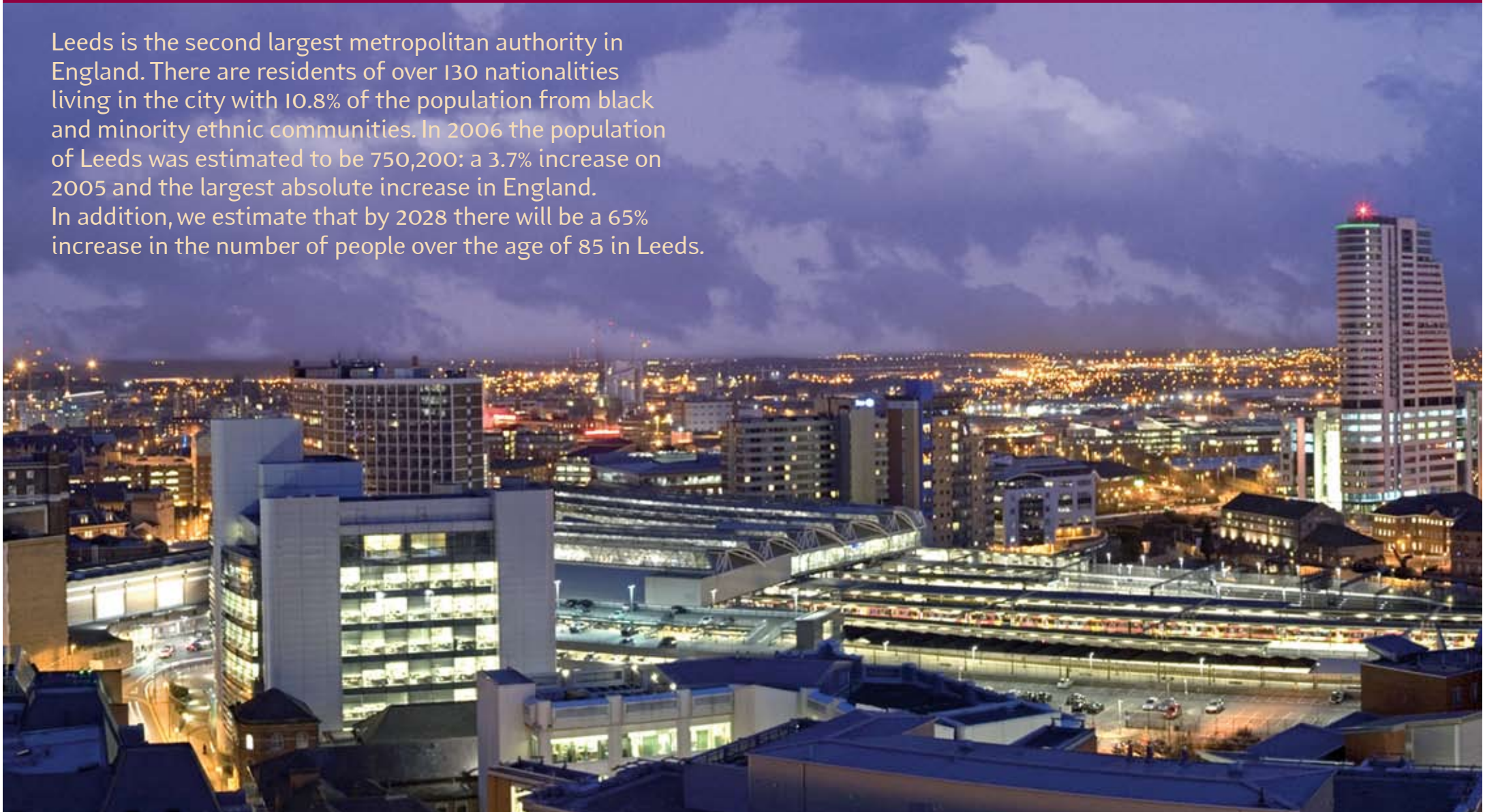


A Picture of Leeds - Independence, Wellbeing and Choice



The context of Leeds

Leeds is the second largest metropolitan authority in England. There are residents of over 130 nationalities living in the city with 10.8% of the population from black and minority ethnic communities. In 2006 the population of Leeds was estimated to be 750,200: a 3.7% increase on 2005 and the largest absolute increase in England. In addition, we estimate that by 2028 there will be a 65% increase in the number of people over the age of 85 in Leeds.



Introduction

Leeds has a long and well respected history of supporting the social care needs of its most vulnerable citizens. With strong political leadership and robust partnerships, the council is closely engaged with older people and their carers. We understand their needs, wishes and aspirations and offer support for people at the right time and in the right place.

As a learning organisation we know that we must respond effectively to the priority needs of local people; meet the changing expectations of government; and rise to the challenge of other external drivers. We must make sure that our staff perform well, are constantly learning and that there is effective leadership at all levels. This needs to happen whilst we transform our services so our customers receive excellent services which are efficient, effective and tailored to meet their individual needs.

As a council we are committed to achieving year on year improvements to ensure that people in Leeds are adequately safeguarded, have access to the widest possible range of support and care opportunities over which they are able to exercise choice and control.

The Creation of the Adult Social Care Directorate

During the last five years the Directorate of Adult Social Care (formerly the Department of Social Services) has been through a very significant period of change in relation to the leadership of the Directorate.

This has been most notable in relation to the position of Director. In 2003 the Director of Social Services, Keith Murray, retired after 11 years. The position was filled by Rosemary Archer in April 2004 and a reconfiguration of the senior team was undertaken, followed by further changes in October 2005. Rosemary was subsequently appointed to Director of Children's Services in 2006, initially to develop the Children's Trust Arrangements. The Social Services Directorate was managed by an interim Director until April 2007 when Sandie Keene joined Leeds to be Director of Adult Social Services. In addition the Children's Social Care function transferred to the Children's Trust Arrangement. These changes to the senior leadership team are mapped at Appendices 1a to 1c.

The changes in leadership and revised management arrangements have been accompanied by significant change and service improvements. Trajectories of performance improvement can be traced to organisational change and service improvements linked to strengthened commissioning and refocused management.

Meeting the current adult social care agenda requires a significant change of emphasis within all Adult Social Care organisations, including their organisation, functions and behaviours. Whilst the development of the precise roles, accountabilities and responsibilities required within Adult Social Care Services continue to be defined and refined, it has already been identified that there is a need to separate out the functions of Provider Services and Assessment and Care Management Services and to create two Chief Officer roles to assume the strategic leadership of the new portfolios. An executive recruitment exercise is currently underway to recruit to these two new posts which will enhance the leadership team of the Directorate as shown at Appendix 1d.

Our Leadership - Smarter Working : Better Results



Valuing Colleagues



Within Leeds City Council we have developed an organisational framework which has resulted in the creation of four strategic Directors who have responsibility for the delivery of key Strategic Plan outcomes. They are supported in doing this by a range of corporate and central functions. Our services are now arranged in portfolio groups to reflect the outcomes that we seek to achieve, aligned with the themes of the Local Area Agreement and the aspirations set out in the Local Government White Paper - 'Creating Prosperous Communities'.

In September 2007 we launched our 'Good to Great' approach to leadership - the behaviours and culture we are aspiring to create - to over 300 of our top leadership team, including council and partner representatives. Ultimately, we aim to create an organisation and workforce that is fit for the future, one which is able to make continuing and sustainable improvements in service performance and will become recognised as an exemplar of modern local government.

Particularly, we want to see an organisation that ensures the delivery of improved outcomes for the city of Leeds and its people; has a strong culture of 'One Council' represented through the behaviours of our colleagues; and where we forge effective partnerships for the good of the city and its citizens. We are committed to attaining the best possible standards of organisational efficiency and effectiveness, as captured by our 'Smarter Working : Better Results' aspirations.

With the appointment of the new Director of Adult Social Services in 2007, the council has for the first time, identified a lead director for health and wellbeing across the city, with accountability for delivering the council's contribution to the improvement priorities in this area. As part of our commitment to strengthening the Healthy Leeds Partnership, the council has worked closely with the Leeds PCT and other partners to develop revised arrangements which now place joint strategic commissioning at the centre of the partnership.

The delivery of our Local Area Agreement (LAA) targets will require more partnership and collaborative working, and a greater need to prioritise resources, with effective workforce planning becoming even more critical to ensuring appropriate capacity across the council. Our people strategy provides an overarching workforce plan for council wide developments against our corporate priorities.

In addition, our new service planning guidance places stronger emphasis on workforce matters, and a toolkit for managers has been developed to support them in taking a systematic approach to this aspect of service planning.

Our first LAA agreed in 2006 focused on healthier communities and improving outcomes for older people. The most striking improvement has been in the number of older people receiving Direct Payments, which has tripled during the year (target exceeded) as a result of the Direct

Payments Improvement Plan - affecting both social care operations and work with partners. Significant additional improvements have been made in relation to overall physical activity, where throughput for the Sport and Active Recreation service is the highest since records began.

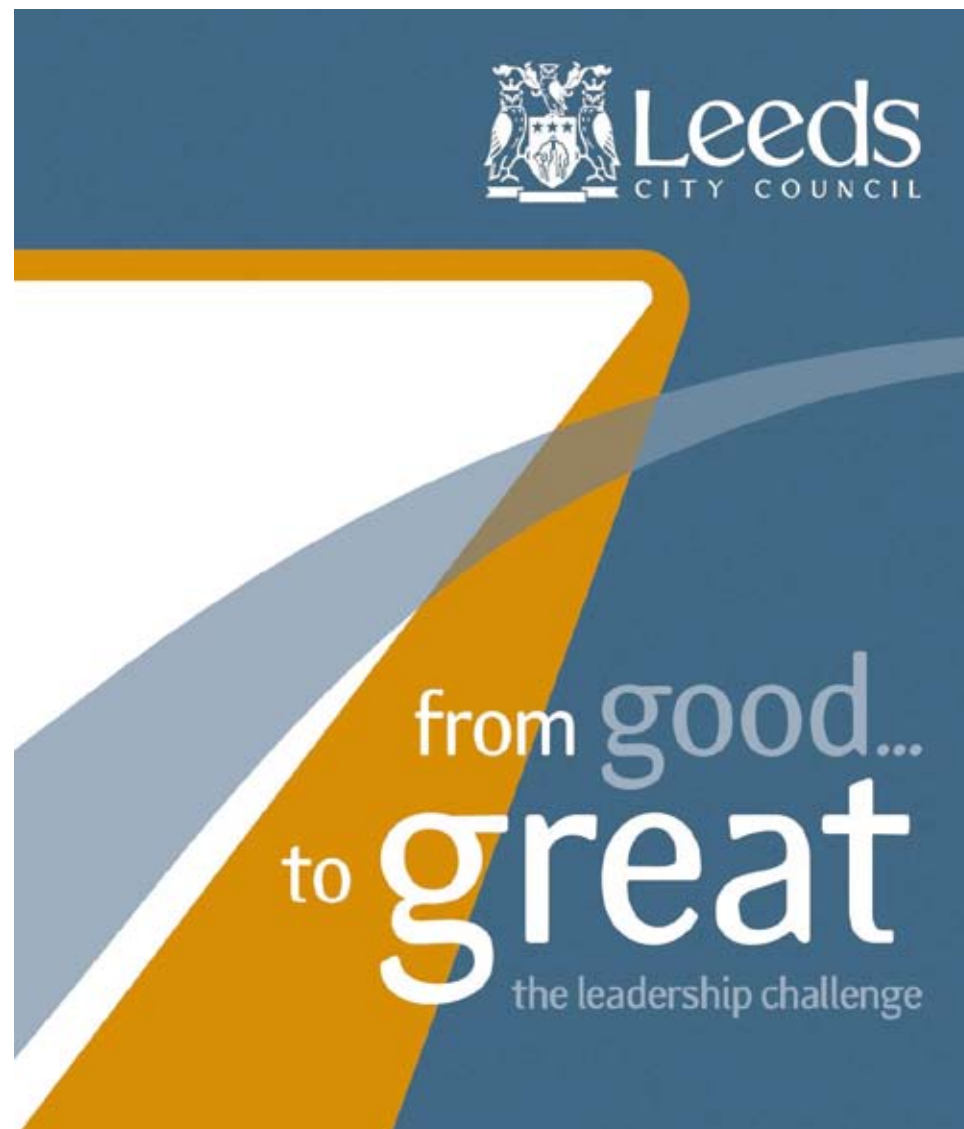
Partnership working stimulated by the LAA and the city's success in obtaining funding for LinkAge and POPPs pilots has shown considerable success in achieving benefit and credits with effective new systems being introduced especially for streamlined assessment and cross referrals.

Adult & older clients receiving a service

Leeds is required by statutory guidance to review the needs of adult social care recipients on a regular basis. Leeds' performance has improved from 53.5% in 2005/06 to 60.1% in 07/08.

The improvement has been delivered through careful planning and negotiation culminating in the introduction of a new process of provider led reviews.

Leeds has followed a strict interpretation of the 'Fair Access to Care Services Guidance' (April 2003) review process. Our enquiries with other authorities and liaison with our CSCI relationship manager determined the scope for a broader range of review options including telephone based reviews and postal reviews where simple services are being provided. These approaches provide a more proportionate response to reviewing and facilitate their provision to a larger number of service recipients and the benefits are already being realised.



Prevention - Promoting Independence



In recent years the authority has invested significantly in preventative services in Leeds. This has enabled vulnerable older people to resolve their needs in ways which maximise their choices, promote their health and well-being and prevent the need for intrusive formal assessment of needs and social care packages. This investment has permitted the authority to raise the threshold for eligibility for assessed services as it has become confident that better options are available for vulnerable adults with lower levels of need.

The council can identify evidence of the effectiveness of this strategy. Hundreds of current service users were signposted to more appropriate direct access services in 2007/08 following their annual review. Demand for 'traditional' day care services has continued to fall over the previous year. There has similarly been a notable fall in the numbers of people requiring ongoing professional support. There has also been a significant reduction in the numbers of older people living in residential and nursing care over the last four years with a particularly large reduction during 2007/08.

The Leeds preventative strategy has attracted extensive interest from a number of local authorities who recognise its merit. Seven local authorities have either sent or requested delegations to analyse our approach.

Neighbourhood Network Schemes

Leeds has established a broad range of direct access and non-assessed services for older people with social care needs. The most significant of these are the **Neighbourhood Network Schemes**. These locally based voluntary sector schemes provide direct access for older people to voluntary sector community based preventative services which support their health and well being. There are currently 40 schemes in Leeds.

The profile of older people accessing the Neighbourhood Network Schemes have been externally evaluated as part of the LinkAge Plus programme. This research has reported that around 25,000 older people are currently in touch with the schemes, and many of the groups support substantial proportions of frail older people to live at home.

Older people have told researchers that they value Neighbourhood Network Schemes because they present opportunities to socialise; an opportunity to provide help to other people and offer greater convenience and choice about the services they receive. (Independent consultation with 216 older people in West Leeds published as The Big Talk, Nov 2006)

In response to the priorities identified by older people in the consultation on the Leeds Older Better strategy, the authority has worked with older people to develop a website dedicated to their needs and interests. Launched in March 2008, the **Infostore** has had more than 15,000 hits to date.

As well as the development of improved information and advice to older people through capacity building within the Neighbourhood Network Schemes, and the development of Infostore, **LinkAge Plus** also has a project to support and encourage networking and good practice across BME voluntary organisations working with a local forum, the BME Focus Group. This group has played a key role in ensuring the accessibility of the Infostore for BME elders and has been involved in the development of video/audio clips in community languages. Specific training up to March 2008 has included 30 sessions of ICT training to BME elders and staff, enabling them to access the Infostore.

"When I need something doing, like cleaning, or shopping, or gardening, I want to know how to find a good service"
- older person in Leeds.

Streamlined Assessment Project

The LinkAge Plus pilot also includes the Streamlined Assessment Project (StAP) with the joint visiting team (JVT) drawn from the council's Benefits Service and the Pensions Service provided by the Department of Work and Pensions (DWP). The aim of the project is to tackle poverty and social isolation by providing a simplified assessment process for people over 50 in the Harehills and Gipton area of Leeds (a Super Output Area). The project has focused on uptake of Benefits and 'Complementary Services', developing relationships with other organisations and finding new ways to reach eligible older people.

Over the last five years, the authority has taken significant steps to improve its assessment and care management services. It has:

- amended the line of eligibility under 'Fair Access to Care Services' so that people with a substantial or critical risk to their independence can be assured of a timely and appropriate response;
- revised the assessment process to improve response times, ensure that eligibility is considered at the earliest stage and that people deemed ineligible for council funded services are 'signposted' to suitable alternatives;
- developed a wider range of 'signposted' services through a social enterprise, 'Keeping House', and through market management to encourage organisations to fill any gaps in service provision; and
- established an Adult Reviewing Team to review all existing service users and in so doing provide an assurance that no one would have a service reduced or removed without a review and agreement to any change.

Leeds Adult Social Care has worked closely with partners to develop a range of preventative services for older people, supporting over 22,415 older people through preventative services such as Neighbourhood Networks – more than any other local authority.

Leeds is part of the national **Partnerships for Older People Projects** initiative (POPP) managed by the Department of Health and attracted the largest POPP grant in the UK - £4.1 million over two years (2006-8). The aim of POPP is to help older people remain independent for as long as possible, and the Leeds programme focuses on mental health services for older people. Leeds POPP is provided through a partnership between Leeds

City Council, NHS, voluntary sector organisations, older people and their carers. The Leeds programme falls broadly under 3 themes: intermediate care services, workforce development and earlier intervention.

The Supporting People Partnership has commissioned two prevention services for older people with mental health issues, developed through POPPs, which have a clear focus on preventing people from being admitted to hospital or on being assisted to return home after a period of hospitalisation.

The Leeds Telecare Service is a new initiative that supports people with care needs to remain safer at home. Telecare equipment in Leeds is managed by Adult Social Care, working in partnership with Housing Services. Following a small scale working pilot put in place to test Telecare procedures and working practices, it became fully operational in October 2006. Telecare involves installing sensors that detect floods, gas, smoke and movement on household appliances, doors or mats.

Sensors detect movement and transmit alerts when, for example, someone has fallen, got out of bed or left the house. The alert is transmitted to the alarm unit, which rings through to a response centre via the telephone line. Arrangements are then made to help the Telecare customer.

This help may be to provide a voice prompt to inform the customer that an appliance has been left on or to phone a family member or the emergency services. The Telecare equipment is usually linked with familiar community alarm systems provided through the Care Ring scheme.

All Telecare equipment referrals ask for a summary of alternative outcomes if Telecare equipment was not provided. This information suggests that Telecare has reduced hospital admissions and moves to residential homes.

Sport & Active Recreation : Activities for the Older User

Physical activity and sport transcends all ages in Leeds with some good examples of older people taking part in mainstream activities well into their 90's. For example, the indoor rowing club at Armley leisure centre has the over 80's and over 90's male world 2000 metre champions. Veteran swimming and football are both very well subscribed.

If older people don't want to be sporty and just want to remain healthy then there is an extensive programme available across the council's leisure centres. The programmes range from medical based schemes that are getting people back on their feet after a cardiac event to leisure based activities that are fun for all.



Community Phase 3 Cardiac Rehabilitation

Community Phase 3 Cardiac rehabilitation is a programme for people who have to attend hospital due to a heart attack or had recent cardiac surgery. The programme ran in partnership with Leeds Primary Care Trust and Leeds City Council. The programme is staffed by a cardiac nurse specialist and a qualified specialist exercise instructor.

The programme is centred on exercise and educational sessions. The exercise improves the physical body and reduces the risk of having another cardiac event. The exercise helps build up confidence and know your own physical limits so people can undertake normal daily activities without fear.

Quotes:

"It's very good. Gives you confidence and you feel wonderful. The tutors are fantastic and I think they do a wonderful job",

Kirkstall patient

"An excellent scheme which has been of considerable benefit to me in respect of both my post-op confidence and general fitness",

Pudsey patient

The Leeds preventative strategy is closely aligned to its approaches to personalising services and increasing the levels of choice and self directed care available locally. The evidence of its effectiveness in promoting greater levels of independence is now undeniable.



Safeguarding - Promoting Wellbeing

Leeds first established a multi-agency committee and a strategic unit to develop multi-agency procedures to protect vulnerable adults in 1998. These are now known as the Safeguarding Adults Committee and the Safeguarding Adults Unit.

The committee has representatives from across the council, all three Leeds healthcare Trusts (Teaching Hospitals, Partnership Foundation and Primary Care), West Yorkshire Fire and Rescue, West Yorkshire Police, the Alliance of Service Users and Carers, other council services and a number of independent and voluntary sector organisations. Recently the committee has approached a number of other organisations, including HM Prisons and Leeds Inter-Agency Project (domestic violence) to enhance the membership of the committee and the breadth of professional knowledge available under the multi-agency protocols and procedures.

Safeguarding arrangements by Partners

The Leeds Teaching Hospitals Trust has a strategic Safeguarding Adults Group, implementing and monitoring work within Leeds hospitals. There is also an Operational Group, implementing a training strategy for all the staff in the Trust.

Leeds Partnership Foundation Trust (formerly the Leeds Mental Health Trust) has established a Clinical Governance Committee to oversee the implementation of safeguarding policies and any cases of abuse that occur in the Trust.

Safeguarding Adults Unit

The Leeds Safeguarding Adults Unit co-ordinates, supports and quality assures all safeguarding work across the Leeds multi-agency partnership. In September 2007 the unit was enhanced and now includes safeguarding adults co-ordinator posts, a training officer and administrative staff.

The unit acts as a central reference point for advice and guidance. It ensures that local safeguarding is consistently and appropriately delivered through a person-centred multi-agency partnership and remains a priority for the benefit of service-users.

The unit is implementing a multi-agency training strategy to promote awareness of safeguarding issues and responses across all care organisations within Leeds, whether in the council, the Health Trusts, or the Independent and Voluntary Sectors. The training enables staff to respond to abuse in various settings across a range of responsibilities, from responding to someone who has been abused through to co-ordinating complex multi-agency enquiries.

All courses are linked into relevant national training standards wherever possible, eg NVQs. In the near future we will be seeking external accreditation of our courses to ensure the quality of training meets the needs of our partners.

The procedures and the training both emphasise the importance of immediately gaining additional support for the person who has experienced abuse. This may be via the emergency services (police or ambulance), arranging advocacy services for the person or contacting key workers to support the individual.

The work of the unit is not restricted to professionals. As well as updating the procedures, leaflets on abuse and safeguarding will be available for the public this summer. Service-users will increasingly shape the local

strategic direction of safeguarding strategies and the implementation of national guidance in local priorities.

Adult Protection Assessment & Care Management

Adult Protection investigations in Leeds are undertaken by qualified social workers, the majority of whom have received post qualification specialist training in adult safeguarding assessments. Investigations are overseen by social work managers and are undertaken in accordance with multi-agency procedures.

Multi - Agency Working

When an enquiry takes place the Safeguarding Adults Enquiry Co-ordinators contact relevant agencies to carry out appropriate investigations under the multi-agency procedures. The partnership approach ensures that all parties are represented (including the abused person) and information is shared appropriately under the Leeds Multi-Agency Information Sharing Protocol. Legal, Licensing and Registration also provide guidance and assistance in multi-agency enquiries.

Responsibility for the appropriate and effective progression of adult protection investigations is held by designated Adult Protection Enquiry Coordinators (APEC). These are front line managers of adult assessment and care management social care teams or team leaders of Joint Care Management Teams who have received additional specialist training. Their primary duties are to ensure that vulnerable people are safe and free from significant risk of immediate harm. They co-ordinate all investigations and chair planning and decision making meetings.

The APEC ensures appropriate representation for interested parties including vulnerable people in the process and will arrange the involvement of Independent Mental Capacity Advocates (IMCAs) or family advocates as necessary.

Dignity in Care

Leeds has been regionally and nationally recognised for its Dignity in Care Campaign. The Dignity in Care campaign spans all older people's services across health and social care, and is integral to all developments including, for example the overarching Older Better Strategy to promote a healthy and active life for older people in Leeds, and the Leeds POPPs Programme. The main aim of the dignity campaign is to ensure that older people are treated with the highest standards of dignity when using health and social care services.

It is achieving this through:

- Raising the profile of Dignity in Care issues with older people, the public and care staff - particularly through a very high profile poster campaign;
- Collating, sharing and publicising best practice;
- Supporting a Health Scrutiny Board Inquiry into Dignity and co-ordinating responses to its recommendations across all partners; and
- Ensuring that Dignity in Care continues to be explicitly addressed after the end of the project.

All statutory, voluntary and independent agencies were included within this campaign. Over 3,000 posters were distributed to a range of service delivery centres.

Personalisation - Providing Choice



Leeds' vision is to transform Adult Social Care into a system of self-directed support which will enable eligible people needing social support and associated services to design, choose and control that support; enabling those who need support to live full and active lives, under their own direction.

Leeds began the development of self directed support in July 2007 when our Transformation Board endorsed the project mandate for the development of personalised services in Leeds. The project board is now established with representation from social care, supporting people, Leeds PCT, the voluntary sector and includes service user representation - known as '**experts by experience**' rather than service users or customers.

At an early stage 'Incontrol' facilitated a workshop to bring all members of the project board and team with some service user representatives to a common level of understanding. The project team is well developed, meets regularly and includes the leads of the 12 work streams, 'experts by experience', voluntary sector and PCT, and is supported by the corporate project assurance unit.

The work stream leads are finalising their plans for the first phase of implementation, focusing on an early implementer with a small number of service users across all groups which includes a range of funding such as Individual Service Funds.

In January 2008 the council's Executive Board approved a paper 'Putting People First - Vision and Commitment to the Transformation of Adult Social Care'. This highlighted the work being undertaken in Leeds to prepare for the anticipated changes and provided endorsement for the direction of travel and elected member engagement in the change process.

Our improvements in this area were noted in a recent independent audit review of policy implementation.

Quote from the independent Executive Summary Report (June 2008)

"Findings from the review have indicated that improvements have clearly been made to the arrangements in place to work towards the effective implementation of the policies, particularly in relation to the implementation of the Eligibility, Direct Payments, Short Term Breaks and Transitional Care policies, across all 5 Area Wedges."

Leeds significantly improved its performance in respect of the number of older people in receipt of a direct payments between March 2005 and March 2008. During this period the overall numbers of older people receiving Direct Payments rose from 22 to 309. The greatest proportion of this improvement took place in the last 12 months when a 300% increase was noted.

The timeliness of assessments and the delivery of care packages to older people have made notable improvements during the last 12 months.

A **Self Directed Support** reference group has been established and discussions are being held with the current members (who are existing users of Direct Payments) to extend membership to those who are involved with the project and may not currently have a DP. In this way the group will provide peer support and a mandate to those people who wish to be actively engaged in working with us to develop self directed support. Transport and Personal Assistants (PAs) are provided as needed and the budget for the project emphasises the commitment to involvement.

To support this, meetings are being held with user and carer reference groups in Leeds to raise awareness of self directed support, providing opportunities for both current and potential future users of services to become involved if they wish.

Events for providers are planned for autumn 2008 across all sectors. These will be 'experts by experience' led and be delivered in partnership with voluntary sector colleagues from the Leeds forums. Leading up to these will be a number of workshops to look at how providers can be fully engaged in developing the necessary changes to deliver personalisation and self directed support.

At a recent Yorkshire & Humber Citizen Leaders Academy, Care Services Improvement Partnership event our developments around self-directed peer support and consultation were identified as '**great developments in Leeds**' and should be shared with other authorities in the region.

Developing holistic and outcome focused care planning has been a priority and a significant training exercise has been conducted in the past 2 years.

In 2006 Leeds City Council was determined to ensure that older and disabled people could access domestic services - easily and regardless of where they lived. These services needed to be of a good quality, person-centred, reliable, flexible, affordable, and culturally accessible.

In response we developed our innovative 'Keeping House' social enterprise programme, praised as **an outstanding example of best practice** by Phil Hope, Minister for the Third Sector, which has helped more than 2,000 older and disabled people find practical, domestic support services to help improve their quality of life. From April 2007 to March 2008, Keeping House received 600 referrals through the Contact Centre, bringing the total referrals since 2005/06 up to 2,049.

We ensure all people get the advice and support they need by the provision of signposted services and we follow this up by obtaining customers views on how helpful the services and the signposting arrangements have been.

We have also improved the availability of services outside of normal working hours through a number of initiatives.

The Out of Hours Service operates from 7am to 8pm on Saturdays, Sundays and Bank Holidays. The Out of Hours Service provides individuals and carers with a contact telephone point for when the area Social Care offices are closed. The Out of Hours service has links with other professionals and agencies in social and health care. We work closely with GPs, district nurses, hospitals, social workers, family, friends and others to provide the service needed.

Provide a Carers emergency support service

- Quote from Carers Commissioning Officer

"We started a carer's emergency plan scheme to provide a link to replacement carers in 2006. Take up was low so from April 2008 we have engaged a team of three workers to visit carers who were already known to us to encourage them to join the schemes. In six weeks of work they have more than doubled the number of carers on the scheme from 100 to 224".

24/7 support in all extra care housing schemes - Over recent years we have enabled the development of seven extra care housing schemes across the city. A further two are planned over the next two years. Two schemes provide some intermediate care and one scheme provides specialised dementia care. A proposed BME scheme is currently subject to a bid to the Department of Health Extra Care Housing Fund. All schemes have 24/7 support on site. Future schemes will offer leasehold and shared equity options as well as traditional tenancies. An established city wide provider panel ensures good access to the schemes and that they continue to meet their objective of providing a genuine alternative to residential care.

Across the city we also have three specialist day centres for older people with mental health problems and these have extended the number of days and opening times to further support carers and their dependants.

Extended the access times to our community support service into the evenings

- Quote from the Community Support manager

"Via the emergency duty team we have a call out for ASC Managers via mobile and a list of staff who agree to be called back into work. At weekends and bank holidays during the day from 7am to 8pm we run our own call out from Endecliff. This is the service we are wanting to link up with the contact centre. We offer night service in the extra care housing and supported living."



Our jointly funded mental health advocacy service

Advocacy for Mental Health and Dementia responded to approximately 360 referrals last year and their target for this year is 500. The service commenced in 1993, they work mainly office hours but advocates are also flexible to respond to individual needs with some evening and weekend work.

Between April 2007 and March 2008 the newly commissioned IMCA service provided by **Leeds Advocacy** received 177 enquiries of which 126 became referrals, involving 104 individuals.

Our aim in Leeds is to provide a support system, designed in partnership with customers, carers, our strategic partners and the voluntary sector, which will be fair and transparent. The level of support needed, and therefore size of budget allocated will be established through a self or supported assessment.

At this stage the citizens of Leeds will be aware of the money they can spend on the support they need to live their lives. Information will be widely available providing details of the range of support and services on offer. Help and advice could be obtained from a number of sources including an impartial brokerage network. This network will provide information to help citizen's choose their support and help with support planning. The plan will be agreed by Adult Social Care and regular reviews will be undertaken to support the citizen to make sure that they are safe and not at risk, and will continue to outline how they intend to spend their money in order to keep them healthy, safe and well.

Doug Paulley: Member of the SDS Project team and Support Planning work stream

"As a vocal user of residential care services, I have been asked to provide user input into the project team for introducing individualised budgets (IB) in Leeds City Council.

I feel that I have been able to make a real difference. My involvement has included giving an overview of why IBs and self directed support are so important and what difference it can make. In a conference for social workers, and also to a group of elected councillors, I feel that I have been enabled to make a difference.

I've also been involved in and consulted in project team meetings. I've had specific input into the self assessment questionnaire production; I've also had some input into the formation of a service user reference group, giving me and other involved service users a "constituency" to consult.

The process hasn't been entirely smooth, but as a habitual cynic on organisations' commitment to genuine "involvement" I must say that I am impressed by the realisation of genuine involvement within the Individualised Budgets team. I think this is part of a culture recognising and respecting the potential advantages of individualised budgets."

Commissioning - The Leeds Approach



Like many other authorities, Leeds has not been immune from the spending pressures experienced nationally in Adult Social Care Services, projecting a year end overspend (as a Social Services Department) of over £18m at the end of 2004/05. To address this we needed to ensure resources were aligned to service priorities with the aim of achieving financial balance, sustained performance and service modernisation. We needed to generate and stimulate a diverse social care market that promoted choice, independence and met the diverse needs of all people needing to access social care and support services.

Establishing a discrete social care commissioning function in 2006 was a significant step aimed at accelerating cultural change. It had the objective of enabling social care services to become a modern customer focused organisation meeting the requirements of service users with the greatest need, at the same time nurturing and securing the growth of low intensity support through socially enterprising organisations. In addition, this commissioning service would build the capacity and confidence of staff to successfully manage and deliver sustainable services in an ever changing and demanding environment.

Our focus on strategic priorities and meeting the needs of those with the greatest needs has enabled us to make difficult decisions and, with political support, implement programmes of action based on those decisions. Building on the foundations of an excellent understanding of our communities and clarity over our objectives has enabled us to take decisive and far reaching action. Our approach to raising the line of eligibility in 2006 is an excellent example of where we have done this.

Having defined our resource base within a revised context of eligibility allowed us then to prioritise both commissioning and de-commissioning interventions. For example, the Breece was a holiday home, owned and run by the council. It was not contributing effectively to the achievement of council priorities and did not fit with the agreed policy on short breaks. The revenue subsidy in 2006/07 was estimated at £348,000. The council agreed that the assessed and eligible needs of Leeds citizens should be responded to by providing choice by direct payments or the provision of alternative services and by increasing grants to carers' organisations. Both capital and revenue savings from the closure of the Breece have been used to increase budgetary provision in other priority areas.

We have built on this process by benchmarking the totality of our commissioned and provided services using Audit Commission comparator data. We have used this intelligence to strategically plan the configuration of service areas where we have identified ourselves to be outliers. Our commissioning board - established in 2006, has overseen the negotiation of a range of new contractual arrangements for residential and nursing care, a shared risk approach as part of that (in partnership with Leeds PCT) to changes to the continuing NHS care framework.

We have been able to build upon these foundations, developing a financial and quality assessment framework for such services, shared with the PCT, increasingly involving user and carer representatives to contribute to the overall evaluation of quality provided in such settings balanced against the publication of CSCI ratings.

This has been demonstrated in our approach to the overall co-ordination of home care services in the city, borne out of a recognition that the whole system of care and support needs active oversight and co-ordination to be effective. To that end, the commissioning strategy for home care, agreed by the Executive Board of the council in 2005 continues to be directed via a board led and chaired by the Chief Officer (Commissioning services). The board oversees and co-ordinates the ongoing reconfiguration of directly provided care, stimulates increasing capacity for commissioned care and guides the closer co-ordination, with PCT partners, of their commissioned home care activity. This significant programme drives improvement, gradually segmenting the market, creating greater plurality and ensuring that providers are able to adjust their service responses accordingly.



Commissioning - The Leeds Approach

Within these arrangements, we have taken care to ensure that service user and carer engagement has actively contributed to and informed the development of our commissioning approach in these areas. This is exemplified by the contribution made by these groups to contract management and review meetings and their active engagement in Scrutiny Board reviews of the overall commissioning direction for such services. As our commissioning focus develops to ensure that the market is adequately prepared to respond to the challenges posed by the implications of greater numbers of people exerting direct choice and control, we anticipate that this close engagement will become even more important.

Further development of the service prioritisation model within a context of strategic commissioning, will be fundamental to delivering our priorities for the future through the Leeds Strategic Plan and our Local Area Agreement. This will improve the way we deliver services either on our own or in partnership with others through robust and well developed commissioning arrangements.



The Supporting People programme has a clear focus on promoting the capacity of vulnerable people to live independently and preventing or minimising the need for vulnerable people to be admitted to hospital or depend on care services. **The Leeds Supporting People Partnership** which is co-chaired by Adult Social Care, Housing, and Leeds PCT Commissioners, commissions over 8000 units of housing support for vulnerable older people. Such support services are geared towards sustaining vulnerable older people in their existing homes. In 2007/08, 99% of relevant service users were helped to live independently through the provision of housing related support. The Supporting People Partnership recognises that the majority of older people in the city are home-owners and that current service provision may be creating a perverse incentive for service users to leave their existing homes in order to access support. There are four existing floating support services (offering 87 units of support) commissioned through the programme. The Leeds Supporting People Partnership is anxious to increase the number of floating support units for older people but remains mindful of the strong demand for the maintenance of on-site warden services; commissioning plans set out that the increase in floating support units will relate to service growth rather than reconfiguration.

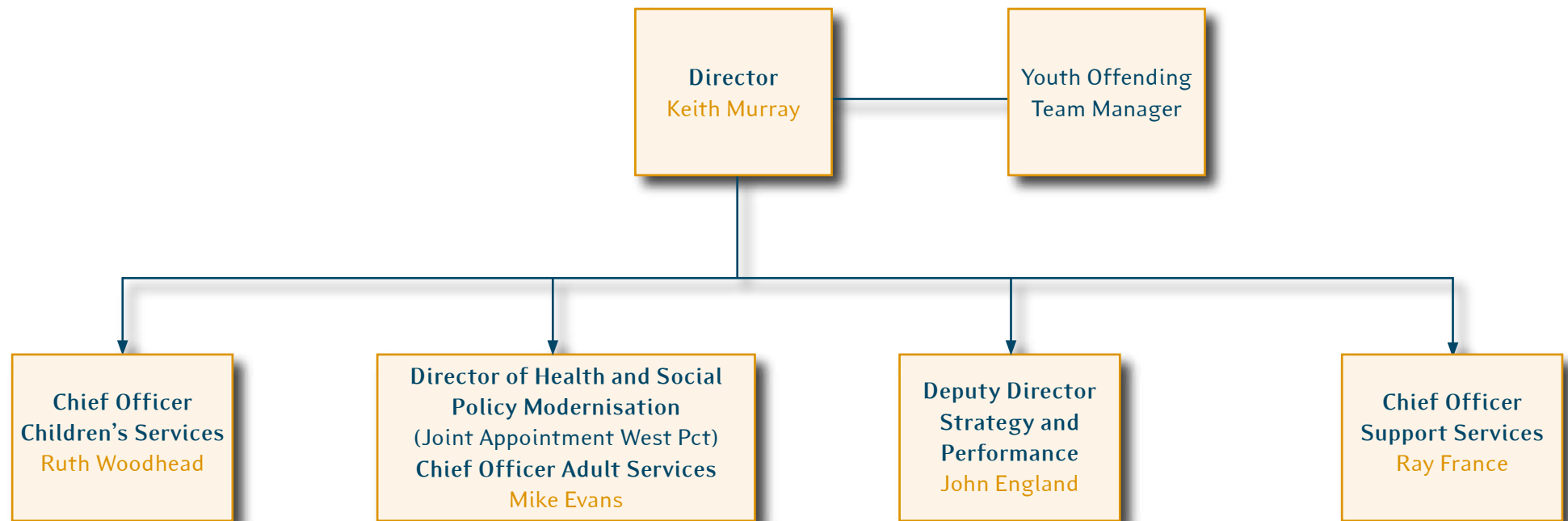
Carole Harrison: My involvement in developing Self-Directed Support in Leeds

"I want to spread the word about how good controlling your own support can be! I've used Direct Payments to employ my own Personal Assistants for 9 years, so I have lots of experiences to share. I've worked with ASIST at Leeds CIL to give talks about my experiences as part of training on Direct Payments for Social Workers. I was a bit nervous at first but now I'm getting more confident because I feel people are listening to me and understanding the points I want to make. I gave a talk about managing my own support at a big Self-Directed Support Event in Leeds for Social Services staff. I think it's really important that I encourage other disabled people to take the plunge and take control of their own support. So Leeds CIL has assisted and paid me to set up a Self-Directed Support Peer Support & Consultation Group. Group members are being consulted about using Direct Payments and new ways of controlling your own support that will be available in Leeds. I've joined the Individual Budgets Project work stream that's looking at what Brokerage support will be needed. Part of this will be getting the Peer Support and Consultation group's views and ideas on what support people are likely to need when they use Individual Budgets."

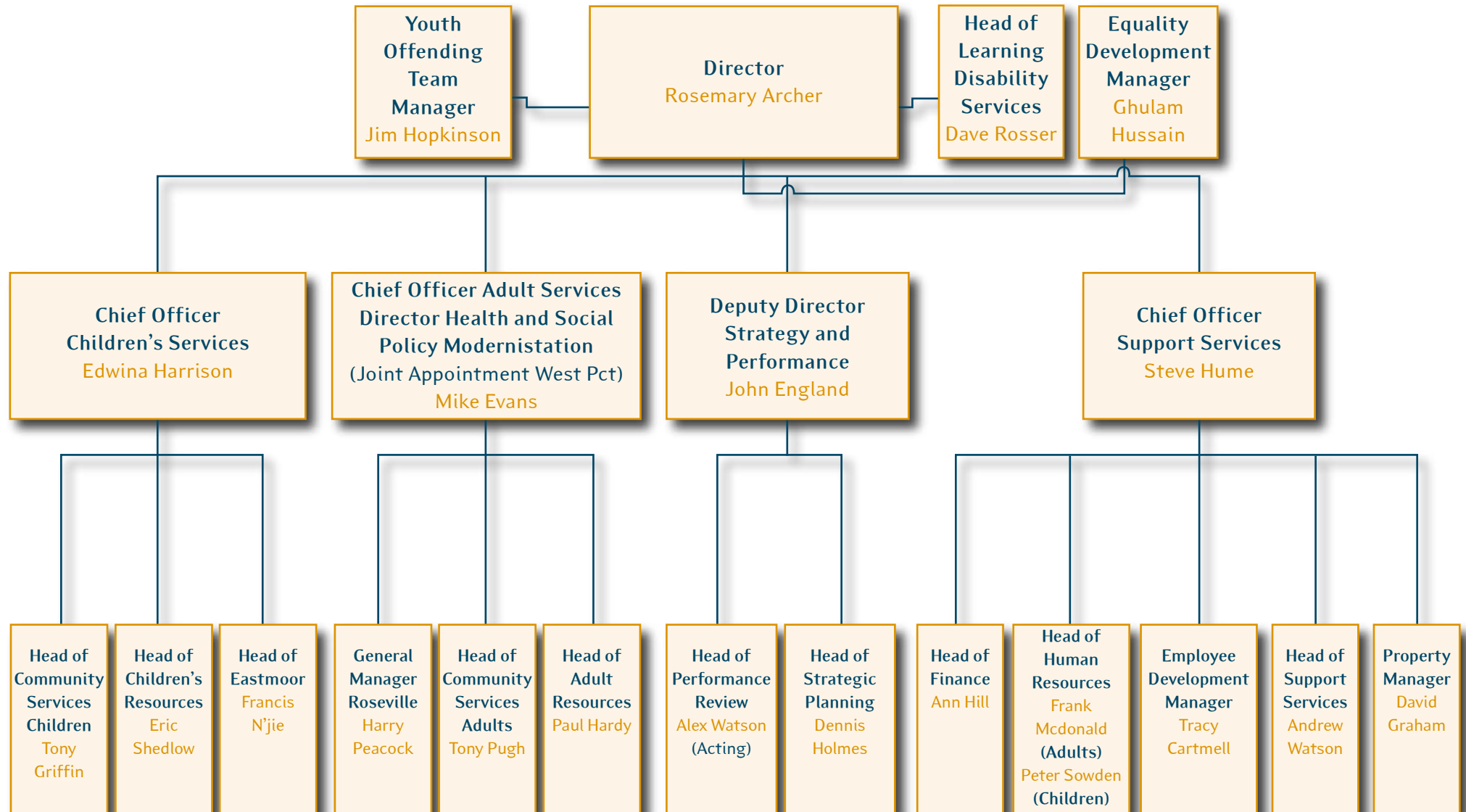
Our aim in Leeds is to provide a support system, designed in partnership with customers, carers, our strategic partners and the voluntary sector, which will be fair and transparent. The level of support needed, and therefore size of budget allocated, will be established through a self or supported assessment. Our challenge as commissioners will be to ensure that balance is maintained between the availability of support and care for people wishing to control their own care and support arrangements, whilst maintaining high quality care and support services for those who do not.



Appendix 1a - Department of Social Services 2003



Appendix Ib - Senior Management Team 2004



Appendix 1c - Directorate Management Team as at May 2008



SANDIE KEENE
DIRECTOR OF ADULT SOCIAL SERVICES



JOHN ENGLAND
DEPUTY DIRECTOR



MIKE EVANS
CHIEF OFFICER ADULT SERVICES



PAUL BROUGHTON
INTERIM CHIEF OFFICER
LEARNING DISABILITIES

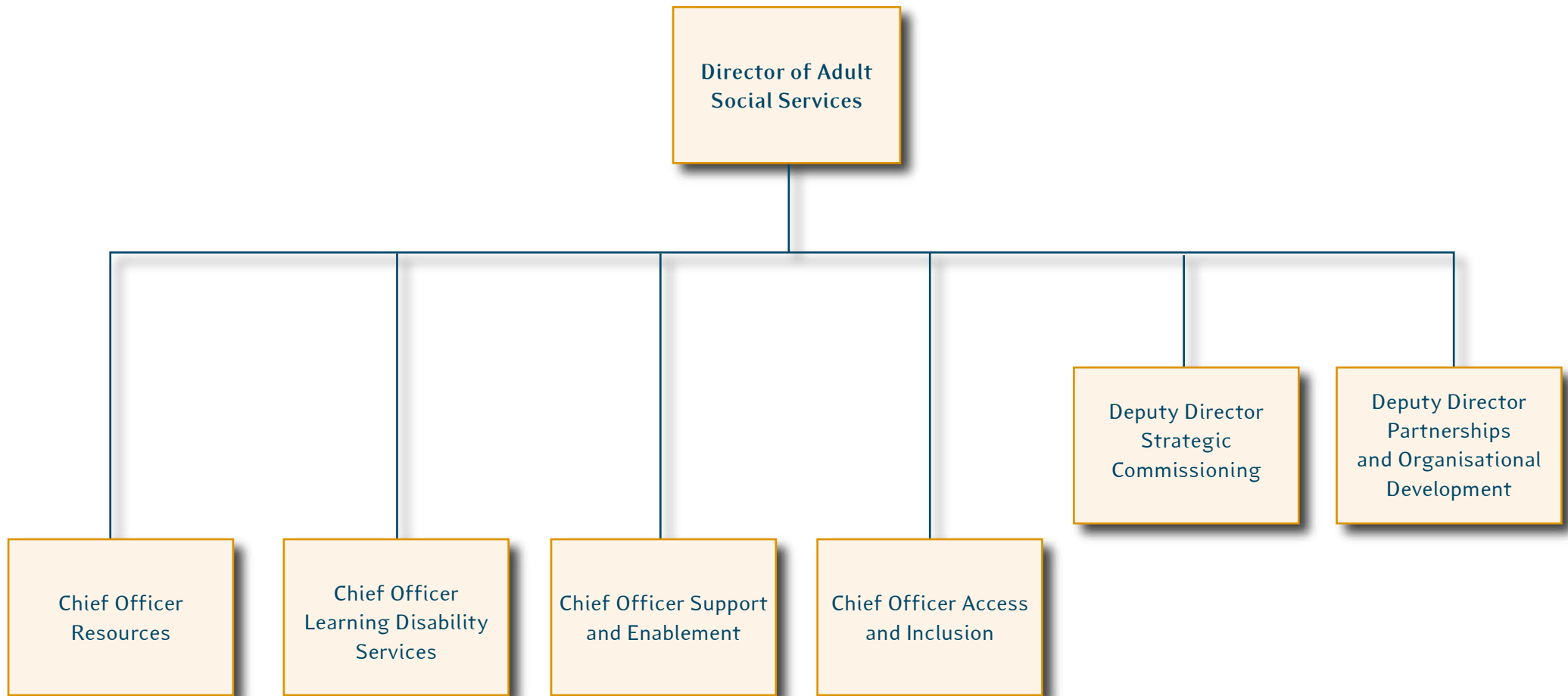


DENNIS HOLMES
CHIEF OFFICER
SOCIAL CARE COMMISSIONING



STEVE HUME
INTERIM CHIEF OFFICER
SUPPORT SERVICES

Appendix Id - Adult Social Care Proposed Structure



Corporate Leadership Team

Our Corporate Leadership Team is led by the Chief Executive, Paul Rogerson CBE, and consists of a Deputy Chief Executive, two Assistant Chief Executives, four thematic Strategic Directors, a Strategic Director of Resources and the Chief Executive of Education Leeds.



PAUL ROGERSON
CHIEF EXECUTIVE



DAVE PAGE
DEPUTY CHIEF EXECUTIVE



JAMES ROGERS
ASSISTANT CHIEF EXECUTIVE
PLANNING, POLICY AND IMPROVEMENT



NICOLE JACKSON
ASSISTANT CHIEF EXECUTIVE
CORPORATE GOVERNANCE



ALAN GAY
DIRECTOR OF RESOURCES



ROSEMARY ARCHER
DIRECTOR OF CHILDREN'S SERVICES



NEIL EVANS
DIRECTOR OF ENVIRONMENT
AND NEIGHBOURHOODS



SANDIE KEENE
DIRECTOR OF ADULT SOCIAL SERVICES

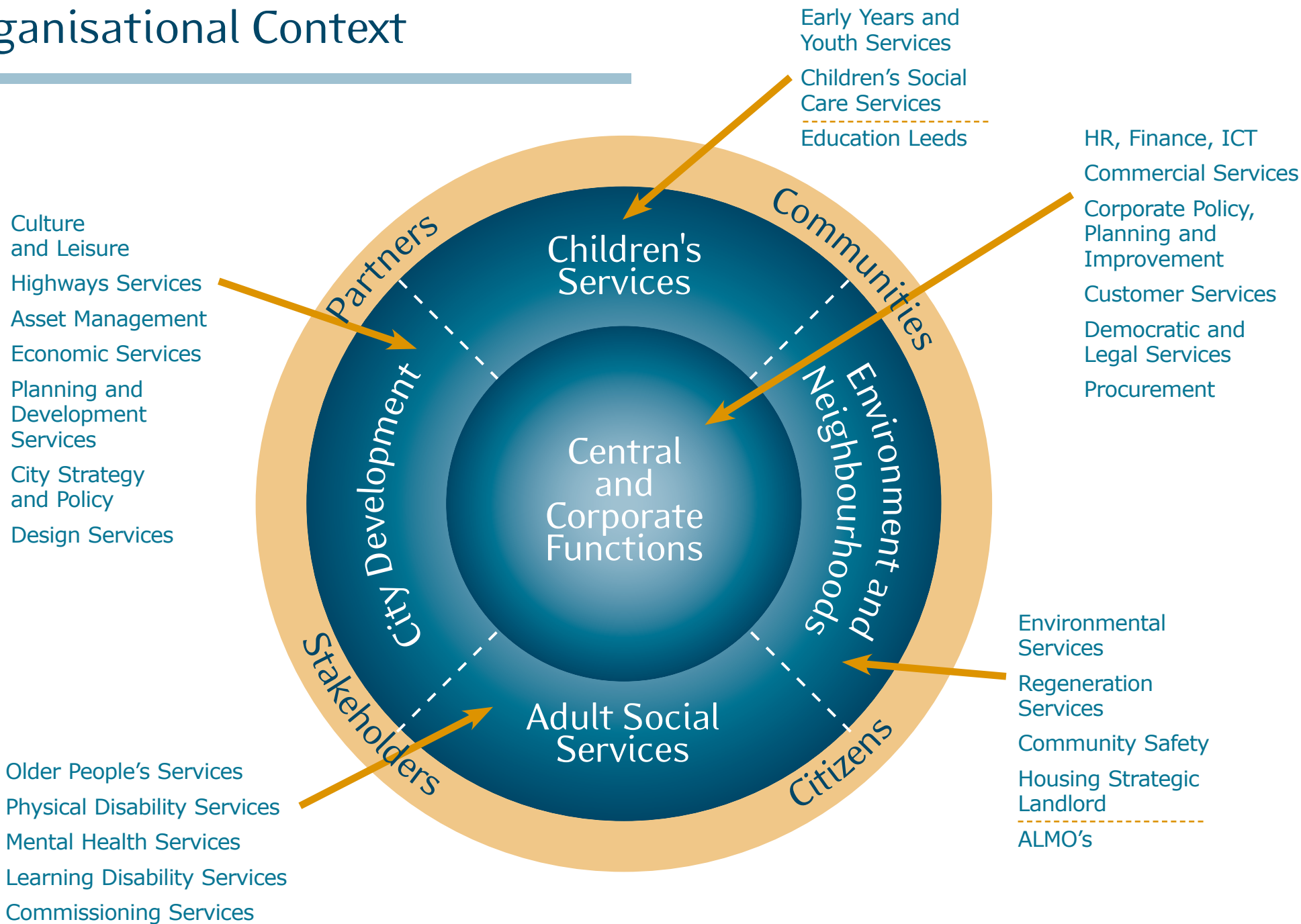


JEAN DENT
DIRECTOR OF CITY DEVELOPMENT



CHRIS EDWARDS
CHIEF EXECUTIVE OF EDUCATION LEEDS

Organisational Context



Glossary

AP	Advocacy Partner	JVT	Joint Visiting Team
ASC	Adult Social Care	LAA	Local Area Agreement
ASIST	Applied Suicide Intervention Skills Training	NHS	National Health Service
BME	Black Minority Ethnic	NNS	Neighbourhood Network Schemes
CIL	Centre for Integrated Living	NVQ	National Vocational Qualification
CSCI	Commission for Social Care Inspection	PA	Personal Assistant
CSIP	Care Services Improvement Partnership	PCT	Primary Care Trust
DP	Direct Payments	POPPs	Partnership for Older People Projects
DWP	Department for Work and Pensions	SDS	Self Directed Support
GPs	General Practitioners	SDS PS & C Group	Self-directed Support Peer Support & Consultation Group
IB	Individualised Budget	StAP	Streamlined Assessment Project
IMCA	Independent Mental Capacity Advocate		

This information can be provided in large print,
Braille, audio or a community language,
please telephone 0113 247 8730

For general information about Social Care
please telephone Contact Leeds on
0113 398 4702 or 0845 125 4113

Photographs supplied by:

Care Images

Positive Images for Older People in Leeds

Community Support

(Posed by models)



A Picture of Leeds - Independence, Wellbeing and Choice