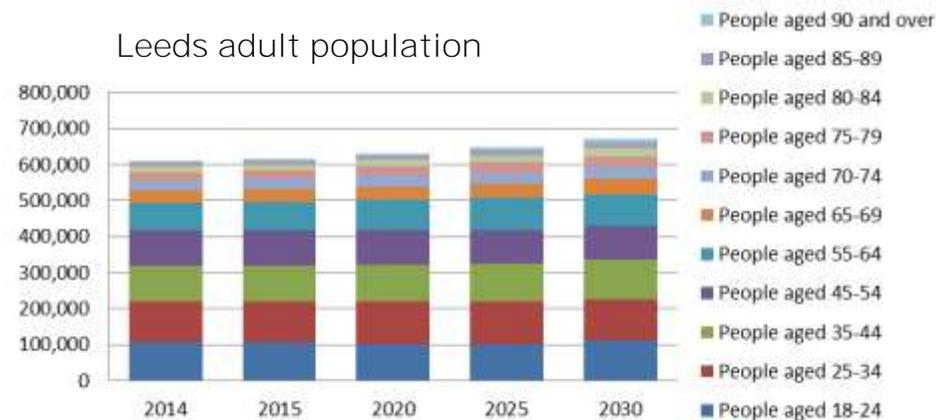
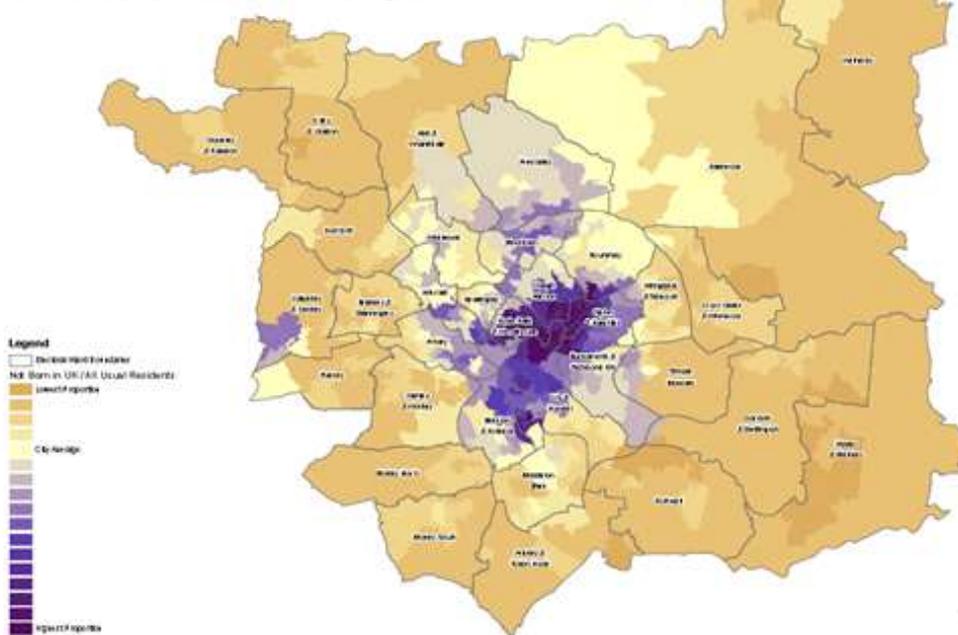


Table 1: Projected changes to adult population in Leeds population to 2030 (Source: Office for National Statistics)

Leeds is a city of great contrasts and diversity, encompassing large rural areas where the population are generally more affluent, as well as densely populated inner-city areas where people face multiple challenges. The change in the make-up of our population, particularly at local levels, is striking and will have implications for demand for services. In the last decade the black and minority ethnic (BME) population in the city has increased from 11% to 19%, and the number of residents born outside the UK has almost doubled to over 86,000 people (see [Map 1](#)). **Data from the city's schools, shows there are more children and young people of black and minority ethnic heritage, particularly Black African and White Eastern European.** The number of children and young people with English as an additional language has also increased in recent years, from 13% in 2010 to 16% in 2014. The main languages spoken are Urdu, Punjabi and increasingly Polish. There have been very localised impacts across the city, with complex related issues such as the speed of change, **'national identity', language proficiency, transient populations, and variations in birth rates** emerging, that in turn influence service provision and the wider interface between communities.

### Census 2011

#### Residents Born Outside the United Kingdom



Map 1: Residents born outside the United Kingdom (Source: Census 2011)

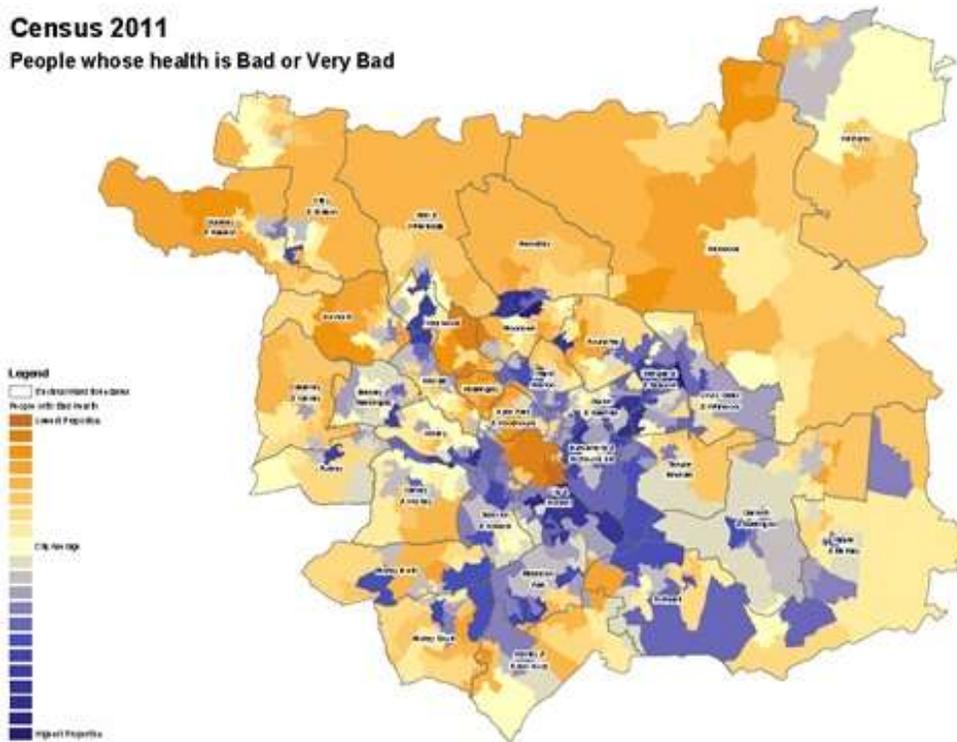
We have an ageing population and as the baby-boomer generation grows older there will be a range of implications. Higher numbers of older people live in the outer areas of the city and in terms of public services, ensuring older people get care and support when they need it and are enabled to live independently will continue to be the key challenge. There are an estimated 119,500 people over 65 living in

Leeds estimated to rise by 30% to around 153,000 by 2030. Within this group people over 85 are more likely to have long term conditions and require support from services; currently this is estimated to be 15,500 people, which is predicted to rise to around 27,700 by 2030.

According to the Index of Multiple Deprivation (IMD) over 163,000 people in Leeds live in areas ranked amongst the most deprived 10% **nationally, and this represents over 20% of the city's population.**

Poverty is concentrated within particular areas of the city with the most deprived communities being in the inner east and inner south, with a further hotspot in Hawksworth in inner west. Deprivation is directly linked to how long we live and for how long our lives are free from disability. The average life expectancy of people in Leeds is generally worse than the national average. However, this average for the whole of Leeds masks the different experiences of people living in different parts of the city. At ward level, there is a greater than 11 year difference for women, and over 10 years difference for men when looking at the longest and shortest ward level life expectancies. Leeds has a relatively high level of its working age adult population in receipt of incapacity benefit due to mental ill health (50% of incapacity benefit claimants identify a mental health problem). Employment rates for female users of mental health services in Leeds are significantly below the national average.

**Census 2011**  
**People whose health is Bad or Very Bad**



Map 2: Location of people whose health is bad or very bad in Leeds (Source: Census 2011)

## Changing pattern of needs

The pattern of needs is also changing and people will expect the quality and availability of services to increase in line with demand. As people live longer there will be an increase in people living with life-limiting conditions such as stroke, diabetes and dementia, particularly in areas of disadvantage. The rise in the number of people

having more than one life-limiting condition will require a different service model of health and social care. There will be a rise in the number of older people from minority ethnic communities and services will need to be able to respond appropriately to their needs. New and emerging communities are especially vulnerable and being able to quickly identify such changes will be crucial. The Office for National Statistics estimate there to be around 30,000 people over 65 in Leeds with a long term illness that limits day-to-day activities a lot, with predictions this will increase by around a third to just fewer than 40,000 over the next 15 years. There are currently an estimated 8,500 people living with dementia and this is predicted to rise to 12,000 or by 45% by 2030.

Leeds adult population predicted to have dementia

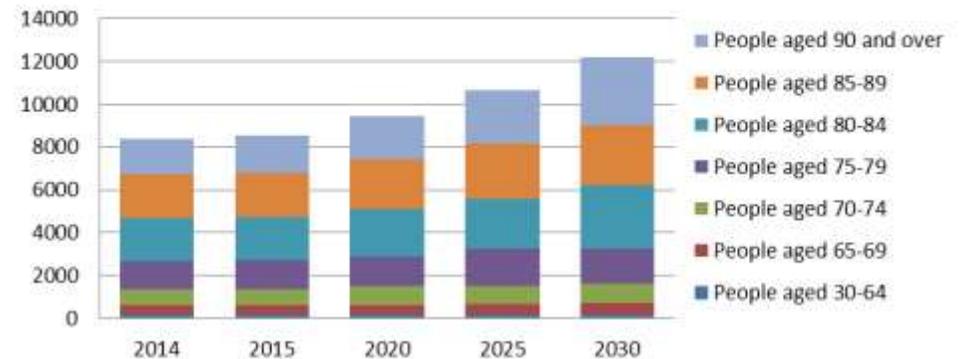


Table 2: Leeds adult population predicted to have dementia by 2030 (Source: Office for National Statistics)<sup>1 2</sup>

## Mental health

Higher levels of poor mental health are inextricably linked with deprivation within Leeds. There is evidence some mental health problems are becoming more prevalent. Leeds data suggests an increased prevalence of depression, although gaps in local data suggest this is under-reported, particularly amongst older people. Only a third of older people with depression ever discuss it with their GP, yet depression is the most common mental health problem in older people. Mental health problems, particularly depression, are more common in people with a physical illness including those living with long term conditions. Leeds has significantly higher levels of recorded psychotic disorders than predicted from national prevalence data. This is both for males and females, but is particularly high in the number of males diagnosed (which is in contrast to the national picture which would predict a higher prevalence of psychotic disorders amongst women than men). Other issues include: stigma and discrimination in some BME communities, increased dual diagnosis (people experiencing poor mental health and substance/alcohol use), and increase in common mental health problems in older people.

<sup>1</sup> NHS England and the Alzheimers Society are now using different research estimates of dementia prevalence by age. NHS England estimate that there are c. 7,700 people living with dementia in Leeds (Sept 2015).

<sup>2</sup> The Office of National Statistics over-estimated the projected growth in numbers of older people in Leeds in its projections from the 2001 census. If this is repeated with the 2011 census, then there will still be an increase in numbers, but not as steep as shown here.

Leeds under 65s population with a mental health disorder

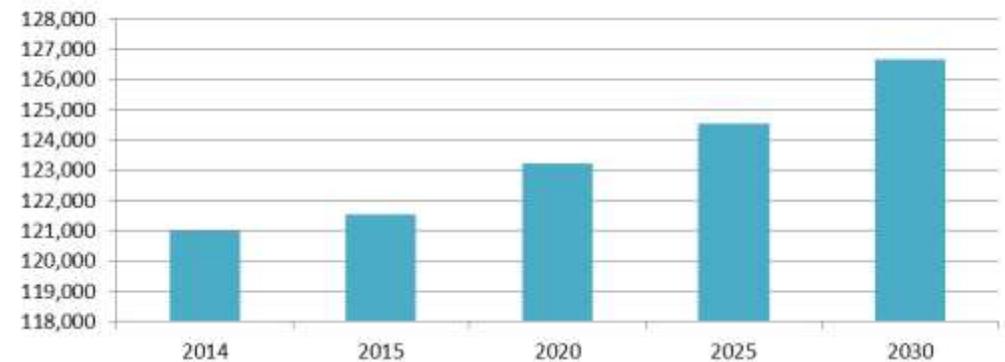


Table 3: Projection of Leeds under 65s population with a mental health disorder to 2030 (Source: Office for National Statistics)

## Learning disability

In 2014, there were an estimated 14,500 adults with a learning disability, of which 3,099 had a moderate or severe learning disability, living in Leeds according to Office for National Statistics figures. Over the last five years there has been an increase in the Leeds learning disabilities population of about 5%. Demand for support for children in schools with special education needs and disabilities (SEND), both in mainstream and in specialist provision has increased. Within this trend the patterns of need have changed and there have been increases in the number of people with severe learning disabilities and autism, and the complexity of need, with a rise in the number of children experiencing more than one type of need. It is projected demand for places in specialist educational provision will continue to rise from

1,147 places in 2012, to approximately 1,600 in 2016. Specifically, places in specialist inclusive learning centres are projected to increase to approximately 1,300 by 2016 (a 38% rise since 2009). Demand for services is significantly greater in the inner south, inner east and the centre of Leeds where the population of children under the age of five years is more highly concentrated.

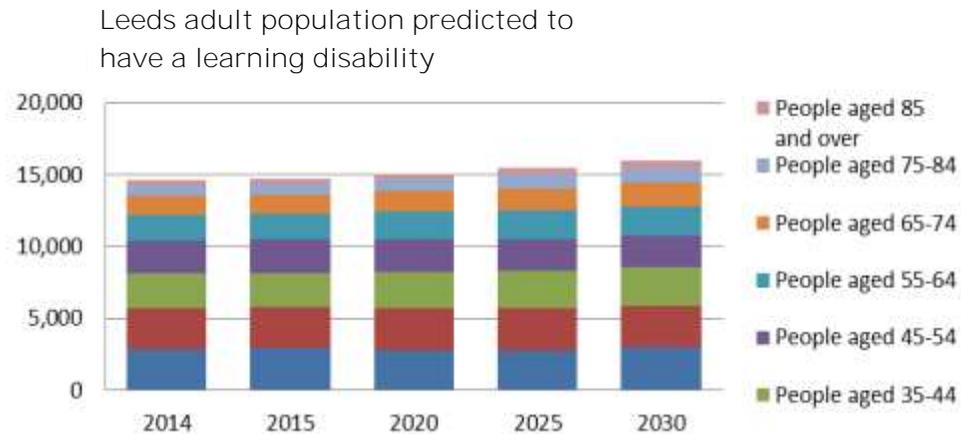


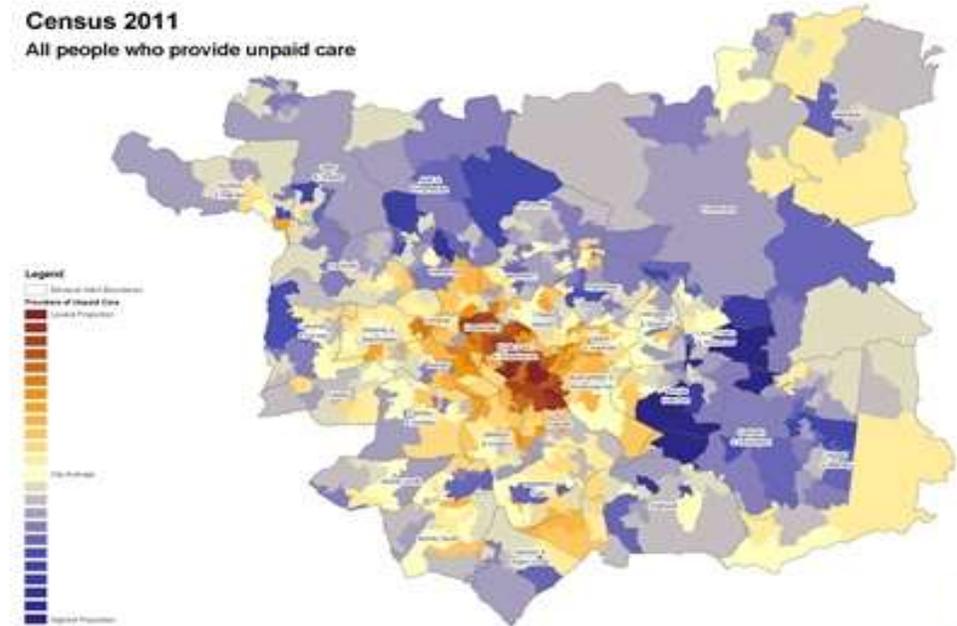
Table 4: Leeds adult population estimated to have a learning disability to 2030 (Source: Office for National Statistics)<sup>3</sup>

## Carers

Census results indicate there are around 71,500 unpaid carers in Leeds, or 9.5% of the population. This is slightly less than the national and regional averages of 10.3% and 10.4% respectively. Women

<sup>3</sup> Average life expectancy is increasing for people with a learning disability, making it difficult to predict future trends. This may lead to a higher growth in numbers than shown.

represent 58% of unpaid carers and men 42%, with 8% of carers being under 25 and 20% over 65. The data shows 60% are economically active with 35% working full time. Carers report a higher level of ill health (27.5%) than non-carers (17.5%). The geographical spread of unpaid carers shows a mixed pattern. Carers overall are concentrated in the outer area of Leeds and towards the north and east. Looking at just those carers who provide 50 or more hours they are concentrated towards the south of the city and towards the east. This is also the area where people report a higher level of poor health.



Map 3: Location of people providing unpaid care in Leeds (Source: Census 2011)

More information about the Leeds population and its health and wellbeing needs can be found in the 2015 [Joint Strategic Needs Assessment](#) (see [Useful links](#)).

### People accessing care and support services

During 2014/15 Leeds City Council funded long term packages of support to around 12,250 people. Approximately 8,000 assessments of new people were undertaken during the year with around 75% or 6,000 of these being found to be eligible for social care services.

Leeds commissions permanent care home placements for around 3,000 people at any time. A further 500 places are commissioned by health for people who have continuing healthcare needs and there are an estimated 1,700 people who are funding their own placements across Leeds.

Around 8,000 people are supported by Leeds Adult Social Care to continue living in their communities with a long term package of support. The overall numbers who receive a service has been reducing in Leeds over a number of years but the level of the service has increased, showing those receiving a service are those with a higher level of need. The number who are funding their own support is difficult to estimate but using industry estimates there may be around a further 500 people funding their own support packages who have a significant or critical level of need.

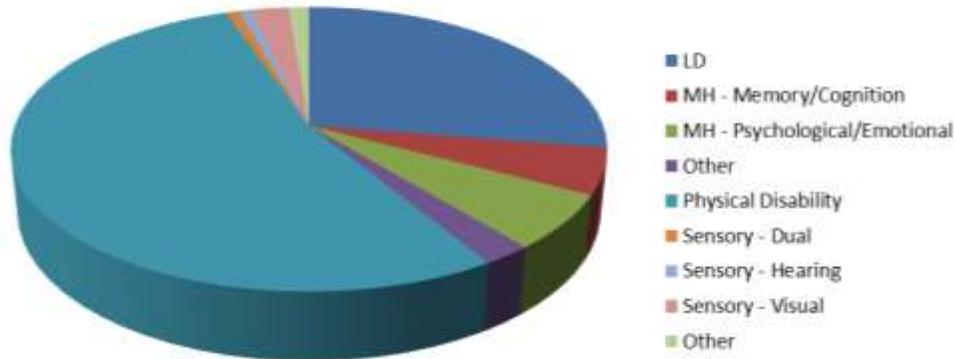
There has been an increase in the use of low level and preventative services over recent years. This includes the use of reablement and telecare to either prevent or delay the need for longer time and more intensive support. In addition, the council has aimed to protect and build upon its significant investment and work with third sector organisations who provide directly accessible community based support. Data shows while fewer new people are receiving homecare services, those who are receiving them are receiving more hours and are receiving them for longer suggesting that these services are successfully targeted at those with the highest level of needs.

Leeds City Council and local health commissioners supported 2,405 adults with learning disabilities (of which 2,061 were supported by the council) in accommodation, day opportunities, outreach, homecare, and with direct payments in 2013/14. Population trends suggest the number of people of working age with moderate or severe learning disabilities will increase by around 7.5% between 2014 and 2020, and the number supported by the council who are over 65 years of age will remain relatively static.

### Direct payments

17% of people receiving a community based long term package of support chose to receive part or their entire package as a direct payment in 2014/15. There was a decrease in the number of older people choosing direct payments during the year. The majority of these used their payments to employ personal assistants.

Direct payments by primary support reason



and 86.5% said care services helped them to feel safer. 70% said they could access information and advice about the support they needed.

During 2014/15 Leeds City Council provided support to around 6,000 carers with a much broader number directly getting support through services commissioned in the third sector such as the Carers Centre. Responses to a survey of carers during 2015 showed 42% of carers were extremely or very satisfied with services, and around 68% felt they could access information they require about services and support. These figures are broadly in line with the comparator and national average.

Diagram 1: Leeds direct payment recipients by primary support reason 2014/15

### Service user feedback

Each year Adult Social Care publishes a 'Local Account'. The account helps residents to find out about the performance of care and support services in Leeds, as well as future plans. The 2015/16 Local Account is currently being produced but we know from the [current document](#) (see [Useful links](#)) a priority for people with care and support needs is being able to maintain their independence and stay at home for as long as possible.

A survey of people receiving packages of support in the community or care home services found 77% felt they had control over their lives

## Three: The financial picture in Leeds



As we set out in our 2014-15 Market Position Statement, local government funding allocations between 2010/11 and 2014/15 have reduced in real terms by 28%, with a total funding reduction of £129m. These budget reductions have continued in 2015/6, with the new government confirming in the summer budget that public spending will continue to reduce over the next four years until 2019/20.

The Chancellor is due to set a plan for how the remaining savings will be achieved in the joint autumn statement and spending review on 25th November 2015. However, we estimate over a four year period **to March 2020 there will be a further reduction in the council's funding** settlement assessment of £69.5 m or 25.9%.

	Leeds City Council (LCC) Budget £m	Adult Social Care (ASC) Revenue Budget £m	ASC % of LCC budget
2015/16	523.8	192.7	36.8%
2014/15	565.8	195.1	34.5%
2013/14	583.9	197.9	33.9%
2012/13	563.1	178.0	31.6%
2011/12	582.2	178.5	30.7%
2010/11	624.9	183.3	29.3%

Table 5: Adult Social Care revenue budget as a proportion of Leeds City Council's total budget 2010-16

Table 5 shows the council has broadly maintained the level of support for Adult Social Care despite the overall reduction in its budget, which means as a percentage of the overall council budget expenditure has increased proportionally. However, despite this Adult Social Care has still had a savings target of £55.4m over the last 4 years due to demographic, demand, and inflationary pressures. We have also had to make provision to meet some of the additional requirements in the Care Act 2014, for example meeting the new provisions for carers.

The council is currently developing its budget plans for the next two years but they cannot be finalised until the outcome of the spending review and autumn statement. After the plans have been discussed with elected members in December, we will share them with providers through our existing provider forums, as well as individually with providers where a specific service is likely to be affected.

In 2015/16 Adult Social Care is estimated to spend 63% of its budget on services commissioned from the independent and third sector. Over the last three years expenditure on commissioned services (both those directly commissioned by Adult Social Care and those commissioned individually by people with a direct payment) as a proportion of total Adult Social Care expenditure has been increasing. This reflects the reduction over the past four years in the services directly provided by Adult Social Care.

Expenditure by primary presenting need	£'000	% of total expenditure
Physical support - 18 to 64	39,353	22.5%
Physical support - 65 and over	20,326	11.6%
Sensory support - 18 to 64	1,363	0.8%
Sensory support - 65 and over	881	0.5%
Support with memory and cognition - 18 to 64	344	0.2%
Support with memory and cognition - 65 and over	12,220	7.0%
Learning disability support - 18 to 64	41,989	24.0%
Learning disability support - 65 and over	2,970	1.7%
Mental health support - 18 to 64	16,878	9.6%
Mental health support - 65 and over	3,393	1.9%
Social support: substance misuse support	1,521	0.9%
Social support: asylum seeker support	33	0.0%
Social support: support to carer	4,392	2.5%
Assistive equipment and technology	1,739	1.0%
Social care activities	17,902	10.2%
Information and early intervention	9,872	5.6%
Service delivery	16,282	8.5%
<b>Total</b>	<b>191,458</b>	

Table 6: Break down of expenditure by primary presenting need 2014/15

Table 6 shows a breakdown of how the 2014/15 Adult Social Care budget for commissioned and in-house services was spent by primary presenting needs. As this is a new way of reporting we are unable to compare to previous years.

In terms of how the budget is spent by type of service, Diagram 2 shows the estimated break down of expenditure for 2015/16.

**Expenditure on older people’s residential and nursing care services has seen a steady decline, whilst expenditure on services which support people at home, particularly home care services has increased.** We have also maintained our investment in preventative services and re-enablement services.

**Estimated ASC expenditure by type of service 2015/16**

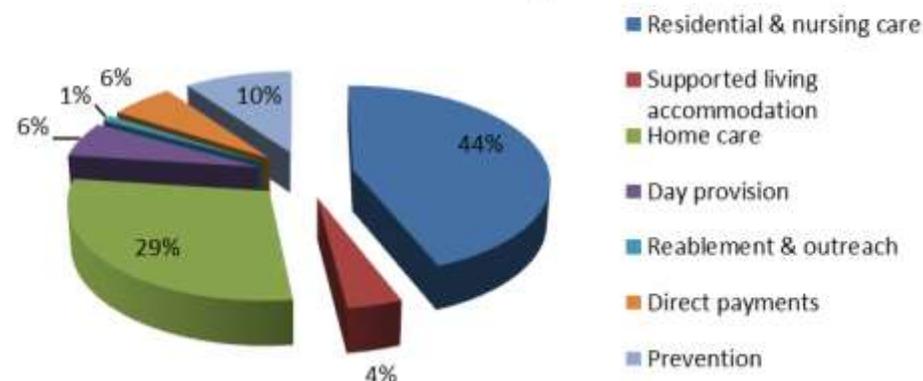


Diagram 2: Estimated breakdown of expenditure by type of service for 2015/16

Adult Social Care expenditure also has to be looked at in the context of continuing integration between health and social care. Through the Leeds Better Care Fund there is a pooled budget of £55m, which aims to deliver better outcomes and greater efficiencies through a more integrated approach. Integration is not new as we have had in place a pooled budget for learning disability services for a number of years now, and there are also pooled budgets for equipment services and more recently the South Leeds Independent Centre. We are also exploring the possibility of developing one for mental health services. In addition, to support this work, we have a number of integrated commissioning posts in the city, for example in the area of dementia and most recently a joint carers' commissioner.

Adult Social Care is committed to paying a fair price for care linked to quality and as part of the commissioning of residential and nursing care, and more recently home care services, we have worked in partnership with providers to understand what is a fair price for care and develop commissioning models and pricing structures to support this. For example, the model and fee structure for the re-commissioning of home care services in the city has been developed to enable the payment of the living wage to home care staff, along with more appropriate terms and conditions for staff. We also need to consider how we use this approach in other areas.

Under the Care Act 2014 we now have 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). Recent guidance for local authorities '[Care and Continuity: contingency planning for provider failure](#)' (produced by the Local Government information Unit, see [Useful links](#)) outlines there are three key aspects to this: shaping the quality, diversity, and sufficiency of care; 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 care providers fail.

In Leeds we have a diverse and vibrant care and support provider market, with a good mix of third and independent sector organisations, and small as well as larger providers. The mix of providers does differ by type of service, for example preventative services are predominantly delivered by third sector organisations, whereas residential and nursing care services for older people are largely provided by the independent sector. 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.

There are also a small number of areas where we would like to develop the market. [Section 5](#) gives information regarding commissioning opportunities but there are some specific areas in which we need to develop the market as there is a lack of capacity.

One such area is the development of extra care housing units for older people so people can continue to remain independent for as long as possible. There are also a small number of people with learning disabilities living outside of the city due to them not being able to access appropriate support in Leeds.

Key trends in the market place are the continued move away from residential to supported living provision for working age adults. For older people the preference remains to be able to support people to live independently for as long as possible, with residential provision being required for those with more complex needs. More information on these trends is outlined in [Section 5](#).

In line with the new Care Act duties we are also reviewing our risk management and business continuity plans to ensure we are able to fulfil our responsibilities if a care provider operating in Leeds fails. We are also working to develop better intelligence to understand which providers in the city, both those we directly commission and those people purchase their care from directly, may be at risk of failure. This **is in addition to Care Quality Commission's (CQC) market oversight** scheme.

### Approach to quality

We believe establishing and implementing quality standards are essential for delivering consistent, safe and reliable services that help people to achieve their desired outcomes. Over the last five years 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. The frameworks are reviewed on a regular basis and updated in line with changes in legislation and the requirements of the regulators, the Care Quality Commission. We are also working with the Care Quality Commission to see if we can share monitoring information where appropriate and provide a more coordinated approach to quality management.

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. We have two **volunteer initiatives, 'Good Lives Leaders' (who are people with a learning disability and their family carers) and 'Dignity Champions' (for residential care)**, which independently visit services to gather the views of people using them about the quality of the support they are receiving.

We also commission [Healthwatch Leeds](#) (see [Useful links](#)) which is the consumer champion for health and Adult Social Care 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 evidence. Reports and recommendations made by Healthwatch regarding how local care services could or ought to be improved are used by Adult Social Care to inform our contract monitoring.

### Information Management & Technology

Underpinning the work of Adult Social Care in the city is a number of important information management and technology systems. Developments in this area provide a real opportunity to further facilitate the integration of health and social care services, improving the experience for people who use these services. Internally, we have recently implemented a new Client Management system, entering into a strategic partnership with Calderdale Council to jointly develop and enhance this system in the future. We have also considered how technology can improve service delivery, for example Leeds Community Equipment Services has recently implemented a new system to better manage the provision of equipment to service users across the city, and we are in the process of putting in place an online

care brokerage solution for the new home care contract which is currently being commissioned. The system will also provide a more efficient and effective monitoring solution for the new contract. We are also looking at how technology can better support mobile workers, including social workers.

To facilitate the joining up of health and social care we are commencing work to ensure that all Adult Social Care systems and **correspondence utilise the NHS number as a customer's key unique identifier. This supports the implementation of the Leeds 'Care Record', a web based solution which enables clinicians to view real time data across care providers and between different systems. It is a collaboration across primary and secondary care, community care, adult and children's social care and mental health services and is part of the integrated health and social care programme in Leeds. The benefit is that it enables care professionals directly involved in a patient's care to make more informed decisions, drive efficiency and improve outcomes regardless of where they are based. Over 95% of GP Practices in Leeds are currently using the new Leeds Care Record and it has also been rolled out across Leeds Community Healthcare Trust, Leeds York Partnership NHS Foundation Trust and four of the health and social care neighbourhood teams.**



For more information on market management please contact Mark Phillott, Head of Business and Contracts at [mark.phillott@leeds.gov.uk](mailto:mark.phillott@leeds.gov.uk).

This section outlines our future commissioning intentions and is organised by client group, following the structure we have used for previous iterations of the Market Position Statement. You will also see, as in previous years, there is a continuing focus on information and preventative services, community based support and housing with care and support over institutional solutions. This time we have also highlighted more clearly the immediate, as well as the longer term, market opportunities so you can more easily identify the areas relevant for your organisation.

## Our approach to commissioning

In 2014 the '[Commissioning for Better Outcomes](#)' (see [Useful links](#)) framework was published. The framework was funded by the Department of Health, and commissioned by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association. The standards were co-produced with a wide range of local authorities, service providers and service users, and overseen by a steering group coordinated by Think Local Act Personal (TLAP). They are designed to drive improvement, providing a framework for councils to self-assess their progress against best practice in commissioning and enable them to identify areas for further improvement.

The framework has 12 standards, and guides our commissioning practice. It states good commissioning is:

- Person centred and focused on outcomes

- Promotes health and wellbeing for all
- Promotes social value
- Co-produced with people, their carers and their communities
- Promotes positive engagement with all local providers of care and support
- Promotes equality
- Well led by local authorities
- Demonstrates a whole system approach
- Uses evidence about what works
- Promotes a diverse and sustainable market
- Provides value for money
- Develops the commissioning and provider workforce.

As you will see the emphasis is on person-centred and outcome focused commissioning which is inclusive of all, and which places co-production with service users at the centre of commissioning practice. Service user engagement is integral to what we do and we engage with service users on both a continuous basis, such as through **the Council's Equality Hubs, strategic boards such as the Health and Wellbeing Board, Better Lives Board** and groups such as Think Local Act Personal, as well as for specific commissioning exercises.

The development of personalised services is an area of continued focus for us and we have continued to develop a range of framework

contracts and a micro commissioning tool to support this. We also recognise we need to further develop the market for people who opt to take their personal budget as a direct payment so they can purchase their own care and support services. We are intending to work with providers, service users and social work teams to understand how we can develop the market in this area during 2016, learning from the three community brokerage learning sites we have in Leeds and the utilisation of tools such as the micro tender noticeboard which has been used to develop the market for one-to-one recovery focused support in mental health.

The next sections outline our future commissioning intentions:

### **(i) Transition from children's to adult services**

The term 'transition' refers to the period of time when young people are moving from childhood into adulthood. In line with the new Children and Families Act and the Care Act the council has reviewed how support is provided to young people moving into adult services. Council services for adults are different from those for children, so it's important we ensure plans for their future care arrangements are made which will help them live as independently as possible.

If a young person has a disability, is a young carer who cares for an adult with a disability, is a young person with a mental health problem or is on the autistic spectrum then they may be eligible for care and support from Adult Social Care. As such a transition assessment will be carried out to understand what help may be

needed as they approach adulthood. The [Family Information Service](#) (see [Useful links](#)) provides additional information regarding the transition process.

As outlined in [Section 2](#) it is anticipated there will be an increase in the number of young people transitioning to adult services people with severe learning disabilities and autism and this is picked up in the following sections.

### **(ii) Information, advice and advocacy**

#### Key commissioning issues:

- Information, advice and advocacy is a key element of the Care Act
- Implementing the information and advice strategy.

Access to information, advice, and independent advocacy is a key part of the Care Act. Leeds already invested in a range of information and advice services and also had an independent advocacy service in place, delivered by a consortium of third sector organisations. To prepare for the implementation of the Act a review was undertaken of existing provision against the requirements of the legislation. This involved defining the Leeds offer in relation to the provision of information and advice and developing an Information and Advice Strategy for the city, including a quality assurance framework. Adult Social Care also co-produced with the commissioned advocacy service a new independent advocacy process for Care Act related use and

deployment of independent advocates. Work will continue over the next 18 months to implement the new strategy and the continued development of information resources such as the Leeds Directory portal.

For more information on the Information and Advice Strategy please contact Emma Carter, Commissioning Manager – Enterprise at [emma.carter@leeds.gov.uk](mailto:emma.carter@leeds.gov.uk).



### (iii) Assistive technology

#### Key commissioning issues:

- Increasing the use of assistive technology to support people to remain independent
- Further developing Assisted Living Leeds
- Supporting innovation in the assistive technology sector.

Assisted Living Leeds (ALL) is a partnership between Leeds City Council and Leeds Community Health Trust, which provides a single point of contact within a new multi-purpose centre for assistive technology services in Leeds. It is a place where health and social care professionals and service users can access specialist advice and services provided by a partnership of public, private, and third sector providers of assistive technologies.

The term 'assistive technology' refers to 'any device or system that allows an individual to perform a task they would otherwise be unable to do, or increases the ease and safety with which the task can be performed' (Royal Commission on Long Term Care, 1999). Assistive technology is playing an increasing part in our efforts to help older, people with a physical or sensory impairment and vulnerable people remain in their own homes, safely, for as long as possible. It can be used to promote independence and autonomy, manage potential risks around the home, reduce early entry into care homes and hospitals, reduce stress and assist carers.

Specific examples of assistive technology include:

- Mobility equipment such as walking sticks and Zimmer frames
- Daily living aids such as utensils, non-slip products, reachers, pick-ups and grab rails
- Complex equipment such as profiling bed hoists and other more bespoke equipment
- Stand-alone telecare such as medication aids and GPS locator devices
- Telecare equipment including sensors, detectors, monitors and alarms linked to a monitoring centre
- Telehealth equipment which allows patients to carry out health checks at home, and for the data to be sent electronically to health care professionals for assessment.

## Market opportunities

In the next 18 months:

- A second phase of the Assisted Living Leeds project is focusing on making use of the west wing of the new building. Leeds Adult Social Care and the NHS is working alongside private and third sector assistive technology organisations to develop a SMART house which will showcase assistive technology, testing labs for assistive technology, retail space for partners and a Changing Places demonstration facility.

For more information please contact  
Richard Graham, Senior Quality Assurance Officer  
at [richard.graham@leeds.gov.uk](mailto:richard.graham@leeds.gov.uk).



## (iv) Learning disability

### Key commissioning issues:

- Supporting the implementation of the Leeds Learning Disability Partnership Board Strategy
- Increasing the take up of direct payments
- Increasing acuity and complexity of need
- Increasing number of people with learning disabilities surviving into old age.

## Community support and universal services

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. These services have recently been re-commissioned under a new three year contract. There are lots of groups across the city commissioned to support people with a learning disability to have a healthy lifestyle.

The [Leeds Learning Disability Partnership Board Strategy 2015-2018](#) (see [Useful links](#)) identifies 'being connected' as one of the three key priority areas for continued development over the next three years. This will involve working with a range of universal services including transport. The focus for commissioning in this area is putting the infrastructure in place and supporting the sector to access different funding avenues to focus on these wider outcomes.

**Membership of Leeds' Safe Places scheme has increased in the last 12 months from 120 to 265 people with a learning disability. 30 organisations provide registered Safe Places at 130 different locations across Leeds. People with learning disabilities deliver the Safe Places training to organisations. Work is ongoing with pharmacies to roll out an extensive training programme which will lead to the majority of high street chemists in Leeds becoming a Safe Place over the next**

12-24 months. In addition training is currently being delivered to reception and security staff at three hospitals of Leeds Teaching Hospitals NHS Trust, so they can complete their Safe Place registration. Further training will be rolled out to ward staff in due course. Leeds currently has 20 Changing Places with a further two in development. The Business Manager and Accessibility Officer at First Group attended the People's Parliament and as a result agreed a programme of equality training for drivers.

Across the city, work is on-going with local employers to create more employment opportunities for people with learning disabilities as they have told us this is a key priority.

The demand will continue to increase for community support and universal services for people with learning disabilities 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.

### Long term care and support

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. This is the preferred model to residential care.

There are currently 27 learning disability accommodation providers in Leeds. Care and support for individuals is arranged on an individual basis and there remains very few block contracts. The local authorities in-house service provision has recently spun out of Leeds City Council as a staff-led mutual on 1 August and will provide a range of day opportunity, respite and supported living services.

In regards to longer term demand, there is very little take-up of direct payments and this is an area that needs to be developed. It is also likely more supported living tenancies and support will be needed as demand continues to increase.

### Market opportunities

In the next 18 months:

- As the Learning Disability Framework for supported living ceased at the end of March 2015, we are continuing to explore methods for individuals accessing accommodation based care and support that are flexible, timely, and will reduce the bureaucratic burden on care managers and providers

- Work is also on-going to understand how Individual Service Funds can be used more widely to support choice and control for people with learning disabilities in Leeds.

Longer term:

- We are working with our Clinical Commissioning Group colleagues to develop proposals for supporting people with the most complex needs, to be supported to live in Leeds
- We will undertake a focused piece of work on identifying those people still supported to live at home with older carers and what support needs they may have for the future
- 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.

For more information please contact Janet Wright, Head of Service (Commissioning) at [janet.wright@leeds.gov.uk](mailto:janet.wright@leeds.gov.uk).



### (V) Autism

#### Key commissioning issues:

- Increasing training and awareness of autism so a wider range of services are able to support people on the autistic spectrum
- Updating of the Leeds Autism Strategy
- Increasing advice and drop-in support.

#### Universal services

There are approximately 7,000 people on the autistic spectrum in Leeds. Approximately 15% of the total autistic population also has a learning disability. The majority of the rest are not eligible for, or not seeking social care funded support.

They do however have a need for advice, information and support. In order to meet their needs we now have an autism hub which offers information and advice as well as guidance. This was developed in **partnership between Adult Social Care's in-house mental health services and Leeds Advocacy** with a range of short term grant funding. As part of this, there is a one day a week drop in service which offers **input from advocacy, mentoring, Citizen's Advice Bureau and Department of Work and Pensions, as well as womens' and cooking groups.**

This service is relatively new and is still developing, we do however know there is a steadily increasing demand – some for people who

want to attend over a period of time for social contact and also for people who come once or twice for specific advice and information. As this service continues we will monitor demand and usage. There is however, no guaranteed funding at present to extend the service for another day or to another area. Although, if the demand can be demonstrated, we will support providers to seek additional funding to support the required expansion.

### Support for people with eligible needs (both long and short term)

As outlined, approximately 15% of the total autistic population also have a learning disability and will usually be eligible for support from Adult Social Care. Their needs will be funded by the learning disability pooled budget so the section on [learning disabilities](#) is also relevant.

The majority of the rest are not eligible for or not seeking social care funded support. However, there is an gradual increase in demand for social care funded support for people with autism without learning **disabilities, both as more people are diagnosed and as people's** awareness rises.

A small number of people on the autistic spectrum who do not have a learning disability are also in specialist supported accommodation. Others use specialist day support, personal assistants or receive social work support to help them access mainstream resources. Other people on the spectrum may use mental health services as they have a dual need. There is potential hidden need in the 1% of the older age

population who will be on the autistic spectrum. Some people on the autistic spectrum will not necessarily need lifetime support and they may be able to step down to a lower level of support or not need social care support at all.

There is a (difficult to quantify) demand for low level, long term supported housing and a smaller demand, in terms of numbers, for support for people with higher level and unpredictable needs. In addition there is demand for day time support for autistic people both with learning disabilities and without. We would like to see more focus on supporting people to move to lower levels of support, as although autism is a lifelong condition people can in many cases, develop their skills over time.

Many people with autism are supported in non-specialist services and it is important there is an increase in training and awareness in all areas so services can meet the autistic needs of those people they support for other reasons.

The Leeds Autism Strategy 2011-14 is currently being updated and will be available in early 2016.

### Market opportunities

Longer term:

- We would like to see all services able to recognise and support autistic people whatever their additional needs and will work with

providers to develop services for those autistic people who will have specialist needs.

For more information please contact Helen Gee, Commissioning and Development Officer (Autistic Spectrum Conditions) at [helen.gee@leeds.gov.uk](mailto:helen.gee@leeds.gov.uk).



### (vi) Mental health

#### Key commissioning issues:

- Implementation of the Leeds Mental Health Framework
- Increasing the take up of personal budgets and continuing to develop the market for recovery focused one to one support
- Continuing to move from residential placements to supported living.

#### Community based support

Providers tell us the demand for community based mental health services are increasing, as well as acuity of need. Some of this is partly due to the impact of cuts to welfare benefits and partly because of the recent economic troubles. Currently Adult Social Care and the NHS fund a number of mental health services, provided by third sector providers, including employment support, peer support, counselling (excluding The Improving Access to Psychological Therapies (IAPT))

and one-to-one support. A crisis service and specific BME and gender specific services are also commissioned.

These services are currently supporting people who have both eligible and non-eligible needs. The services help people to recover and move on, as well as providing support to people who will not recover but helps them to maintain their wellbeing. Feedback from people who use the services shows they are considered to be of a good quality and they are innovative and adaptive to the changing needs of services users.

In addition to the above Adult Social Care also commissions a number of services on an individual basis (circa £5 million). The services are primarily accommodation based support, but the mental health social work teams have also been involved in working with providers to develop the market for recovery focused one-to-one support services, which people can purchase with their personal budget. These opportunities are advertised through the micro tender noticeboard which is part of the [Leeds Directory](#) website (see [Useful links](#)). This will continue to be a priority over coming years. There is also a desire to work with providers to be more creative regarding what can be achieved for individuals using a personal budget.

In regards to the future of mental health services in the city, work has been carried out to develop the [Leeds Mental Health Framework 2014-17](#) (see [Useful links](#)). The framework sets out the direction and priorities for mental health commissioning for the next three years to

guide developments and investment and is matched to the objectives of the national mental health strategy '[No health without mental health](#)' (see [Useful links](#)) and national guidance. It sets out four key domains related to mental health:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill mental health and following injury
4. Ensuring people have a positive experience of care.

The framework includes all mental health services and interventions commissioned locally by the NHS and local authority as well as local authority public health priorities for emotional health and wellbeing.

The long term aim is to create a pooled budget for mental health provision across health and social care through which mental health services in the city will be commissioned. In line with the framework, the current community based support service contracts are to be extended until the end of March 2017, while the future model for commissioning of these services is developed.

In terms of future demand for mental health services it is hard to predict the future levels of support needed, however we do know with an ageing population there is likely to be an increased need for mental health support in the older population, and there has also been an increased incidence of mental health problems in the 35-50 age group.

A recent snapshot survey of people using the community based mental health support services highlighted the majority of people using them are living on their own and do not have any family support networks they could draw on. As a consequence the issue of social isolation was highlighted as a priority. With the increase in the number of single households this is likely to stay high on the agenda.

### Accommodation based services

There are three nursing care services in Leeds for people with mental health needs which are funded by Adult Social Care or the NHS. The services are located in the Burley, Harehills and Whinmoor areas of Leeds. These services provide care and support for 54 people.

#### **Included in these is a service for people with Huntingdon's Disease.**

The council is currently in discussion with one provider about the re-provision of two of these services as supported living services.

Adult Social Care also jointly commissions with the Clinical Commissioning Groups, a 12 bed dual registered residential care home for people whose mental health needs cannot be met satisfactorily from other services. This service works with people who have severe and enduring mental health problems.

There are 15 Adult Social Care funded supported living services in Leeds for people with mental health needs. The services are located in the Beeston, Hunslet, Kirkstall, West Park, Hyde Park, Headingley, Morley, Cookridge and Alwoodley areas of Leeds. These services provide care and support for 161 tenants.

There are in addition to these services, clients receiving Adult Social Care funded respite services; packages of care and support in their own homes in the community, purchased via a direct payment; **housing related support services funded by Public Health', and nursing care services funded by the Clinical Commissioning Groups.**

The council also currently places 26 clients in four residential care services, 17 clients in five nursing care services, and five clients in three supported living services on its borders, most notably in Bradford, Harrogate, Dewsbury and Huddersfield. Further intelligence is required about the future demand for care and support services for people with mental health needs in Leeds, and the type and model of services required to best meet this demand.

The preferred direction of travel is away from residential and nursing care service provision towards supported living service provision and community based support; an increase in the uptake of direct payments; and away from out-of-area placements towards in-area placement, wherever possible.

### Market opportunities

Next 18 months:

- The current contracts for community based mental health support services are due to end in 2017. In the next 6 months the Clinical Commissioning Groups and Adult Social Care will make its commissioning intentions clear in line with the mental health framework.

Longer term:

- Continued move away from residential and nursing care service provision towards supported living services and community based support
- Increasing the uptake of direct payments.



For more information please contact Sinead Cregan, Adult Commissioning Manager at [sinead.cregan@leeds.gov.uk](mailto:sinead.cregan@leeds.gov.uk) or Sandra Twitchett, Commissioning Manager at [sandra.twitchett@leeds.gov.uk](mailto:sandra.twitchett@leeds.gov.uk) in relation to information on accommodation based services.

### (vii) Sensory impairment

#### Key commissioning issues:

- Increasing need due to the ageing population
- Review and re-commissioning of community based support services.

We commission community based support for blind, partially sighted and deaf and hard of hearing people, that provide a range of services which support people to live independently. These services are accessed by over 3,000 people in the city. The services are delivered by third sector organisations and have high levels of service user satisfaction.

There are a growing number of people who are acquiring a sensory impairment due to ageing and as the number of older people is growing this will lead to an increase in needs. We are also seeing a small increase in the number of people who have become deafened due to listening to music too loud (mostly people of a younger age).

### The implications of this are older people's services, including

residential care homes, need to learn how to communicate with older people who have become blind or deaf in later life. For example, older people who have become deaf or hard of hearing will not be traditional British Sign Language users.

This is an underdeveloped area and all services need to be much more aware of sensory impairments and the different ways in which staff can communicate with services users. For example, the use of communication boards and tablets. Providers and property developers also need to think about the layout of buildings, lighting etc. in extra care and residential schemes.

### Market opportunities

Next 18 months:

- We have four commissioned community based support services for blind and partially sighted and deaf and hard of hearing people. Our intention is to extend the existing contracts for a further 12 months up to the end of March 2017 to allow us to consult on the proposed service model and commission accordingly.



For more information please contact Sinead Cregan, Adult Commissioning Manager at [sinead.cregan@leeds.gov.uk](mailto:sinead.cregan@leeds.gov.uk).

### (viii) Physical impairment

#### Key commissioning issues:

- Increasing creativity of one-to-one support provision
- Continued move away from residential placements to supported living.

The main provision for people with a physical impairment is provided through a personal budget, which is used to purchase accommodation based support or community based one-to-one support. There is a continuing need to develop the market in regards to one-to-one support in the community, which can be purchased through an **individual's personal budget and allows people to follow their interests and passions** and is provided by support workers who have common interests.

#### Accommodation based services

There are five residential care and three nursing care services in Leeds for people with a physical or sensory impairment. The residential care services are located in the Kirkstall, Wetherby, Roundhay, Scholes and

Bramley areas of Leeds. Included within these services is provision for **people with Korsakoff's Syndrome and Acquired Brain Injury (one service)**. These services provide care and support for 93 people. The nursing care services are located in the Moortown, Pudsey and Seacroft areas of Leeds. These services provide care and support for 47 people.

There are seven supported living services in Leeds for people with a physical or sensory impairment. The services are located in the Bramley, Hyde Park, Garforth and Kippax areas of Leeds. Included within these services is provision for people with Acquired Brain Injury (one service) and a hearing impairment (one service). The services provide care and support to 26 tenants.

There are, in addition to these services, clients receiving Adult Social Care funded respite services, or packages of care and support in their own homes in the community, purchased via a direct payment.

The council continues to place 50 clients in five residential care services, 18 clients in two nursing care services, and two clients in a supported living service on its borders, most notably in Bradford and Castleford. The council continues also to place clients with physical impairments in residential care services for older people in Leeds. Further intelligence is required about the future demand for care and support services for people with physical or sensory impairments in Leeds, and the service type or model(s) required to best meet this demand.

The preferred direction of travel is away from residential and nursing care service provision towards supported living service provision and community based support; an increase in the uptake of personal budgets/direct payments; and away from out-of-area placements towards in-area placement, wherever possible. Currently Adult Social Care commissions one residential service under a block contract and consultation to inform future commissioning of the service will be undertaken within the next six months.

In addition, demand for services to support people with an Acquired Brain injury is increasing, particularly for young men as a result of accidents. The support required in this area includes rehabilitation, as well as longer term support.

### Market opportunities

Next 18 months:

- There is a requirement for more innovative one-to-one support which enables people to follow their interests and passions and to access activities in their local community. Some of these opportunities for providing personalised one-to-one support are being advertised through the micro tender noticeboard on the Leeds Directory website, and we anticipate the requirement for this type of support will continue to grow.

Longer term:

- There will be a continued move away from residential and nursing care provision towards supporting living provision and community based support.

For more information please contact Sinead Cregan, Adult Commissioning Manager at [sinead.cregan@leeds.gov.uk](mailto:sinead.cregan@leeds.gov.uk) or Sandra Twitchett, Commissioning Manager at [sandra.twitchett@leeds.gov.uk](mailto:sandra.twitchett@leeds.gov.uk) in relation to information on accommodation based services.



### (ix) Carers

#### Key commissioning issues:

- Monitoring the effectiveness of the new Leeds offer for carers and the level of demand for services as a result of carers assessments
- Promotion of personal budgets for carers
- Implementation of the new Carers Strategy.

The [Carers Strategy](#) (see [Useful links](#)) has recently been updated for 2015-18. It outlines the number of carers in Leeds has not greatly increased since the last census in 2001, but there is a strong rise in the amount of care being provided. This is especially the case for those carers providing more than 20 hours per week.

Since 1995, the council and NHS partners have worked together to recognise the importance of the role of unpaid family carers and jointly commissioning a range of services, provide information, support and breaks to carers.

**The Care Act 2014 brings about the most significant advance in carer's rights since the first legislation in 1996, giving the right for carers to be recognised and involved in assessments and care planning of the person they care for. It establishes a duty for local authorities to meet those needs identified in a carer's assessment. It also establishes a single national eligibility criteria. The assessment must consider a range of things which impact on a carer's ability to care, as previously, but with a stronger obligation to provide support to meet their needs.**

As a result, work was undertaken in 2014 to review support to carers in Leeds to understand how the new duties under the legislation could be met. The Leeds Care offer was developed as a result of this work and offers three levels of support:

- Level 1 - To prevent needs escalating. Support services are available for carers through Carers Leeds and through referral to universal health and wellbeing services provided within and outside of the council
- Level 2 - Referral to/provision of Adult Social Care services to the cared for person where, following a carers assessment, it appears the caring role is having a significant effect on the **carer's life/wellbeing and assistance with caring will help. A**

support plan will be created by Adult Social Care for access to the current range of services which may include equipment, home based respite, direct payment in lieu of respite, professional help such as counselling and training in dealing with difficult caring situations

- Level 3 - **Where a carer's assessment shows caring is having a substantial impact on carer's life/wellbeing or the caring relationship is in danger of breaking down**, a larger package of home support would be provided including residential respite or **equivalent, carers' emergency plan etc.**

### Early intervention and prevention

We have a well-**established carer's advice and information service** in Leeds which is provided by Carers Leeds. In preparation for the introduction of the Care Act, the pathway for access to Carers Support **was revised and information on carers' rights and support for Leeds' carers has been developed**, which is hosted on the Leeds City Council **website as well as key partner organisation's sites. Carers Leeds is the first point of contact for carers.**

### Long term care and support

As outlined, under the new Care Act 2014, all carers are entitled to a **carer's assessment and a new assessment form has been developed**, which is widely available in leaflet form and online. Upon the return of **a completed carer's self**-assessment to Carers Leeds, carers will be contacted and given the appropriate response to the self-assessment.

An Adult Social Care Carers team is based at Carers Leeds, working alongside their staff.

Where an assessment shows a carer is eligible for support they will be provided with a personal budget, which can be delivered as a direct service that the local authority manages on behalf of the individual or as a direct payment so the individual can purchase their own support in line with their support plan.

In 2013/14 Adult Social Care funding for carers support services was £1.3 million per annum, and £200,000 from Clinical Commissioning Groups. In regards to direct respite services to cared-for persons Adult Social Care funding is approximately £2.2 million per annum and NHS funding for direct respite to cared-for persons is approximately £1.6 million per annum.

The NHS Clinical Commissioning Groups provided funding for one-off direct payments to be made to carers who are providing lower levels of care and no care services are being provided to the cared for person. The purpose is to enable them to have a more flexible type of break. It is hoped to continue provision of these payments.

In addition, we commission and also provide direct personal care services, following an assessment, for people who have eligible needs for support to live at home. The provision of these services also relieves pressure on carers and enables them to have a break to re-charge their batteries, maintain their leisure interests or social networks, have holidays or remain in paid employment.

## Market opportunities

The 2015-18 **Leeds Carers Strategy** outlines the city's ambitions in regards to supporting carers in more detail but below are the commissioning related objectives:

Next 18 months:

- Home based respite services (currently providing up to 8 hours a week of replacement care so carers can have time to themselves) are oversubscribed and carers may have to wait for a service. This has been identified by carers in the consultation for the strategy as the key element of their personalised support. This is a priority to be reviewed during the next 18 months.

Longer term:

- Continue the development of personal budgets for carers and develop the market for carers support.

For more information please contact Ian Brooke Mawson, Carers Strategic Commissioning Manager at [ian.brookemawson@leeds.gov.uk](mailto:ian.brookemawson@leeds.gov.uk).



## (x) Other adult services

### Direct payment support service

Adult Social Care currently commissions a direct payment support service for people who opt to take their personal budget as a cash

payment and directly buy their own support or employ their own personal assistant. The service provides advice and support to people regarding recruiting and employing a personal assistant and payroll services to support them to pay salaries. The service also provides support to people who wish to broker other care and support services using their direct payment.

The contract for the delivery of the service is currently being extended for a further 12 month period during which time the service will be put out to tender.

### Drug and alcohol services

A new integrated service for people needing help with drug and alcohol has recently been commissioned by public health. The new **consortium called 'Forward Leeds' started delivery of the new service** on 1st July 2015 under a five year contract. The service is for adults, young people and families and will include prevention, early intervention and recovery support including support to help people sustain their recovery and make progress with their lives.

### Housing related support

We are currently working with Housing Options, Housing Management and **Children's Services on a review of commissioned accommodation** and floating support services in Leeds. In addition to suitable housing, clients are provided with a range of support to build their life skills, confidence and support people back into work where appropriate. This work will build on the reviews that have been done previously and will

determine the services that will be required in the future in terms of the service type, quantity and level of service.

The review will include the following key elements:

- Analysis and review, including mapping service information, performance and costs, regarding who uses services and their needs, referral pathways and links to other services
- Mapping local and national strategies
- Looking at best practice and what works well elsewhere
- Links to other activity and services
- Consultation with service users, stakeholders and providers
- Service modelling, options appraisal and developing the procurement plan for the chosen option
- Service design and specification.

### Social care support in prisons

Under the Care Act, Adult Social Care is responsible for providing care and support to prisoners in HMP Leeds and HMP Wealstun (regardless of where they originated from) who have been assessed as having social care needs. We are currently running a 12 month pilot delivering social care support in these prisons to people who have eligible needs. Following a review of the pilot, there is the potential for the service to be commissioned on a longer term basis through a tender exercise.

### Shopmobility

We currently commission a Shopmobility service for the city centre, operating from the Merrion shopping centre, where people can hire a scooter for the day to help with their shopping needs. The current provider has given notice on their contract and options to re-commission the service are currently being considered, with a view to putting in place a new contract from 1st January 2016.

### (xi) Older people

#### Key commissioning issues:

- Increased demand for preventative services
- Need for greater understanding of the needs of people who fund their own care
- Increasing complexity of support required for people being supported at home
- Continuing decline in residential and nursing care placements but increase in level of complexity of support required
- Need for development of extra care support

### Early intervention and prevention

Leeds has a growing and an ageing population. Along with this growing population, demand has also grown on existing services commissioned by Adult Social Care. In 2014/15, demand on voluntary

sector providers was 7% more than the demand recorded in 2012. This indicates that at the present time demand for support from preventative services is growing at a faster rate than is accounted for by the growth in the older age population. One factor contributing to this is the shift in social care provision to one of empowerment and supporting individuals to maintain their health and independence within the community where they live.

Leeds has a strong third sector market supporting older people, which also engage a large number of volunteers. The market itself has stayed relatively stable in terms of the number of organisations, supported by a move to longer term contracts, but these organisations have become more diverse with regards to services. Examples of these changes include organisations engaging with technology to help address social isolation, adopting Leeds City Council buildings to increase the choice of services available to areas and reaching further into communities with support such as Street Angels or home from hospital engagement.

In regards to older people who are funding their own low level support we know from usage of the Leeds Directory (a directory which provides information on a range of independent living services) that popular service enquiries include personal care, handyman services, cleaning and gardening. The Leeds Directory also highlights services people are looking for which are underrepresented in the online resource, which includes mobile hairdressers and mobile chiropodists

as well as trade services such as plumbing and gardening. Two thirds of calls received to the directory helpline are made directly by the individual looking for the service, as opposed to a family member or carer. Based on equality monitoring, this individual is most likely to be a white British/English woman aged between 70 and 89 years old.

Monitoring over a range of contracts covering preventative services indicate a high level of quality. Providers engage in collecting client feedback and continue to develop and shape services in relation to client demand and expectations. Beyond commissioned services, quality processes established through the Leeds Directory help to further ensure older people continue to receive quality services. This **includes a 'green tick' process for providers delivering services in the home or garden**, which involves vetting organisations before listing, and a star rating feedback process for those accessing services to share their experiences and opinions of services provided.

In line with the Care Act the focus will continue to be on empowering people to maintain their independence and wellbeing within their local community for as long as possible. This will involve catering for the needs and aspirations of a growing and more diverse population of older people, ranging across ages and levels of need. Demand within the community will increase, not just in relation to an ageing population but also a reflection of the move away from residential care to support within the community. To meet these changes it will be necessary for all delivery partners involved to have an understanding

and appreciation of each other's services and roles to help further ensure seamless, holistic support.

Following on from work carried out as part of the Seniors Network Support (SeNS) Project, organisations are beginning to explore and implement an asset based community development approach as a way of creating a wider range of activities and opportunities within the local community. This involves organisations taking on an inspirational role, empowering members of the local community to create and maintain their own groups to compliment the services each organisation is already providing.

Another area of development is being driven through the Time To Shine project, a six year Big Lottery funded project being led by Leeds **Older People's Forum (LOPF)**. In 2016 Leeds Older People's Forum will be commencing the next phase of sub-contracting opportunities, seeking partners to take on smaller projects that will help the city to reach a target cohort of 15,000 Leeds older people who are living under the shadow of loneliness. This will be in support of existing services established in 2015, which includes tackling social isolation through shared meal opportunities and supporting older people to further engage with electronic forms of communication, such as Skype.

**Reablement services, delivered by Adult Social Care's** in-house provider services, are also a key part of our preventative approach and we anticipate it is an area we will continue to invest in.

### Long term care and support

#### Homecare

Homecare services in Leeds are currently provided to approximately 3,800 individual service users and whilst the overall number of service users in receipt of homecare is declining, the actual number of hours delivered is increasing. This is caused by two factors; firstly the number of people supported to live at home who would otherwise have gone into residential care is increasing, and secondly, those who are supported are likely to have more complex needs requiring greater input of care. These two factors, along with the advances made within the telecare/telehealth industry, are in turn linked to the decline in usage of residential care.

During 2014 approximately 1.8 million hours of homecare were delivered with 87% of these hours being delivered by external service providers. Complaints in homecare are 0.009% of the 40,000 hours of the weekly delivered homecare. This has been managed by a framework contract to date but this will be replaced in 2016 with a new, more flexible model which has been co-produced with service users and the support of service providers working in the homecare market. The procurement of homecare to this model took place summer 2015.

In the future we anticipate more complex packages of care will require more trained staff who are better skilled and more flexible to meet the diverse needs of the service users. We also want to expand the use of

telecare and other assistive technology to support people at home, alongside home care services. It is anticipated as more older people become frailer the demand for home care services will also increase as more people choose to be supported within their own homes for as long as possible.

### Residential and nursing care homes

The market position in terms of residential and nursing care homes has not changed over the last 12 months. There continues to be an over provision of residential care beds in the city, though this is not evenly distributed. Adult Social Care continues to engage with the independent sector to encourage the development of new homes in some wards, such as Wetherby, Morley and Otley. Overall the demand for residential care is expected to continue to fall and those that do require residential care will have more complex care needs, including specialist dementia care and nursing, which will bring challenges in regards to staff skills and the levels of staffing. This is a national trend **and is reflected in The Care Quality Commission's annual "State of Health and Social Care" report.**

In Leeds, data continues to indicate there is a shortfall of nursing care homes in some areas of Leeds and the demand for this type of accommodation particularly for the very old will increase as the number of older people living longer grows.

Longer term, we expect this trend of reducing demand to continue as **other services, such as extra care, develop and people's wishes and**

expectations change. The focus of demand will be towards specialist support, including dementia and nursing care. We will be engaging in a review of residential and nursing care during 2016 in preparation for a citywide procurement exercise in 2017 when the current contracts come to an end.

### Extra care

An increase in specialist housing with care allows older people (including older people with dementia) to continue to live independently and have their care needs met is recognised as a priority for the city. Extra care is a part of that, alongside good quality sheltered housing and very specialist dementia and nursing care homes.

There are currently four commissioned Extra Care Schemes in Leeds, consisting collectively of 166 one and two bedroomed apartments which can accommodate people with care needs funded through the local authority. These complement the three Extra Care Schemes where Leeds Adult Social Care manage and deliver the on-site care and support (152 apartments), as well as the wider private sector in Leeds (341 apartments). When including the remaining apartments outside of Leeds Adult Social Care nomination rights, there is a total of 705 extra care apartments across the city. This only goes halfway to meeting current demand, which is calculated to be around 1,379 units.

Housing Leeds is engaged in developing a new scheme in Yeadon, bringing a further 45 two bedroomed apartments to the city. This

flagship scheme provides the opportunity for the new Leeds model of extra care to be introduced, which moves away from the current block contract approach to one where individuals are empowered to more directly manage their own services and exercise choice and control. It also provides the opportunity, working in partnership with Housing Leeds and the future care provider, to learn how best extra care can be utilised in providing a real alternative to residential care. This scheme and its associated care service are currently scheduled to begin in September 2016, with the procurement for the care provision starting in the latter part of 2015.

By 2020 it is projected there will be a shortfall of 679 apartments if the market is not engaged with Leeds City Council to address this issue. To support this process it will be important to work with potential development partners, asset managers and care providers in a range of ways including supply and demand analysis, site specific opportunities and models of delivery that draw on best practice and reflect the aspirations of the Care Act.

The aim will be to ensure all citizens have an equal opportunity to live independently for as long as they wish through the provision of appropriate, accessible and affordable homes and services. To support this we will continue to develop the core and add-on model approach to extra care in Leeds along with the review of what extra care means in Leeds. This work will be carried out in partnership with existing providers and service users and Leeds would welcome partnerships

between registered social landlords, developers and social enterprises to take forward new innovative ways of working within local communities. The [Older People's Housing Prospectus](#) gives more detail regarding the type and location of where provision will be needed (see [Useful links](#)).

### Market opportunities

Next 18 months:

- Homecare - The focus in 2016 will be the transition from the existing homecare framework to the new model of homecare delivery for Leeds. This will include working through the new quality standards framework
- Residential/nursing care - Work will commence to evaluate the market and lay the foundations for the re-commissioning of services in 2017
- Extra care - Commissioning officers will engage with providers to evaluate existing provision. Further developments in extra care provision will be carried out in line with the [Housing and Care Futures Programme](#). This will ensure there is a co-ordinated and corporate approach to the strategy for specialist housing for the ageing population of Leeds by bringing together the skills and knowledge of commissioners, and planning, development and housing specialists (see [Useful links](#))

- Preventative services - Commissioning and contracts officers will continue to engage with sector providers, including making preparations for up-and-coming service reviews.

Longer term:

- Further development of extra care provision in the city
- Working closer with partners in the third sector to develop preventative services
- Working with partners in innovative ways to develop services within the city
- Building links with commissioning partners based within the Clinical Commissioning Groups to share resources and funding to further develop holistic services that address both health and social care needs.

For more information please contact Michelle Atkinson, **Older People's Commissioning Manager** at [michelle.l.atkinson@leeds.gov.uk](mailto:michelle.l.atkinson@leeds.gov.uk) or for information regarding homecare and residential care contract management contact Jason Lane, Commissioning Manager at [jason.lane@leeds.gov.uk](mailto:jason.lane@leeds.gov.uk).



## (xii) Dementia

### Key commissioning issues:

- Increasing need for post-diagnosis support for people living with dementia and carers
- Dementia training for staff in mainstream services
- Increasing complexity of need of people being placed in residential and nursing care placements.

### Early intervention and prevention services

There is an increasing need for post-diagnosis support for people living with dementia and carers in Leeds. This arises from:

- Increasing success at identifying and diagnosing people with dementia (an increase from 4,040 people in Leeds with a recorded diagnosis at March 2011, to 5,800 at March 2015)
- Steps to ensure people and families/carers are not left to face dementia alone, and are connected to post-diagnosis support – Memory Support Workers are coming into post from October 2015
- Demographic growth in the numbers of older people with dementia.

Most of this support comes from third sector organisations, and there have been improvements in capacity and quality in recent years with

### Leeds Alzheimer's Society working in partnership with Neighbourhood

Network Services and others, for example to develop memory cafes and singing groups. We now have 26 memory cafes in Leeds, compared to 16 two years ago. Monitoring data shows an increasing numbers of people with dementia/memory problems are accessing services. However, these groups run monthly, and feedback from people with dementia and carers suggests the commissioners and providers should work to develop and invest in weekly support groups and activities.

Dementia occurs across all communities, and there is likely to be increasing needs in the growing Leeds black and minority ethnic population, and in the more affluent suburban and rural areas where people have, on average, longer lifespans (age is the main risk factor for developing dementia). This creates opportunities from people purchasing their own support.

Good quality preventive support is characterised by:

- Opportunities for peer support – people and carers getting together to share experiences and ways of coping
- **Opportunities for 'building bridges'** – supporting people living with dementia to mix with the wider community, including intergenerational activities
- Opportunities for activity and participation – things people have always enjoyed doing, and to try new things. Some people

report, anecdotally, that changes to the brain in dementia can seem to remove inhibitions to trying artistic and creative activities

- Person-centred and creative approaches – finding out what people want to do and what will sustain interest and help a person settle into activities
- Carer breaks – staff and volunteers having the confidence and skill to allow carers to leave the person with dementia for a while
- Support to make important decisions and plan for the future.

### Long term care and support

People living with dementia are a part of any health and social care provision which supports older people and it is not sustainable to see **dementia purely as 'specialist' provision. The condition is part of the mainstream of care provision, "everybody's business"**. Therefore care staff should all receive training and be supported to understand dementia and provide person-centred care.

In the past year in Leeds, there have been some difficulties identifying care home beds for people with complex needs related to dementia. Presentations include people who are physically active and can be aggressive, and people with more comorbidities, where the dementia affects the acceptance of and co-operation with care. The views of front-line managers and practitioners suggest Leeds requires a combination of:

- **Care provision that offers opportunities for 'recovery' over** periods of weeks and months. This includes situations where there is a slowly-resolving delirium overlaying the dementia, or where a person needs support through a difficult phase of the progress of dementia
- More care home capacity which can offer a combination of nursing and care skills to meet complex needs including dementia.

**Health commissioners in Leeds are committed to improving 'liaison'** provision across community, care home and hospital settings, so dementia and mental health specialists become increasingly available to work alongside social care staff to develop care plans and provide training.

Alongside making best use of liaison services for advice and support, providers may consider developing their own expertise to work with care staff and promote best practice for people in the moderate/severe stages of dementia. Good practice includes:

- Offering occupation, stimulation and involvement in daily routines, to provide alternative ways for self-expression and prevent extreme boredom and frustration. There is evidence emerging for creative approaches involving music, art and reading aloud
- **Minimising the use of approaches which restrict a person's liberty** – this is a legal requirement under Deprivation of Liberty

Safeguards. Restrictions can, unintentionally, increase levels of frustration

- At all times, trying to understand and make sense of where the person finds themselves, and the underlying reasons for behaviours.

**The council's purchasing of care home placements has been steady** over a number of years, against the upward demographic pressure, which implies the cohort of the population living in care homes is steadily increasing in level of needs and complexity and as outlined in the previous section.

### Market opportunities

In the next 18 months:

- There will be a procurement process for day opportunities for younger people with dementia, in 2016 for a new contract starting by the end of 2016. This is likely to be a five-year contract with an annual value over £300K
- Commissioners will be exploring opportunities to invest further in preventive support, develop community capacity and improve the post-**diagnosis 'offer'**
- The new Memory Support Worker service is being run as a development project by Leeds and York Partnerships Foundation Trust over two years, from April 2015 – March 2017. If successful, there may be a tendering opportunity, led either by

the local NHS or local authority, to provide the service longer-term

- In autumn/winter 2015, there will be an opportunity to bid for small grants to develop BME dementia support in Leeds, based on the recommendations of a dementia event held in November 2014
- There are a number of small projects currently being developed on short-term grant funding, which may lead to longer-term opportunities for local third sector: The Leeds Dementia Action Alliance/dementia-friendly Leeds; south Asian dementia support; **and 'dementia decisions' advocacy.**

Longer term:

- Commissioners recognise the increasing complexity of need, including needs related to dementia and frailty, alongside the financial position for local government and the staffing issues for health and social care, are difficult challenges. There are creative, technological, environmental and other innovative solutions emerging which providers may be in a position to consider investing in, and commissioners are open to dialogue about how to evaluate and introduce these solutions.



For more information please contact Tim Sanders, Integrated Commissioning and Transformation Manager at [timothy.sanders@leeds.gov.uk](mailto:timothy.sanders@leeds.gov.uk) or [tim.sanders1@nhs.net](mailto:tim.sanders1@nhs.net).

The social care workforce in Leeds is employed by a diverse range of providers, including a large number of small and medium sized businesses, therefore understanding the picture in regards to workforce issues is complex.

The [National Minimum Data Set](#) (NMDS) for Social Care (see [Useful links](#)), an online database hosted by Skills for Care holds information on around 25,000 social care establishments across England. In regards to data on the Leeds workforce it is estimated that around 60% of Care Quality Commission registered social care providers have submitted returns for the database and gives us the best available statistical information on the local workforce. Through analysis of this information and feedback from providers we are able to identify several longer term trends in Leeds.

Firstly, as is the case nationally, Leeds has an ageing social care workforce and it is a priority for the city to increase the number of younger people starting a career in social care. Adult Social Care are working in partnership with Job Centre Plus, Barnsley College and local providers on the We Care Academy initiative which aims to attract, recruit and retain people with the right values to work in social care. The We Care Academy includes three elements: the I Care Ambassador Service, a Sector Based Work Academy and the Health and Social Care Apprenticeship Programme. Candidates complete a two week training programme specifically designed for the We Care Academy and then go on to a four week work experience placement

with one of 40 local providers. All candidates are supported on a weekly basis throughout the placement and this level of support has contributed to high levels of retention of candidates. This initiative **won the Skills for Care's award in the category of Best Recruitment Initiative and The Winner of Winners for its 'We care' academy** programme.

Secondly there are issues regarding recruitment and retention in some types of social care roles in the city. For example, the recruitment of nurses in residential care is a major issue and there are also recruitment issues in the home care sector. A joint health and social care workforce development group has been set up, chaired by the West Clinical Commissioning Group and attended by Adult Social Care, to look at how we can take a city wide approach to address these issues. The council is also looking at how these issues can be addressed in the way it commissions services, for example, as part of the homecare re-commissioning a new model developed, which was co-produced with service users and providers, is structured in a way that supports recruitment and retention of staff.

Thirdly, providers inform us that the increasing acuity and complexity of need of the people they support is also having an impact on their workforce. As a result there is a need for additional training to upskill staff so they are able to meet this need, as well as looking at ways to support staff resilience.

To tackle these issues and ensure we have a workforce with the right skills and values, both now and in the future, we are currently looking at the development of a workforce strategy for the city, working with both providers and health.

### Skills and training support

In regards to the skills profile of the social care workforce the National Minimum Data Set data shows that the Leeds social care workforce matches the national average in terms of qualification levels. A skilled social care workforce is a high priority and as such Adult Social Care provides some support in this area. Firstly, the council is a lead partner for the disbursement of the Workforce Development Fund, a retrospective funding stream from the Department of Health and distributed on behalf of Skills for Care. If an organisation has employees which have completed a Qualifications and Credit Framework qualification since January 2015, or are working towards Qualifications and Credit Framework qualifications then it is possible for providers to claim funding through our partnership. For further details please contact Shahida Mahmood, Organisational Development, at [shahida.mahmood@leeds.gov.uk](mailto:shahida.mahmood@leeds.gov.uk).

In addition, Adult Social Care offers providers of social care services free access to a number of in-house training and short courses (outlined in the [Adult Social Care People Development training calendar](#)) which are run during the year to help providers to meet

legislative and service-specific requirements. Some of these courses are now also provided as an e-learning package (see [Useful links](#)).

# Seven: How can you engage with Adult Social Care?



We recognise we cannot meet the challenges ahead without working with both people that use care and support services and the providers of those services. 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, in [Section 5](#), we have outlined the key **contacts for each commissioning area or alternatively if you're unsure** of where to direct your query you can e-mail

[commissioning.asc@leeds.gov.uk](mailto:commissioning.asc@leeds.gov.uk). We also run a number of provider forums, partnership boards, and participate in briefing sessions where we engage around specific issues or service areas and these are outlined below. Some are restricted to providers we have a contractual relationship with, or to nominated representatives from the sector, and some are open to all. Please contact the relevant person for further details.

## Leeds City Council Forums

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.	<a href="mailto:helen.gee@leeds.gov.uk">helen.gee@leeds.gov.uk</a>

Area	Details	Contact for information
Learning Disability	Adult Social Care hold a regular accommodation based provider forum for contracted organisations.	<a href="mailto:sandra.twitchett@leeds.gov.uk">sandra.twitchett@leeds.gov.uk</a>
	Leeds Learning Disability Partnership Board.	<a href="mailto:louise.mills@leeds.gov.uk">louise.mills@leeds.gov.uk</a>
Older People's Services	Adult Social Care holds regular provider forums for contracted home care and residential care providers.	Homecare <a href="mailto:maggie.king@leeds.gov.uk">maggie.king@leeds.gov.uk</a>
		Residential care <a href="mailto:jane.murphy@leeds.gov.uk">jane.murphy@leeds.gov.uk</a>
Physical and Sensory Impairment	Adult Social Care hold a regular accommodation based provider forum for contracted organisations.	<a href="mailto:sandra.twitchett@leeds.gov.uk">sandra.twitchett@leeds.gov.uk</a>
Mental Health	Adult Social Care hold a regular accommodation based provider forum for contracted organisations.	<a href="mailto:sandra.twitchett@leeds.gov.uk">sandra.twitchett@leeds.gov.uk</a>

Area	Details	Contact for information
Mental Health	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 Framework.	<a href="mailto:sinead.cregan@leeds.gov.uk">sinead.cregan@leeds.gov.uk</a>
Carers	Carers Strategic Partnership Group which oversees the implementation of the Leeds Carers Strategy.	<a href="mailto:ian.brookemawson@leeds.gov.uk">ian.brookemawson@leeds.gov.uk</a>
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 social care sector.	<a href="mailto:emma.carter@leeds.gov.uk">emma.carter@leeds.gov.uk</a>

## Third sector and independent sector forums

Adult Social Care links 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 the city.

Area	Details	Contact for information
Mental Health	Volition, a membership forum for third sector organisations providing support to people with mental health problems, runs regular briefing sessions for members.	<a href="http://www.volition.org.uk">www.volition.org.uk</a>
Learning Disability	Tenfold, a membership forum for third sector organisations providing support to people with a learning disability, runs regular briefing sessions for members.	<a href="http://www.tenfold.org.uk">www.tenfold.org.uk</a>
	Through the Maze is a learning disability information and advice service which providers can access and promote the services they provide.	<a href="http://www.through-the-maze.org.uk">www.through-the-maze.org.uk</a>

Area	Details	Contact for information
Older People's Services	<b>Leeds Older People's Forum</b> , a membership forum for third sector organisations providing support to older people, runs regular briefing sessions for members.	<a href="http://www.opforum.org.uk">www.opforum.org.uk</a>
	Adult Social Care also works with representative groups such as the Leeds Care Association.	<a href="http://www.leedscare.co.uk/">www.leedscare.co.uk/</a>
Physical or sensory Impairment	The Physical and Sensory Impairment Network, a membership forum for third sector and user led organisations providing support to people with a physical or sensory impairment.	<a href="http://www.doinggoodleeds.org.uk/psi/">www.doinggoodleeds.org.uk/psi/</a>

In addition we also produce a quarterly commissioning newsletter, [The Full Circle](#), in partnership with children's and public health commissioning services. The newsletter provides up to date news on **current areas of work**. You can view the latest copy on the council's website (see [Useful links](#)) or you can be request to be added to the

circulation list by e-mailing your details to [commissioning.asc@leeds.gov.uk](mailto:commissioning.asc@leeds.gov.uk).

## Tendering opportunities

### YORtender

All Leeds City Council tenders which 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 make **sure you update your organisation's profile on the site regularly so you don't miss out on any relevant opportunities.**

### Leeds Directory micro tender noticeboard

The micro tender noticeboard, hosted on the [Leeds Directory](#) website, (see [Useful links](#)) is a tool to support social workers, independent support planners and community brokers, to work with a personal budget recipient to explore options regarding the care and support services available to meet the outcomes stated in their support plan.

For personal budget/direct payment 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 noticeboard assists 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 tender noticeboard. Once registered you will be notified of, and be able to respond to, adverts for individual packages of community based care and support.

### Innovation

Through the [Ideas that Change Lives](#) (ITCL) investment fund Adult Social Care 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 which enable Leeds residents with care and support needs to remain independent. The types of activity the fund will support include alternatives to traditional day care and support services; brokerage; health and wellbeing promoting activities; and employment related opportunities.

The fund is managed by Leeds Community Foundation on behalf of Adult Social Care and further information on it and how to apply is contained in the [Useful links](#) section.

For more information on the micro tender noticeboard or Ideas That Change Lives fund please contact Emma Carter, Commissioning Manager - Enterprise at [emma.carter@leeds.gov.uk](mailto:emma.carter@leeds.gov.uk).



Adult Social Care People Development training calendar  
[www.leeds.gov.uk/docs/External%20%20training%20calendar%20final%20version%20%20June%20-%20Dec%20%202015.pdf](http://www.leeds.gov.uk/docs/External%20%20training%20calendar%20final%20version%20%20June%20-%20Dec%20%202015.pdf)

### **Alzheimer's Society (2007) Dementia UK report**

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November 2015