



Adult Social Care  
Commissioning Services

# Commissioning Prospectus

May 2010

“To enable people to live healthy and fulfilling  
lives in harmony with their communities”



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## 1. INTRODUCTION

We are proud to welcome you to the first Commissioning Prospectus for Adult Social Care. Here, we set out our programme of activities for 2010 and highlight what is likely to be undertaken in 2011. We have also tried, where possible, to set out the general direction of our commissioning activity in future years.

This Prospectus is aimed at individuals and organisations providing care and support services to people in Leeds. Our aim is to provide an overview of our scheduled activity, which providers can use as part of their own business planning and business change programmes. For providers who have a current funding relationship with Adult Social Care, we hope it will clarify and support that relationship. For providers not currently working with us, we hope we have provided sufficient information to help you to understand the kind of services we are keen to develop – and encourage you to respond positively.

We also hope that the Prospectus will benefit Adult Social Care staff who may be commissioners, assessors, purchasers or direct providers of care and support services. Our aim is to raise awareness of the changing environment in which we operate and to help staff appreciate how their own roles may also change. The Prospectus also highlights key areas where Adult Social Care shares commissioning interests with others. This is particularly true in relation to a large amount of NHS Leeds (Leeds PCT) work, as well as with corporate colleagues in housing-related support and support to vulnerable families.

As you will be aware, our commissioning activity is influenced by a number of factors. At any one time, the commissioning function will be engaged in many different stages of the commissioning cycle. This is because of the different duration of most contract and grant agreements, the influence of local and national finance and performance reporting cycles and the available capacity within Commissioning Services.

This means that in any given year, officers will be engaged in large scale reviews of existing commissioned activity, while preparing other areas of service to be commissioned. These activities will be both large and small, reflecting the requirements of social care. The activities take place in parallel with other responsibilities of the commissioning function, such as contract and performance management, quality assurance and the management of a broad range of relationships. In other words, time and capacity are both limited. One of our aims in publishing this Prospectus is to be explicit and transparent about what we know can be accomplished within the time available to us, with the resources at our disposal.

We are also keen to describe how our commissioning activity is to be applied to services which are provided by Adult Social Care on behalf of the Council. This recognises the need to continue to develop the 'level playing field' between providers of care and support services.

You will see that within the term 'commissioning', reference is made to the means we intend to use to secure care and support required to meet the needs of different communities and groups in the city. We have also indicated where the commissioning initiative is – or is likely to be – solely an Adult Social Care undertaking, or when it is to be undertaken jointly with our partners.

The importance of partnership in commissioning is highlighted throughout. The Leeds Initiative, the Beacon award-winning local strategic partnership, provides us with a solid framework within which our partnership with NHS Leeds and other health commissioners in the city can flourish. We have established our Strategic Commissioning Board which is supported by sub-groups on Health and Well Being, Priority Groups and Planned and Urgent Care. This was a significant step in consolidating commissioning arrangements within the health and social care community. This year, we aim to ensure that good progress is made in co-locating commissioning staff and bringing more closely together our contracting, performance and financial planning infrastructures around distinct commissioning objectives.

As well as outlining the key policy drivers for Adult Social Care and our partners in Leeds, we have sought to show how changing demography, the current and future economic climate and increasing public expectations of services are shaping our commissioning response. For the first time we are able to use the Joint Strategic Needs Assessment<sup>1</sup> (JSNA) for Leeds, whose data provide a detailed picture of the city and its people. As the content of the JSNA is developed over time, it will provide us with better intelligence to support our commissioning activity.

As well as needing to commission more effectively with our partners in Health, the wider Council is committed to developing better co-ordinated commissioning across the strategic Directorates. For Adult Social Care, this means working more closely with colleagues who have responsibility for commissioning in Children Leeds, Supporting People, Safer Leeds and increasingly within the different areas and localities of the city. You may hear this referred to as the 'One Council' approach to commissioning.

You will increasingly find reference to the ways in which our commissioning programmes encourage improvements in a range of outcomes<sup>2</sup> specific to the circumstances of individuals. These align with our broad strategic targets as described in the Local Area Agreement, to best use all our resources and attain the high quality service people expect. Our commissioning programmes will test your capacity to deliver improved outcomes for people in Leeds. We recognise that moving to an outcome focussed<sup>3</sup> approach is a major change, both for our provider partners and for Adult Social Care itself, as both a provider and as a commissioner.

In our work as commissioners and providers we share a joint responsibility to ensure that we meet the outcomes people want in ways which promote equality, safeguard the vulnerable and protect the dignity of all. You will be aware that much work has been done in the last two years to carry out equality impact assessments, dignity audits<sup>4</sup> and to incorporate safeguarding<sup>5</sup> standards into our framework contracts. We will work with all providers to extend this approach and our ability to ensure improving standards.

Where our commissioning activity is linked to an existing strategic plan, we have referenced the plan in the text of this Prospectus. We know the expertise of many providers helps to shape strategic planning in the city and you will be familiar with many of the referenced plans. However, for those who are not, we hope their inclusion will be helpful in providing greater context for your own plans. This plan for commissioning care and support services links to the Adult Social Care Business Plan for 2009/10, as well as to the workforce development plans of Adult Social Care and our partners. Taken together, the plans mark out the direction for Adult Social Care in the medium term.

Appendix 1 sets out how we spent our budget in 2009/10, how we predict we will spend in 2010/11 and what we know of the financial framework beyond that. Appendix 2 sets out how we intend to address people's wish for greater choice and control in relation to care and support needs, by setting ambitious targets for increasing the number of people, year on year, who will be in control of their care. The diagrams in Appendix 1 show our current trajectory of change and our enhanced targets.

We want to learn from shared experience during this first year. We want to make the commissioning process as user-friendly as possible and invite your feedback, so we can use it to make future improvements. Please contact reply via the Commissioning contact address: [commissioning.asc@leeds.gov.uk](mailto:commissioning.asc@leeds.gov.uk).

I hope that the information presented in this prospectus is helpful in signalling the overall intentions of the Council and its partners.

**Dennis Holmes, Deputy Director, Strategic Commissioning**

May 2010

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<sup>1</sup> Joint Strategic Needs Assessment - [www.leedsinitiative.org](http://www.leedsinitiative.org)

<sup>2</sup> Leeds Strategic Plan 2008-11 - [www.leedsinitiative.org/lsp](http://www.leedsinitiative.org/lsp)

<sup>3</sup> YHIP - Outcomes page - [www.yhip.org.uk/social-care](http://www.yhip.org.uk/social-care)

<sup>4</sup> Leeds Safeguarding Adults annual report 2008/09 - [www.leedsadultprotection.net](http://www.leedsadultprotection.net)

<sup>5</sup> Leeds Dignity in Care audit tool (Independent sector edition 2008) - [www.leeds.gov.uk](http://www.leeds.gov.uk)

## 2 VISION FOR OUR SERVICES

Set out below are the current themes adopted by Adult Social Care. To help to achieve this vision, we know we must take action on three levels. Firstly, to ensure Adult Social Care and its partners continue to address the need for the development of universally accessible services which promote the health and wellbeing of all Leeds's citizens. Secondly, to balance this with the availability of a growing range of care and support options for people with statutory social care needs. Thirdly, to ensure that people are encouraged and supported to exercise greater choice and control in deciding how their care and support needs are met.

Increasingly, people tell us that if they need social care or support, they would like it to be provided in their own home or as close as possible.

### Our vision

#### **To enable people to live healthy and fulfilling lives in harmony with their communities**

We will do this by:

- Ensuring people have the information to make choices
- Ensuring equality of access to services and opportunities
- Providing care and support when people need it
- Developing supportive communities in partnership.

### Our purpose

#### **Work with partners to develop inclusive and cohesive communities**

We will do this by

- One-Council approach
- Working with partners to overcome barriers to inclusion
- Encouraging people to benefit from life in Leeds
- Shaping and influencing the development of healthy communities
- Contributing to the development of cohesive communities.

#### **Offer services to, or arrange services for, those most in need**

We will do this by

- Responding promptly to individuals and their carers
- Ensuring choice, flexibility and personalised services
- Helping individuals feel safe and manage risk
- Enabling people to purchase, organise and control their services.

#### **Plan and commission high quality services which meet the needs of the population both now and in the future**

We will do this by

- Listening to the views of existing and future service users
- A strategic assessment of the community's health and social care needs
- Ensuring that resources match the needs that services plan to meet
- Ensuring that all services are high quality, economic and effective in delivering our outcomes for people
- Valuing and developing the social care workforce, encouraging innovation and creativity.

### 3 CORPORATE CONTEXT

This Commissioning Prospectus for Adult Social Care will contribute significantly to the vision, aspiration and ambition of the Council's core objectives for the next three years.<sup>6</sup>

These are:

#### **Cultural life**

- Ensuring that sport and cultural opportunities are universally accessible, making a clear link to improving overall health and wellbeing.

#### **Enterprise and economy**

- Continuing to ensure that innovation and opportunities for social entrepreneurship are stimulated through the strategic commissioning of health and wellbeing care and support services.

#### **Learning**

- Ensuring that the skill level of the whole health and social care and support workforce is enhanced and that capacity is stimulated
- Ensuring that we work actively to engage greater numbers of vulnerable adults in education, training and employment.

#### **Transport**

- Ensuring that the needs of people experiencing social exclusion, isolation and disadvantage are incorporated into transport and access plans.

#### **Environment**

- Continuing to ensure that people have access to affordable, local, practical support services, which enhance the environmental quality of our neighbourhoods.

#### **Health and wellbeing**

- Continuing, with our main partners and corporate colleagues, to deliver improved outcomes against the nine key health and wellbeing targets.

#### **Thriving neighbourhoods**

- Working with our partners to reduce the incidence of fuel poverty, increase financial inclusion in deprived areas. Reduce worklessness amongst vulnerable groups and help develop extended services to improve access and support to children, adults, families and communities.

#### **Harmonious communities**

- Ensuring that we promote the engagement of local people in activities to meet community needs and increase the social capital of those communities, including stimulating a vibrant third sector.

In addition, we recognise that many of our cross-cutting objectives will make significant contributions to the Council's overall business plan, in particular our plans to address:

- Information and knowledge management
- Customer involvement, promoting choice and monitoring satisfaction
- Ensuring that staff are motivated and empowered
- Ensuring that our resources are prioritised to provide excellent services and value for money
- Ensuring that our citizens, businesses and communities are empowered and involved in our decision making by the most appropriate and accessible means.

<sup>6</sup> Leeds Strategic Plan - [www.leeds.gov.uk](http://www.leeds.gov.uk)

## 4 WHAT DO WE MEAN BY COMMISSIONING?

The following definition and diagram has been developed by the Institute for Public Care and others, to represent the commissioning process. Whilst often referred to as if the activity of commissioning is an 'event', it is better described as a 'process' which comprises a number of discernable components.

**"Commissioning is the means to secure best value and deliver the positive outcomes that meet the needs of citizens, communities and service users."**

**Review:** managing relationships, monitoring and reviewing performance and seeking further performance improvement.

**Analyse:** understanding the needs, available resources and potential capacity within the local community, through local markets and through specialist providers to deliver those needs.



**Do:** ensuring that services and interventions are delivered as planned in ways that effectively and efficiently deliver the established priorities.

**Plan:** identify the gaps between what is needed and what is available, establishing priorities and establishing strategies to address those gaps.

Everyone involved with commissioning works around these key stages and processes: 'analyse', 'plan', 'do', and 'review'. Some parts of this process have already been referred to in the context of our work in Leeds. The Joint Strategic Needs Assessment provides a base for our analysis of present and future demand for a range of services and interventions. Our plans as a Strategic Partnership, Council and Adult Social Care authority express our priorities for action; our commissioning strategies identify how we propose to addressing those priorities.

This Prospectus addresses the 'do' section of the illustration by setting out, for specific groups of people, what we wish to commission (and in some circumstances what we do not). It also sets out the types of service models we are keen to see adopted or developed, which will indicate positive outcomes and provide the greatest value and utility.

## 5 OUR COMMISSIONING PRIORITIES 2010

### Personalisation

A national consensus has emerged, strongly supported by national policy and guidance, which sets personalisation as the cornerstone of public services. The personalisation agenda will put people first and will mean that they and their carers will be able to live their lives as they wish. They will be confident that services are of high quality, safe and promote the individual's need for independence, wellbeing and dignity. By its very nature, personalisation also requires a strategic shift towards earlier intervention and prevention.<sup>7</sup>

In practice this will come to mean that every person who receives support (whether provided by statutory services or self-funded) will have choice and control over their support in all care settings. People will be entitled to have access to and, where eligible, to purchase care and support using payments provided to them. This in turn will require service providers to be responsive to demands for different types of care and support, both from those in need and from their carers.

#### Commissioning Priority 1

The market for health, social care and support services is stimulated to ensure that people are able to exercise choice by having access to a range of providers able to meet their personal needs.

### Health and wellbeing

Alongside our key objective of personalisation, our responsibilities as commissioners require us, in partnership, to ensure that we look beyond physical health problems to promote people's wellbeing and social inclusion. This clearly involves ensuring continued investment in universal health and wellbeing services, including access to information, employment, leisure, benefits, housing, transport and all other elements that build up sustainable communities. This must sit alongside formal preventive social care and health interventions. This is achieved through joint strategic commissioning to promote health, proactively prevent ill-health and sustain wellbeing for people, within the communities in which they live. By doing this we will reduce health inequalities and achieve better outcomes for children, adults and families.

#### Commissioning Priority 2

Ensure within all commissioned services that robust safeguarding infrastructures are in place, which promote people's wish to exercise choice and control, according to their capacity to take and manage risks.

### Efficiency, effectiveness and quality

Putting people first and improving their health and wellbeing requires a radical reform of our services, whether provided by the Council or its partners, or commissioned on their behalf. At its simplest, if people are to be provided with the resources to exercise true choice and control, then all our current resources must work together, to enable that transfer of control to take place. In moving from our current position to our future vision, we must make the most efficient use of all resources at our disposal. We will do this by adopting smarter working practices, embracing technological advances and ensuring that all services represent the best possible value in terms of efficiency, effectiveness and cost.

<sup>7</sup> 'Putting People First' - [www.cpa.org.uk/cpa/putting\\_people\\_first.pdf](http://www.cpa.org.uk/cpa/putting_people_first.pdf)

We will also need new ways of measuring how effectively we have personalised services and, by so-doing, improved health and wellbeing outcomes for Leeds people.

**Commissioning priority 3**

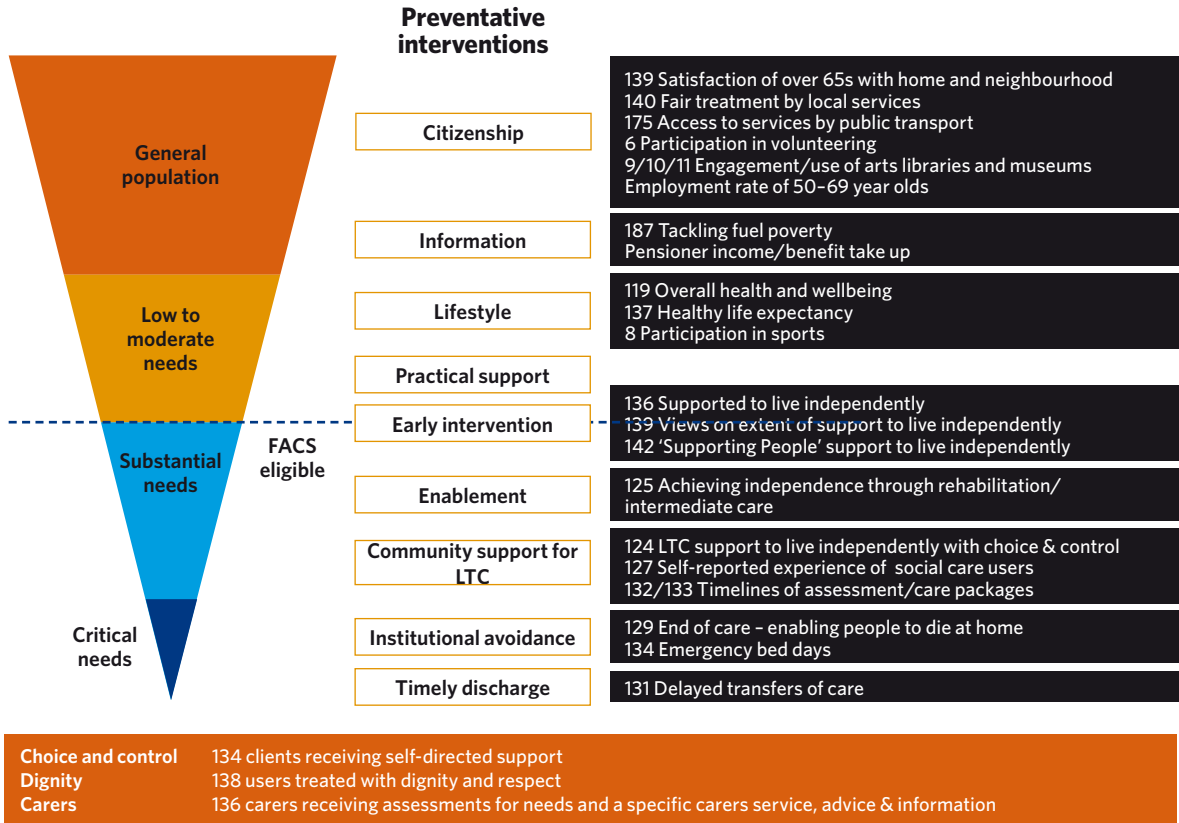
Quality Standards are measurably raised in all commissioned and directly provided care and support services.

All our commissioning intentions must fit within these overall Commissioning priorities and our resources must be directed toward them.



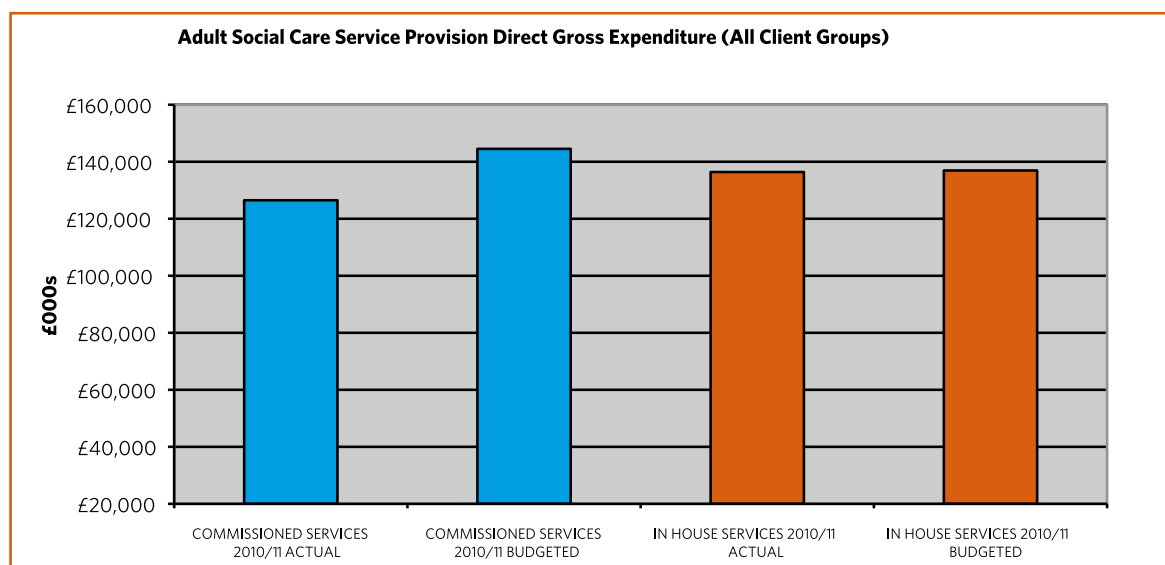
The illustration above shows the principal commissioning 'quadrants' for Adult Social Care commissioning. Our approaches to health and wellbeing and choice and control are set out on the previous page. It is clear from the diagram that a clear 'flow' of resources will take place over the coming years, largely away from large-scale, buildings-based, mass provision. Instead, resources will focus on services which prevent or delay the need for more intensive social care and health services and which are tailored to the specific needs of the individual.

The illustration below summarises this overall approach with the boxes on the right indicating the national performance indicators pertinent to the type of service model or intervention shown in the central column. The 'inverted triangle of need' is on the left, the Leeds Fair Access to Care Services (FACS) eligibility threshold is drawn on the diagram for illustrative purposes.



## 6 COMMISSIONING FOR PRIORITY GROUPS

This section contains information on the various groups of people on whose behalf Adult Social Care commissions care and support. The graph below shows the resource base, comparing actual expenditure in 2009/10 and that which is budgeted for 2010/11. It can be seen that the reductions in budgeted amounts for the current financial year reflect the sums which are increasingly needed to support people exercising choice and control over their own care needs. (The targets for this are shown at Appendix 1.)



### 6.1 Older People

The age profile of the various populations in Leeds is predicted to show significant variation in the next 20 years. In 2006 the University of Leeds was commissioned to analyse the demography of the city by ward, principally focussing on predicting the profile of the older age population. The study also generated a range of valuable intelligence in relation to, for example, emerging trends among minority ethnic groups and increasing rates of people living alone. In the 2001 census 31.4% of the population of Leeds was over 50. Although the wards which contain a significantly higher proportion of older people are almost entirely in the outer areas of Leeds, there are smaller populations of more vulnerable older people remaining in the inner city wards. Currently there are relatively few older people from ethnic minorities. However 70% of the ethnic minority population live in only nine wards, the majority being in the most deprived 10% Super Output Areas. In one ward (Chapel Allerton) there is a significant 50-74 year-old population within the black/black British group.<sup>8</sup>

The Joint Strategic Needs Analysis confirms that, as with national trends, the population of Leeds will contain growing numbers of people over the age of 85, although this will not be likely to impact noticeably until about 2012. Given the prevalence of dementia-type illness among this age group we know that more people are likely to require care and support to help them (and their carers) to manage as independently as possible.

The Council and our partners in Health are at the forefront of dealing with the implications of an ageing population profile and in helping to re-define the role played by elders<sup>9</sup> and their place within local communities.<sup>10</sup>

<sup>8</sup> University of Leeds - [www.leeds.ac.uk](http://www.leeds.ac.uk)

<sup>9</sup> Older People Housing Strategy - [www.leeds.gov.uk](http://www.leeds.gov.uk)

<sup>10</sup> Older Better - [www.networks.nhs.uk/networks/page/342](http://www.networks.nhs.uk/networks/page/342)

This means we must continue to promote strategies designed to change attitudes towards old age, moving away from stereotypes of dependence and loss to a more positive appreciation of the knowledge, skill and experience of older people. These attributes equip older people to make significant contributions to the wellbeing of their local communities.

We are committed to support commissioning activity in three distinct areas. Firstly, to regularise our overall investment in health and wellbeing opportunities for older people and their carers, we must provide the information people need to gain easier access to a full range of local services. Secondly, we will work with Health partners to reshape responses at the intermediate tier and provide services which are responsive and prevent older people needing to access more intensive care and support services. Finally, we will support commissioning to increase the entire range of long term housing, care and support options.

These overall imperatives will be supported by resources drawn from more traditional, directly provided care and support models, such as day and residential care. In future, resources will be directed increasingly towards telecare and telehealth, improved housing (including more extra care housing) and a continued reduction in the use of all types of residential and nursing care. Specific means of doing this are set out below.

Our commissioning activity for 2010 reflects this analysis of need:

### **6.1.1 Neighbourhood Network Schemes<sup>11</sup>**

As the current contracts with the Networks are nearing the end, we and Health colleagues are working actively with all the 38 Network schemes which support older people to plan for the future. Our aim is to encourage greater innovation within the networks, together with equity of resource distribution. This will be achieved by new contractual arrangements and investment profiles across the three Area Management sectors of the city. It is our intention to let an enhanced value for this work under new arrangements, based on the outcome of the current review work, during the financial year 2010/11.

### **6.1.2 Keeping House<sup>12</sup>**

We have further developed the Keeping House business by putting the grant making, quality assurance and strategic advisory role at arm's length from the Local Authority. This year we will continue to extend the number and range of social enterprises committed to providing relevant, local services to older people and their carers. A dedicated officer will be employed within Adult Social Care commissioning services with the specific brief of 'Enterprise Development'.

### **6.1.3 Residential and nursing care framework contracts with independent providers**

Two years ago we entered into a number of framework contract arrangements with care home providers in the city. A number of other block contract arrangements were also established at that time, but for three rather than two years. We have reviewed the use of the block contract arrangements and will reduce the extent of block contracted specialist provision. This has been done in the light of falling demand and recognising people's wish to exert greater choice and control over where they live.

Skills developed within Adult Social Care in commissioning and long term care could also be used by PCT colleagues purchasing care at the intermediate tier and for people with continuing healthcare needs. We will use this year to agree a joint approach to contracting for independent sector care, with a view to beginning a tendering process in 2010/11.

<sup>11</sup> Neighbourhood Network Schemes - [www.opforum.webeden.co.uk/#/nns/4515407805](http://www.opforum.webeden.co.uk/#/nns/4515407805)

<sup>12</sup> [www.keepinghouse.org.uk](http://www.keepinghouse.org.uk)

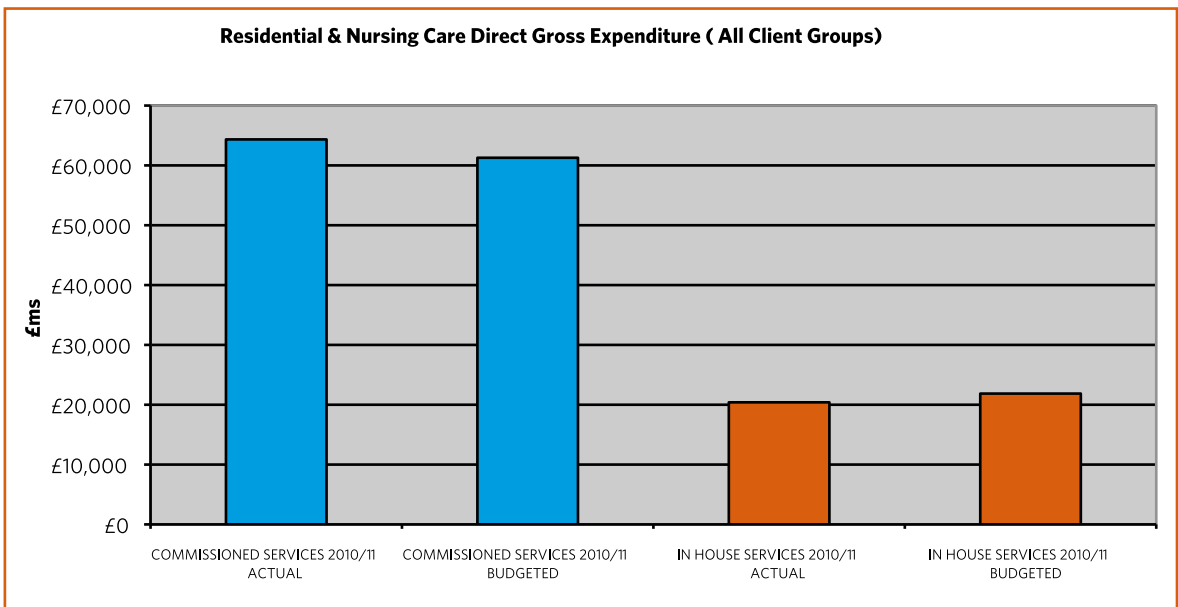
To do this, we will use framework contracts emphasising our respective roles in improving safeguarding and dignity.

The Council continues to be a significant provider of residential care for older people in the city. Our shorter term aim is to ensure that the care provided by the local authority is placed on the same contractual footing as that procured from the independent sector. This year we will commission independent expertise to help us generate options for our residential and associated estate and in relation to the overall market for long term care. Proposals will then be brought forward and published, recommending preferred options which we will take into broader consultation.

The overall demand for publicly funded residential care provision has continued to fall and we expect this trend to continue until 2012. The implementation of the revised continuing care framework has meant an increased use of nursing home placements by Health colleagues. However, there has been an expansion in bed capacity in the city in the last three years, with six new units coming into service, each providing more than 60 beds. The quality of this care continues to be good overall. The Council believes that capacity exists within the sector, the precise extent of which will form one of the outputs from the options review.

The review will help us better to understand patterns of use of all types of care by people using their own funds. We will share this with our provider colleagues as part of our commitment to ensuring the continuation of a diverse and vibrant market for long term care, regardless of people’s means of funding.

The diagram below sets out current expenditure patterns of long terms care for all adults.



### 6.1.4 Home care market management and development

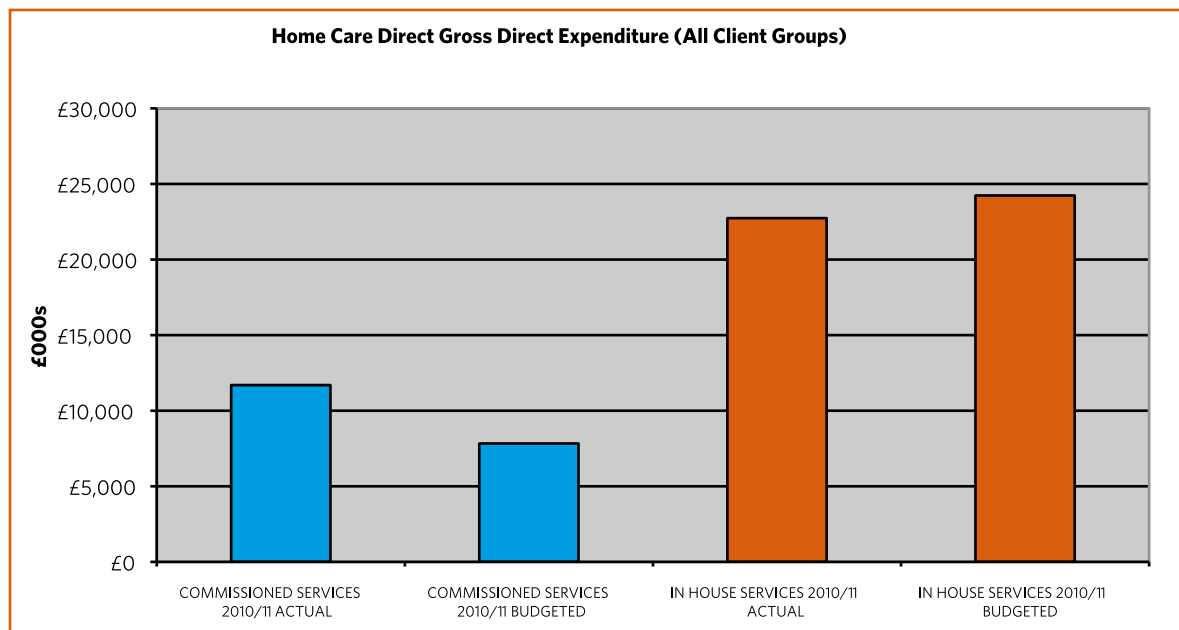
The market for home care services in Leeds is fragmented and largely dominated by the local authority's own directly provided service. A comprehensive programme of service modernisation is under way and as part of the change programme we aim to put in place an interim service level agreement which reflects the overall commissioning strategy. This will focus the directly provided service more clearly on specialist support services including reablement, recovery and rehabilitation. This will better align the directly provided service with independent sector contractors and intermediate tier<sup>13</sup> services provided by NHS Leeds. It will more fairly reflect the costs of providing this service and better specify the scope of the business.

Contracts with independent sector providers for personal care, focussed on providing longer term support and maintenance, were let in April 2006 for three years in the first instance (with a maximum duration of five years). Having concluded our review of the effectiveness of the existing arrangements, we will work in partnership with NHS Leeds colleagues to implement new contractual arrangements aimed at facilitating better coordination, greater choice of suppliers and a high standard of quality. The contracts implemented in 2006 were designed specifically to accommodate an outcome focus rather than 'time and task' (the traditional method of specifying care). The 2006 contracts will form the basis of the new contractual arrangements with a renewed focus and emphasis on promoting innovative care to achieve better outcomes.

Other priorities include to agree with NHS Leeds to joint commissioning and to agree the necessary capacity, infrastructure and governance arrangements to manage this process. Secondly, we need to ensure that service recipients wishing to exercise choice and control over their care arrangements are able to access a wider range of potential care providers.

To provide a framework for choice in this year we will advertise for and establish an approved list of providers of care and support to direct payment recipients as though under contract to the local authority within a pre-agreed fee structure.

The illustration below shows the resource base for home care services in relation to all adult groups:



<sup>13</sup> Leeds Intermediate Tier Strategy 2008-2010 - www.leeds.gov.uk

### 6.1.5 Partnerships for Older People's Projects (POPPs)<sup>14</sup>

Over the past three years Leeds has piloted a highly successful partnerships programme, focussed on older people's mental health needs and pioneering innovative diversionary and preventive strategies. The programme has had demonstrable impact on reducing the numbers of older people requiring long term care in institutional settings and reducing lengths of stay in acute care. These projects have now been mainstreamed, supported by funding from Adult Social Care, NHS Leeds and Supporting People. The Leeds POPPs programme has significantly influenced government thinking and plans around 'Putting People First' and the whole prevention agenda. We are now using the learning locally, to influence the development of the Leeds Dementia Strategy and the wider Older People's Mental Health Strategy, as well as universal older people's services (see section 6.1.8).

### 6.1.6 Day services market management and development

Leeds has more day care places per head of population than any of our comparator authorities. Various strategy papers have been endorsed by the Executive Board of the Council (starting in February 2006), each highlighting the national 'direction of travel' for day services. These have also considered the role which buildings accommodating day services could play in supporting a broader range of disadvantaged groups to live more independently. In 2010, following consultation and approval by Executive Board in 2009, we will consolidate work within centres and introduce more personalised services targeted on greatest need.

We will reinvest any resources released by consolidation and adoption of new service models in two ways. Firstly, we will make more funding available for people with eligible care needs who want greater choice and control in the way their care is provided. Secondly, we will invest more in inclusive and universal local opportunities for older people.

### 6.1.7 Supported housing developments

Alongside colleagues in the Environment and Neighbourhoods Directorate and NHS Leeds, we continue to support developing strategies to provide appropriate housing solutions for older people.<sup>15</sup>

Following the successful bid to the Department of Health for private finance initiative credits and subject to the necessary approvals and consents, we will support a further extra care housing scheme on the site of the former Hemingway House HOP in Hunslet. This will be done in partnership with Methodist Homes. Arrangements will be made to ensure the procurement of appropriate supportive services to be provided.

We will support the wider local authority bid for capital credits to re-provide and extend the range of sheltered housing and housing outreach support available to older and disabled people within the city. At the same time, we will work to ensure flexible and appropriate housing stock is available. We will contribute to the scoping work required to support this ambitious development.

<sup>14</sup> Leeds Partnership for Older People Pilot – Whole System Change in Later Life Mental Health – Final Report April 2009

<sup>15</sup> Older People Housing Strategy – [www.leeds.gov.uk](http://www.leeds.gov.uk)

### 6.1.8 The National Dementia Strategy<sup>16</sup>

The National Dementia Strategy was published by the Government last year and it has three areas of focus:

- To encourage help-seeking and help-offering (referral for diagnosis) by changing public and professional attitudes, understanding and behaviour.
- To make early diagnosis and treatment the rule rather than the exception. This will be achieved by locating responsibility for diagnosing mild and moderate dementia in a specifically commissioned part of the system that can:
  - make the diagnosis well
  - break the diagnosis sensitively and well to those affected
  - provide individuals with immediate treatment, care and peer and professional support as needed.
- To enable people with dementia and their carers to live well, by providing good quality care from diagnosis to the end of life, in the community, in hospitals and in care homes.

Future Commissioning plans will reflect these core aims as Leeds develops its local Dementia and wider Older People's Mental Health strategies. Increasingly, the Council's approach to the needs of individuals with special care needs (and their carers) will shape a broader range of service development. This will include day opportunities, home care, intermediate care, information, support and guidance. These remodelled services will be developed through the course of 2010.

## 6.2 Learning disability

More people with learning disabilities are enjoying a much longer life expectancy, including those people born with complex needs. About a third of people with learning disabilities will require significant levels of health and social care services throughout their lives.

Commissioners are keen to ensure that the needs of people with learning disability are met in ways which promote increased choice and control. To consolidate this into our future plans, we will work with our partners to make sure that forecasts of the numbers and needs of people with learning disabilities and autism are included in the Joint Strategic Needs Analysis (see page 10) for the city.

Promoting the inclusion of people with learning disabilities in the general community and providing a range of opportunities and choices is a national and local priority. There is a move away from negative stereotypes of dependency and lack of ability or entitlement, to people directing their own lives.

Led and informed by the views of people with learning disabilities, this is being replaced with a positive view that people with learning disabilities should make choices, take risks and be independent, with the support needed to make this work. These changes mean they will be able to feel part of and make a worthwhile contribution to the wellbeing of their local communities.

The year 2009 saw the publication of the revised national strategy for people with learning disability and their carers, 'Valuing People Now'<sup>17</sup>. In Leeds we have consulted widely on our own local strategy<sup>18</sup> covering the next ten years, setting out the steps we will take better to meet the aspirations of people with learning disability. Both the strategy and the commissioning framework that will follow are owned and sponsored by the PLD Joint Executive and Partnership.

<sup>16</sup> National Dementia Strategy - [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>17</sup> Valuing People Now - [www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk)

<sup>18</sup> Valuing People in Leeds Now 2008-2018 - [www.leeds.gov.uk](http://www.leeds.gov.uk)

The national and local strategies were formally adopted by Executive Board in April 2009. The local strategy contains a work programme for partners commissioning both universal and specialist services.

In line with national policy requirements, in April 2009 the local authority assumed responsibility for commissioning all elements of social care for people with learning disability. The Council remains committed to ensuring that the joint commissioning structures currently in place continue to oversee the use to which transferred funding is put.

### **6.2.1 Jointly commissioned care and support**

We recognise that there are weaknesses in the current commissioning arrangements for many of the care and support services provided via the S75 Health Act flexibility agreement, between the Council and NHS Leeds. Over time, many people have had care arrangements established where care and support is provided by a contractor, often without a formal contract. This year we will continue our programme of establishing contracts for all the individuals to whom this applies, taking the opportunity to quality assure care arrangements as part of this process and to address any inefficient use of resources. Where appropriate, this will be done jointly with colleagues from the Leeds Supporting People programme, joint care managers and Adult Social Care contract officers.

We know that these features are common to people who live in and beyond the city and in a range of settings. As part of this work, commissioning staff will employ the CSIP recommended Fairer Pricing tool, to ensure value and transparency when negotiating the costs of placements.

### **6.2.2 Windlesford Green**

This Council-run accommodation unit in south Leeds houses 20 people with a range of support and care needs. This year we will take the necessary steps to re-provide this accommodation for its residents. This will be done in partnership with the Accent Housing Group. New care and support arrangements will be specified as part of this programme, which will be complete by the end of this year.

### **6.2.3 Independent Living Project**

The Independent Living Project supports the re-modelling of existing local authority accommodation for adults with learning disabilities and affords us the opportunity to develop a range of housing and support. We will continue our programme of procurement which will ensure that we have quality providers delivering local, outcome focussed services for some of our most vulnerable people. These include options for people with complex physical and behavioural needs.

### **6.2.4 Services for people with autism**

We will work with partners in Mental Health and Supporting People to develop a local strategic plan and commissioning strategy for better meeting the needs of people with autism spectrum disorders. We will consult with people with autism, their carers and stakeholders as part of the current review of a service for 17 people. We will use this consultation to develop service models which support people to lead their lives as independently as possible.

### **6.2.5 Learning disability day service modernisation**

In January 2009 the Council's Executive Board approved plans to modernise day services for people with learning disabilities. The strategy is to develop a range of activities, services and spaces in community settings used by non-disabled people. The Council is making available pump-priming money to stimulate the market across all sectors to deliver this strategy. The modernisation will, in the first instance, be implemented in the south and south-east of the city, before being rolled out to the other Council areas. This strategy will, in time, lead to the large, segregated centres becoming surplus to requirements.

## **6.3 Mental Health**

Adults with long-term mental health difficulties are one of the most excluded groups in society. For some, an episode of mental distress will prove so disruptive that they become 'pushed out' of the society in which they once participated. For others, early onset of mental health difficulties means social exclusion throughout their adult life. This can affect employment, training, access to health care, housing, financial security and community and family support. It can have a major impact on the individual and on the contribution he or she is able to make to society and the economy.

It is recognised that some groups, including people from ethnic minorities, young men, parents and adults with complex needs, face particular barriers to getting their needs addressed. In addition, mental health difficulties present particular challenges for deprived neighbourhoods. Tackling mental health issues at a community level is a benefit not only for the individual, but also for the community and the local economy.

In the coming year we plan to:

### **6.3.1 Jointly review and market test (with NHS Leeds) all current third sector provider contracts**

Approximately £4 million is currently spent on services provided by third sector organisations under legacy contracts which have been extended to accommodate a review process. We recognise that the current models of service provided under these agreements need updating to reflect the greater emphasis on personalisation of care and support, improved access to training and employment and greater development of services led by people with experience of using services.

### **6.3.2 Local authority providers**

We recognise that alongside funding we give to the third sector for services for people with mental health needs, the local authority spends a significant amount on its own directly provided services. In the current financial year we will put in place costed service level agreements for mental health services and in 2010/11 we will market test those services to determine whether they are best provided by the local authority.

### **6.3.3 Mental Health Grant 2008/09**

We have put in place new monitoring arrangements for services which are currently commissioned from the Mental Health Grant. Through the review process we are developing a clearer understanding of how the Grant is invested and which outcomes achieved. This includes joint monitoring with NHS Leeds those services that are jointly commissioned. We are also in the process of developing an Adult Social Care / NHS Leeds commissioning plan for mental health services for the next five years. This includes agreeing the outcomes in which we wish to invest for the future.

In 2008/09 Adult Social Care invested £132,000 in six BME services providing mental health support services to members of the three largest BME communities over-represented in statutory mental health services. This investment will be for two years to cover the duration of the mental health reviews. It will help Adult Social Care make commissioning decisions for members of BME communities who experience mental problems.

#### **6.3.4 Mental Health Act<sup>19</sup>**

The new Mental Health Act requires the local authority and its NHS partners to commission a discrete advocacy service for people subject to the compulsory provisions of the Act, including the new Community Treatment Orders. This service started in April 2009. In addition, all current and future contracts and agreements with service providers will be reviewed and revised to ensure their compliance with the Act.

#### **6.3.5 Mental Capacity Act<sup>20</sup>**

The Deprivation of Liberty Safeguards 2008<sup>21</sup> place a duty on local authorities and their NHS partners to ensure appropriate safeguards for people in their care who lack mental capacity and who are effectively deprived of their liberty (eg in a care home). This is so their best interests are assured. All existing and future contracts and agreements with service providers will be reviewed and amended, where appropriate, to ensure compliance with the Deprivation of Liberty Safeguards and the Mental Capacity Act.

#### **6.3.6 Partnership working with Leeds Partnership Foundation Trust**

We will review the current joint working relationship between ourselves and Leeds Partnership Foundation Trust to further develop a partnership where we work effectively and efficiently together.

### **6.4 Disabled people – physical and sensory impairment**

‘Disabled people’ refers to those people with either a physical or sensory impairment. This impairment may be congenital, acquired through ageing, temporary or long-term, stable or fluctuating. The experience of a physical and/or sensory impairment is unique in the way it impacts on an individual’s life. At the same time, disabled people face common barriers, such as the loss, or limitation of opportunities to take an equal part in society, due to social and environmental barriers. Services therefore need to be person-centred and recognise an individual’s right to independence and self-determination, dignity and respect, at the same time as tackling the universal barriers faced by disabled people. Though the incidence of disabling conditions remains relatively stable, people with multiple and complex needs are living longer. However, there is a greater incidence of some conditions specific to black and minority ethnic communities. Service delivery must therefore be culturally sensitive and based on identified and changing needs for the individual while taking account of changes specific to ethnicity.

Local and national needs assessments show a relatively stable incidence of sensory impairment in the general population. However, with an ageing population there will be an increasing number of people with a sensory impairment. There is a need for both increased sensory awareness training and also access to information in accessible formats to overcome barriers and promote inclusion. Specialist city-wide visual and hearing impairment services need to be developed, in line with identified resources, to meet the changing social care needs of sensory impaired people in Leeds. Commissioning plans for services for people with sight loss will be based on the Leeds Vision strategy and will support the implementation of the Leeds Vision Charter.

<sup>19</sup> Mental Health Act – [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>20</sup> Mental Capacity Act – [www.opsi.gov.uk](http://www.opsi.gov.uk)

<sup>21</sup> Deprivation of Liberty Safeguards 2008 – [www.dh.gov.uk](http://www.dh.gov.uk)

In developing services, there will be increased focus on prevention and enablement to promote independence and inclusion, as well as a person centred approach to care planning and provision. This will be supported by a commitment to tackling disabling barriers, using a 'One Council' approach and working closely with other partners.

#### **6.4.1 Leeds Centre for Independent Living**

During the coming year, a formal service agreement will be put in place with the Centre for Independent Living. The review of the service will be concluded and a new service specification drawn up. A decision will then be taken concerning tendering for the new service.

#### **6.4.2 Community equipment services**

An options appraisal is now well advanced for the future of the Community Equipment Service. Once this has been completed a new service specification will be drawn up. It will then be possible for decisions to be taken about the future format of the service and how this will be procured.

#### **6.4.3 Acquired brain injury services**

Currently, services for those with an acquired brain injury are commissioned on an ad hoc, case by case basis. In some instances, this has led to delays in transfer of care from hospital to community providers. It has also proved difficult to identify service providers who offer a truly personalised service to individuals at a price that constitutes best value. Demand for these services is characteristically low-volume but high-price. It is therefore proposed to market-test for an acquired brain injury service which better meets the needs of Leeds service users.

#### **6.4.4 Terry Yorath House**

Terry Yorath House provides support and care to ten physically disabled adults in a residential setting. The service is currently provided by the Disabilities Trust, the building is in need of modernisation and the service model requires updating to deliver more personalised services which promote independence and choice. As a result, we intend to market test and tender against a revised service model, once the review of existing provision is complete and a revised service model agreed with residents and their carers.

#### **6.4.5 Stroke services**

Working with NHS Leeds we are committed to implementing locally the aspirations of the National Stroke Strategy. Its main aims are to:

- Deliver a systematic approach to preventing, identifying, diagnosing and managing stroke.
- Ensure that services are developed in partnership with patient groups, voluntary organisations, local authority and NHS healthcare providers.

In response to this we consulted with stroke survivors and carers and identified four priority actions:

- We have commissioned the Stroke Association, in partnership with NHS Leeds, to provide a family carer and communication support service and to develop a Community Integration Officer role.

- We will this year commission an advocacy service for people with physical impairments, including for stroke survivors.
- We are further developing 'information prescriptions' for people with stroke.
- We are increasing the number of communication aids available to stroke survivors.

## 6.5 Substance misuse

The Government's updated Substance Misuse Strategy (2005) builds on and adapts its drug strategy Tackling Drugs to Build a Better Britain, launched in 1998. The updated strategy sets out a range of policies and interventions to reduce the harm caused by illegal drugs. The range of policies and interventions concentrate on the most dangerous drugs, the most damaged communities and the individuals whose addiction and chaotic lifestyles are most harmful both to themselves and others.<sup>22</sup>

The updated strategy comprises four strands of work:

- preventing young people from becoming drug misusers
- reducing the supply of illegal drugs
- increasing the number of individuals accessing and remaining in effective drug treatment
- reducing drug related crime.

The problems of substance misuse are complex and require integrated solutions and coordinated delivery of services involving education, intelligence and enforcement, social and economic policy and health. Tackling drugs requires effective joint working between government departments at a national level and similar partnerships between agencies working at a local level.

### 6.5.1 Safer Leeds Joint Commissioning Group

Adult Social Care is a member of the Safer Leeds Joint Commissioning Group and its Executive Board is chaired by the Chief Officer for Neighbourhoods and Environment. Adult Social Care is responsible for the out-of-area drug and alcohol residential rehabilitation budget and much is being done to ensure there is city wide knowledge of how to be assessed and access funding. Events with service user groups have taken place and a new leaflet written by service users about their experiences of residential services has been published. Adult Social Care will continue to monitor the uptake of residential services and continue to report to the National Treatment Agency on waiting times and retention.

### 6.5.2 Alcohol services

Adult Social Care will continue to monitor the alcohol residential rehabilitation service currently provided in the city. This service is in the fourth year of a five-year contract. Adult Social Care also commissions a community rehabilitation service, which is actively monitored as it is new.

Adult Social Care is involved in the implementation of the Leeds Alcohol Strategy<sup>23</sup> and is a member of the Alcohol Board.

<sup>22</sup> Drugs Strategy - [www.leeds.gov.uk](http://www.leeds.gov.uk)  
<http://drugs.homeoffice.gov.uk/drug-strategy>

<sup>23</sup> Leeds Alcohol Strategy - [www.leedsinitiative.org](http://www.leedsinitiative.org)

## 6.6 Sexual health

The National Strategy for Sexual Health and HIV addresses the rising prevalence of sexually transmitted infections and of HIV. The consequences of poor sexual health can be serious, having a long lasting impact on people's lives. There is a clear relationship between sexual ill health, poverty and social exclusion, in addition to which there is an unequal impact of HIV on gay men and on some minority ethnic groups. The strategy addresses the need to raise standards of services in line with the principles of the NHS Plan. The NHS Plan highlights the need for patients to have a real say in setting actions to make improvements happen. Building on that, the Strategy for Sexual Health and HIV emphasises the need to be more inclusive by involving clients and their representatives in planning services. The strategy also highlights the third sector as having a crucial role to play, particularly in delivering services for HIV.<sup>24</sup>

- Locally, the Leeds Citywide Sexual Health Strategy is being rewritten and Adult Social Care is a member of the city wide Sexual Strategy Group which is responsible for this task. Adult Social Care is also supporting public health initiatives that are to be made available to Leeds City Council employees. This process is involving all departments of the Council.
- Adult Social Care and NHS Leeds continue to jointly commission and monitor the HIV/AIDS Social Care and Prevention Service, 'Leeds Skyline'. This service is currently in the second year of delivering services to individuals living with or affected by HIV/AIDS.
- Adult Social Care will explore how self directed support can be used for service users who are HIV positive and eligible for social care services.

## 6.7 Carers

There are many reasons why carers need to be supported. As a nation, life expectancy has improved and we can all expect to live longer. Our chances of becoming a carer are increasing all the time. Our ageing population is also demographically changing and this will affect how and when we care. Through advances in medical and assistive technologies, our life chances have significantly improved and more carers are becoming part of the community.

Family life has changed, with family units being smaller and more geographically dispersed. More families rely on two incomes or longer working hours to maintain an adequate standard of living. Many more women, who have traditionally been carers for family members, are now in the workforce. All this makes it difficult to balance the caring role with normal lifestyle needs and patterns.

Our commissioning priorities are:

### 6.7.1 Carers' Strategy for Leeds.

The multi-agency Carers' Strategy for Leeds was adopted by the Executive Board last year, and it sets out our overall principles for supporting carers and the actions that will be taken to improve services and support over the next three years. The strategy was drawn up following consultation with carers and partners and the commitments contained in it were made in response to their views and priorities. The commissioning priorities below flow from the strategy.<sup>25</sup>

### 6.7.2 Breaks

The Government continues to provide additional funding, year on year, through the Carers' Grant, commissioning the six services which provide carers with a break of up to 8 hours per week. We are also preparing to commission short breaks for parent carers of disabled children, using new funds from the 'Aiming high for disabled children' initiative which came on stream in 2009.

<sup>24</sup> National Strategy for Sexual Health and HIV - [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>25</sup> Carers Strategy - [www.leeds.gov.uk](http://www.leeds.gov.uk)

### 6.7.3 Carers' emergency plan

What would happen to the cared-for person if an emergency prevents the carer from being with them is a great source of anxiety for carers. The Government has provided additional funding for a carers' emergency scheme, which will provide an alternative care-worker in the home for up to 48 hours in the event of an emergency. We are commissioning a service which will promote the scheme, help and advise carers of adults and children to devise their plan and then carry out that plan in an emergency. They will also provide a professional care worker when needed.

### 6.7.4 Carers in employment

We recognise the significant impact that caring has on the employment prospects of many carers, and therefore upon their income, lifestyle and future pension position. We are taking a number of steps to provide support to carers already in employment by establishing a scheme which promotes good employment practices to employers through a 'Carer-friendly employer charter mark'. We are commissioning a range of courses for carers who are seeking to return to employment.

## 7 GRANT FUNDING

### 7.1 External sources of grant funding

In future, the principal source of grant income available to Commissioning Services will be the HIV/AIDS grant (currently £354,000) as well as a small proportion of the Social Care Reform Grant (£256,000). Henceforth, the Carers' Grant (£2,658,000) and the Mental Capacity Act Grant (£433,000) as the Supporting People grant (£31,000,000) will be transferred to form part of the Area Based Grants.

### 7.2 Grants made to organisations in Leeds

Whilst Commissioning Services intend to have contracts and service level agreements in place with providers wherever possible, there will still be circumstances where the award of grants is the most effective means of market management and development. Typically, they will be awarded to community and third sector organisations to promote community developments and infrastructure where the Council acts as an enabler, rather than having an interest in specifying the outputs of investment made. Grants will usually involve small amounts of money, eg to luncheon clubs, and will be awarded in annual competitive bidding processes.

## 8 DEVELOPMENT PARTNERSHIPS

### 8.1 World class commissioning

We are working with our corporate partners and partners in NHS Leeds to develop a joint approach to 'world class commissioning'. This will include ensuring that as organisations we meet eleven key competencies for commissioning.<sup>26</sup>

We will:

- Be recognised as the local commissioning leader
- Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities
- Proactively seek and build continuous and meaningful engagement with the public to shape services and improve health
- Lead continuous and meaningful engagement with clinicians to inform strategy and drive quality, service design and use of resources
- Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements
- Prioritise investment according to local needs, service requirements and the values of the local authority and NHS
- Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes
- Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
- Secure procurement skills that ensure robust and viable contracts
- Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes
- Make sound financial investments to ensure sustainable development and value for money.

Although these are currently focussed on NHS organisations, as we develop more effective joint commissioning we will apply the equivalent of these competencies to commissioning within Adult Social Care.

In line with the public policy agenda set out in Putting People First and the Leeds Health and Wellbeing agenda, we will be requiring service providers to demonstrate their contribution to tackling health inequalities in the city.

When determining our commissioning priorities, we will ensure that they are based on the findings produced by the Joint Strategic Needs Analysis and other local and national determinants of need.

A range of commissioning activities are being planned in order to make a direct contribution to the public health agenda, most notably the Holt Park Wellbeing Centre. This is an exciting and innovative capital project using £30m of Private Finance Initiative credits. An existing leisure centre will be replaced by a brand new health and wellbeing centre aimed at meeting the needs of the whole community, regardless of age, disability or cultural and ethnic origin.

<sup>26</sup> World Class Commissioning - [www.dh.gov.uk](http://www.dh.gov.uk)

## 9 SAFEGUARDING, EQUALITY, DIGNITY AND RESPECT

### 9.1 Equality impact assessments

Our policy is to ensure that each commissioning priority and exercise described in this Prospectus is subject to an appropriate and proportionate equality impact assessment. Our equality impact assessments are guided by agreed Leeds City Council protocols.

### 9.2 Safeguarding

As commissioners we are committed to incorporating safeguarding requirements in the development of new service models and in our contract letting, monitoring and review processes. It is essential that all adults, especially those most vulnerable, are afforded the benefits associated with robust compliance processes. The annual plan of the Leeds Safeguarding Adults Partnership Board (2010/11) sets out the overall approach and response to all safeguarding activity, including that undertaken within commissioned services. Set out below are the main aspects of the safeguarding strategy which are of particular relevance and importance to commissioners.

#### ■ Public information

We will ensure that a wider range of specific information is developed for groups who we already know to be particularly vulnerable.

#### ■ Performance management/quality assurance

In the coming year we will review and improve information systems to enable a more systematic review of trends in safeguarding activity across all sectors of commissioned care and support.

#### ■ Monitoring and recording

Although information systems within Adult Social Care need to improve, information management is also an important tool for the wider partnership to use, to ensure that safeguarding work does not take place in isolation. It is important that the different agencies, especially providers of care and support, can be provided with information about patterns of abuse where they occur.

#### ■ Definitions and thresholds

Grey areas are known to exist in defining safeguarding which would impact upon the number of alerts to potential safeguarding issues received by statutory agencies. This is known to be a particular issue in long term care settings, where there are often overlaps between general quality of care issues and specific incidences of neglect.

#### ■ Procedures

New multi-agency procedures will continue to be fully implemented across the whole partnership in the course of this year, including Mental Capacity Act (Deprivation of Liberty) procedures.

#### ■ Training

The multi-agency training sub-group of the partnership has produced positive work and has developed, with the Safeguarding Unit's training and development officer, a programme of work for the next year. This will include closer engagement with all care providers to ensure that overall workforce development keeps pace with national and local requirements.

### 9.3 Dignity in Care

We vigorously support the Dignity in Care campaign and will ensure that supporting people's dignity is embedded within all our commissioning activity.

In Leeds this means high quality care services that respect people's dignity and

- have a zero tolerance of all forms of abuse
- support people with the same respect we would want for ourselves or a family member
- treat each person as an individual by offering a personalised service
- enable people to maintain the maximum possible level of independence, choice and control
- listen to and support people to express their needs and wants
- respect people's right to privacy
- ensure people feel able to complain without fear of retribution
- engage with family members and carers as care partners
- assist people to maintain confidence and a positive self-esteem
- act to alleviate people's loneliness and isolation.

## 10 SUMMARY

This Prospectus sets out a significant and challenging agenda for the coming year and beyond. We hope we have made our strategic commissioning intentions clear. We hope too, that we have accurately described the way in which national policy and local expectations moving resources from traditional forms of care and support, towards more individual, local and innovative support.

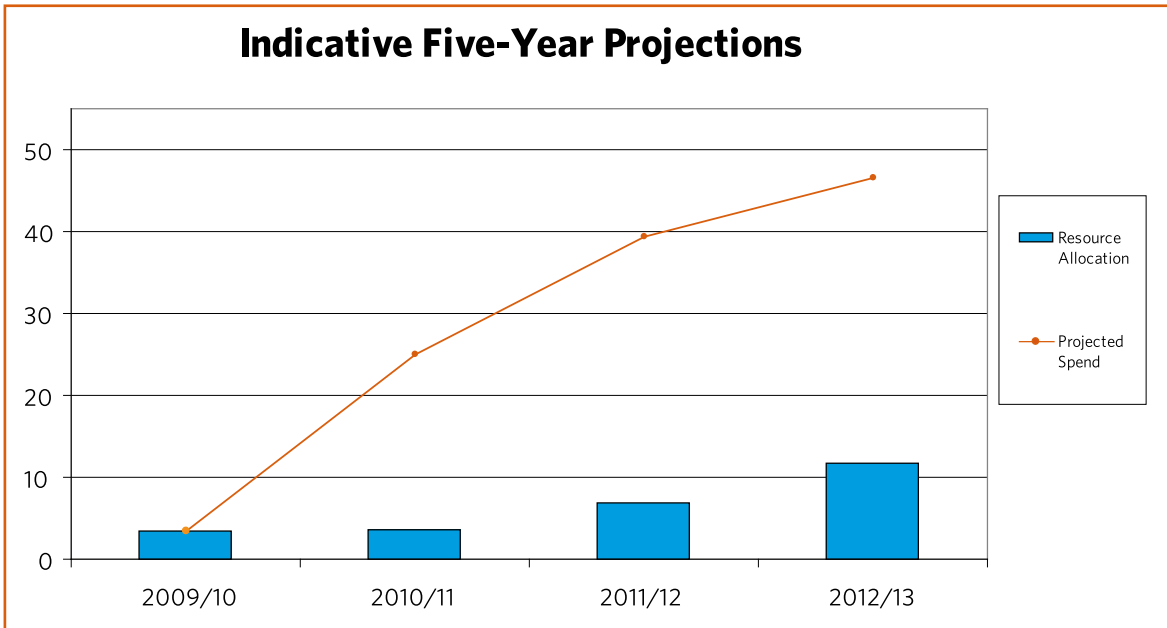
## 11. CONCLUSION

This Prospectus is not a Commissioning Strategy (which suggests a description of commissioning method). Many of the issues covered in this Prospectus have their own strategies. Neither is it a commissioning framework (which describes the overall environment in which commissioning takes place and the governance of those processes). We see the development of wider world-class commissioning standards and the local 'One Council' standards as providing an overall framework for our commissioning activity.

The Prospectus demonstrates the broader commissioning intentions of the Council in the coming years. It recognises that this activity will be refined and adjusted to suit local circumstances and local conditions. This will be particularly important as the effects of the economic downturn begin to work their way through the wider economy and begin to impact on future public spending settlements.

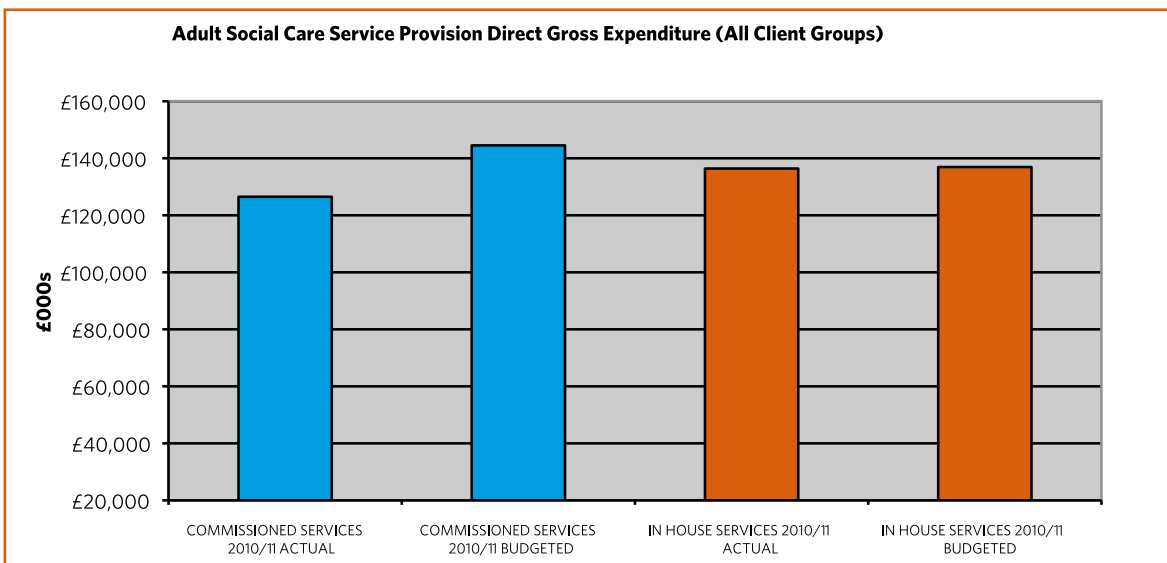
Clearly, the Prospectus cannot be a 'one off' in the light of all the national policy drivers, economic circumstances and in the certain recognition that local expectations will change, often significantly, from year to year. We are committed to refreshing the Prospectus annually and also committed to its development and refinement. Clearly this will owe much to the feedback we receive on this edition from all interested stakeholders.

# APPENDIX 1



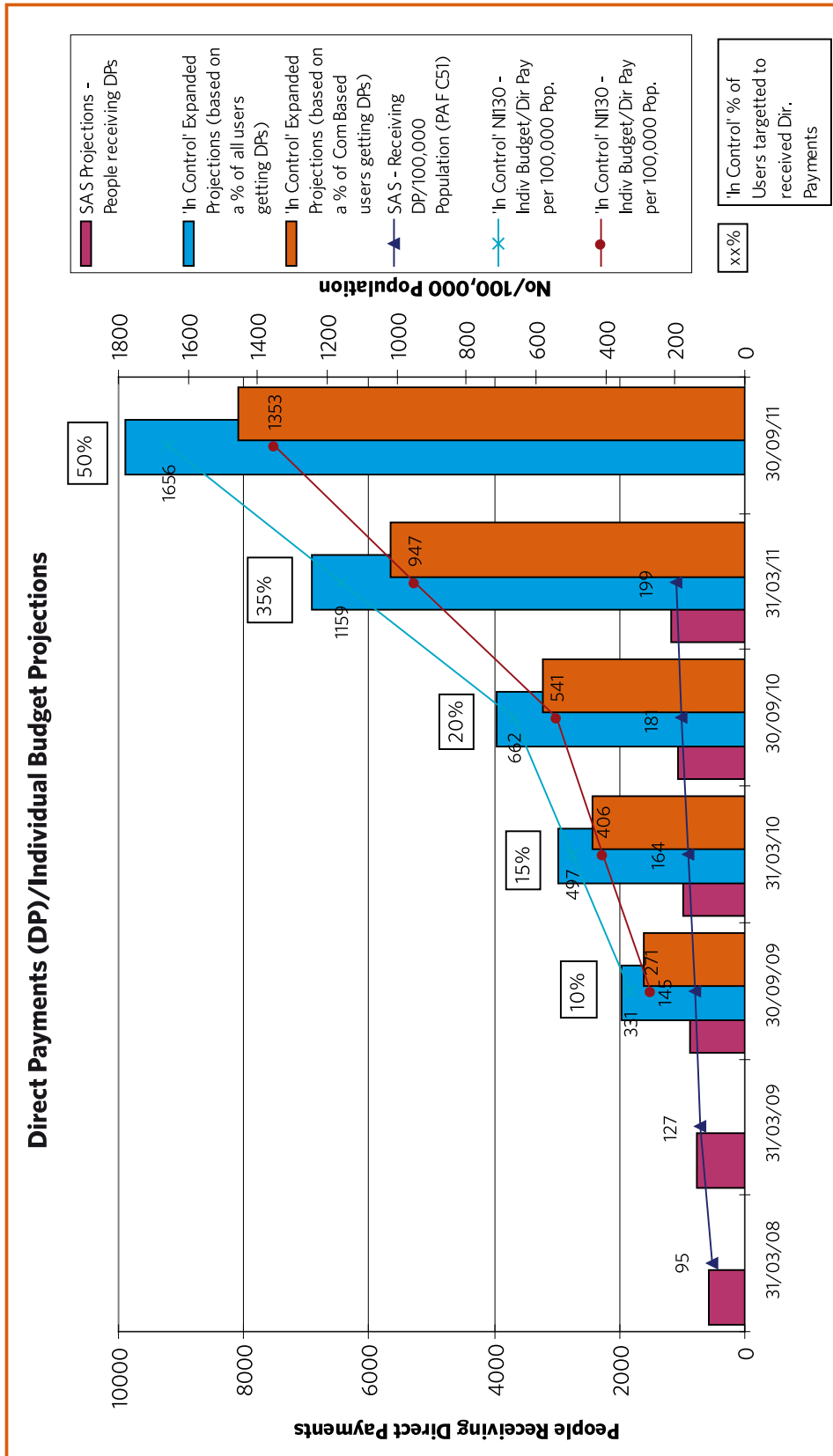
The table above shows the current, outline five-year settlement for Adult Social Care. The red line depicts our current estimate of the budget required to meet anticipated need, based on current activity, efficiency and economic patterns.

The table below indicates the 20010/11 budget allocation in relation to the main commissioned areas and indicates the total sum available to support expenditure in the coming financial year.



## APPENDIX 2

The diagram below show the targets for the numbers of people exercising choice and control anticipated over the next two years.







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This information can be provided in large print, Braille,  
audio or a community language.

Please telephone 0113 247 8730.

For general information about Adult Social Care,  
telephone 0113 222 4401.

