Making Connections
Learning the Lessons from Joint Reviews, 1998/9

Social Services Inspectorate
Department of Health

Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Audit Commission
Promoting the best use of public money
1. Introduction

This is the third annual summary of the findings and conclusions of Joint Reviews of Social Services. This report is produced for those responsible for overseeing or working in social care services. It is designed to demonstrate the strengths and weaknesses that have been found in councils that have been reviewed and to promote best practice in moving forward.

Joint Reviews are undertaken on behalf of the Social Services Inspectorate (Department of Health in England), the Social Services Inspectorate (Wales) and the Audit Commission. An independent assessment is provided of how well the public is served by social services in each council in England and Wales. The Review covers how councils organise and deliver services to meet the needs of vulnerable people in their communities.

At the end of each Review a judgement is made on the findings. Councils are placed in a table according to how well local people are being served by their social services and how they have set up systems to sustain or improve their performance. Over the last 18 months councils have been ranked as shown in Table 1.

### TABLE 1

<table>
<thead>
<tr>
<th>How do councils compare?</th>
<th>Good prospects of sustaining improvement</th>
<th>Concern about capability to sustain and improve performance</th>
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<tbody>
<tr>
<td></td>
<td>North Yorkshire (1998)</td>
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<td></td>
<td>Wolverhampton (1998)</td>
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<td>Westminster (1999)</td>
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<td></td>
<td>York (1999)</td>
<td></td>
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<tr>
<td>Serving some people well with some areas needing improvement</td>
<td>Harrow (1998)</td>
<td>Barnet (1998)</td>
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<tr>
<td></td>
<td>Cumbria (1999)</td>
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<td></td>
<td>Northumberland (1999)</td>
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<td>Isle of Wight (1999)</td>
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<td></td>
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<td>Coventry (1998)</td>
</tr>
</tbody>
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Note: All reports published before January 1998 have been excluded from this analysis. Figures in brackets indicate the publication year of the Joint Review report.
Councils that are doing well have the following attributes:

- They have a broad strategy that demonstrates how they are going to meet the needs of vulnerable people in their communities and ensure that they are included in the life of that community.
- They ensure that people at risk have services co-ordinated to protect them.
- They comply with statutory and regulatory requirements.
- They involve service users and their carers in decisions about their lives and in shaping local services.
- They recognise the diversity within the communities that they serve and ensure that services are delivered and designed to meet the needs of all those who are vulnerable.
- They are able to specify users' and carers' needs, and then purchase these services from the best provider for the job.
- They have clear access arrangements to their services that are understood by the public.
- They work in partnership with all stakeholders to design and deliver services.
- They have good information on their performance and their costs.
- They have good systems for recording needs and identifying unmet needs.
- They have clear standards, which are understood by the public, against which their work can be measured.
- They support and develop their staff through good communication, training and supervision.
- They are committed to learning from users and front-line staff about what works in practice.
- They demonstrate a commitment to change and improving their services.

The reports published since January 1998 found that 8 councils were serving people well, 16 were serving some people well with some areas needing improvement, and 5 were not serving people consistently well. More encouragingly, 19 of the 29 councils were found to be well placed to sustain and improve performance. This reflects the high level of commitment to improve, and the very considerable effort and energy that councils are investing in tackling issues in social services. However, in many councils this investment in improvement has yet to bring results and reviews still find a daunting and challenging agenda for councils.

The key messages from Joint Reviews in 1998/9 have consolidated the following themes:

- There is no clear link between how well a council runs social services and how much it spends on them. Successful councils are found both in inner city and more affluent county councils in a range of locations. As yet no clear evidence is emerging about the comparative capability and capacity of different structures to successfully shape services. Spending more money does not necessarily produce better run or more appropriate services to meet people's needs.
• Many of the strategic plans produced by councils do not as yet show how aspirations will be turned into practice, identifying, for example, changes in resource allocation or clear performance targets. Councils need to concentrate on outcome orientated planning rather than on the production of descriptive plans.

• Listening to service users is still patchy within councils. Those councils that include vulnerable people in the life of the community, and in the development and delivery of social services, are generating greater changes and making essential improvements.

• Linking feedback from users and their carers with the work done by front-line staff is poor. Practice by front-line staff can be enhanced and improved when there are systems in place to capture feedback from users and carers.

• There has been a detectable improvement in corporate working in some councils. This is also demonstrated in improving relationships with health partners. Social services can only work well when they work in partnership with other services – mutual trust is essential.

• There is still inconsistency of access to services both within and between councils. Councils need to have clear communication systems to explain their eligibility criteria for services.

• Management information in many councils is still poor. Councils can only get better if they know how well they are doing now and what services cost.

• Reviews of services that are being delivered to people are inconsistent. Most councils do not have reliable systems to review packages of care in a systematic way. Establishing review teams or a regular way of monitoring what people are getting is essential to ensure that people’s changing circumstances are considered.

• People from ethnic minorities are not generally well served. They report low satisfaction levels and that their racial, cultural or religious needs are not consistently taken into account when assessing their needs or delivering services. Councils must demonstrate the effectiveness of their anti-racist policies in achieving better outcomes for people from ethnic minorities.

• There are significant differences across the country that cannot be accounted for by social deprivation, in the numbers of children on the at-risk register and their length on the register. This area is further explored in a recent Joint Review publication – Getting the Best from Children’s Services. Users’ needs are best met where there are clearly targeted services for vulnerable children alongside a comprehensive range of services for all children in need.

• The needs of carers are not yet being regularly assessed and met. In most councils the carers’ needs, when they are assessed, are added to those of the user, often meaning that they are not separately recognised. Only those councils who are undertaking separate assessments are beginning to fully address carers’ needs.

Impact
Councils that have been reviewed have made changes to address this agenda in their own authority. Other councils are using these findings when assessing their own performance and preparing for a joint
review. Councils could still learn more, and more quickly, from one another and from published reviews and the experience of others being reviewed. To help with this the Review Team has recently published *Getting the Best from Children's Services* to highlight practice and changes that will help transform children's services as required in *Quality Protects*.

Evidence from following up previous reviews suggests that radical improvements in performance call for profound changes in the culture and leadership of councils. These take time to put in place and have required ongoing support from outside councils' own political and management arrangements. The development of effective self scrutiny and challenge is vital to embedding change and will be an essential feature of 'best value' councils.

Councils that have been reviewed are required to produce action plans to address recommendations. These are monitored by the Regional Offices of the Social Services Inspectorate (SSI) and by the District Auditor. Those councils that were found to be not serving people consistently well have been carefully monitored and progress reported.

Protocols are now being drawn up by the Department of Health for councils that are found to be failing under the Best Value and Performance Assessment Frameworks. From April 2000 the Secretary of State will have new powers to intervene when councils fail to deliver Best Value.

Tackling the agenda will be significant for councils that are undertaking performance reviews of their services to achieve Best Value. They should be mindful of the need to address the 4Cs – Challenge, Compare, Consult and Compete.

Reviews aim to challenge councils, and to encourage them to challenge themselves, to get better at consulting people, to compare their performance with others and to ensure that services are competitive on quality and cost. Many of the councils that are about to be reviewed or that have been reviewed use parts of the methodology for their own self-assessment. This process needs to be robust and challenging if it is to have the desired outcomes.

The context in which councils face these challenges is changing quickly. In July 1998 we reported that to promote quicker improvement and fair comparison, councils needed greater clarity about the objectives for social care and how performance would be measured. We now have clear guidance in *Modernising Social Services*, in *National Priorities Guidance* and in *Quality Protects*. The Performance Assessment Framework has started to map out the indicators and approach to measuring performance.

More than ever, this framework requires councils to be better informed, to have real working partnerships built on trust with other services, to make sure that standards are citizen-based and to increase their capacity to improve by strengthening service management.
2. The Review Team’s Work

2.1 Activity and Costs

Over the last year 23 reports have been published and a further 23 Reviews are at some stage in the process (see Appendix 1). This is slightly below the required target to review 50 councils within the first three years. For April 1999/ March 2000 it is expected that Reviews of 24 English and 4 Welsh Councils will have started. From April 2000 30 English and 4/5 Welsh Councils must be reviewed.

Joint Reviews collect data about councils from national returns, from previous audits and inspections, and directly from councils. Users’ and carers’ views are sought through a postal questionnaire and in interviews and group discussions. Information about users’ experience of services and the decisions made about councils on individual cases is drawn from an analysis of case files. Opinions from a wide range of people with an interest in social services, including representatives of other agencies, are canvassed in individual interviews and group discussions. Each council is required to assess its own work, performance and the issues that it faces in a position statement to the Review Team at the beginning of the Review.

In the course of 47 Reviews from the start of the programme to July 1999, Joint Reviews have:

- received 7,000 questionnaire replies from users and carers;
- looked at 3,800 individual case files;
- interviewed over 570 individual users and carers and met many more in group discussions;
- spent several days in each of over 350 local service points including local offices, hospitals, family doctors’ surgeries, town halls, head offices and one-stop shops;
- interviewed about 1,600 social workers, care managers, social work assistants and first-line managers;
- interviewed over 350 chief officers and top managers in local councils, including the management teams responsible for social services in all 47 councils reviewed up to July 1999;
- met representatives of other organisations including health councils, NHS trusts, other local authority services, independent providers and community groups in each of the councils reviewed;
- analysed up to 90 key indicators from the Department of Health, the SSI’s Performance Assessment Framework, the Audit Commission and CIPFA, for each council in the programme;
- collected data on referrals, assessments and services delivered by each authority through a specific survey linked to each Review; and
- collected information on what activity each authority carries out and how much the different services and activities cost in a specific return linked to each Review.

The Team has expanded during the last year from 14 to 26 staff. This has included strengthening the Central Support Team, particularly with two Review Support Co-ordinators, adding to the management capacity with the introduction of three Assistant Project Directors and having five new positions for Reviewers. With a larger staff group the skill mix within the Team has been increased. The Team is still able to
attract highly experienced professional managers from different social care settings (see Appendix 2). The average cost of a Review has varied as the workload and staffing of the team have expanded over the last year. From October 1999, the average cost of a Review will settle at just over £52,000. The bulk of the funding comes directly from the Department of Health Social Services Inspectorate budget and the National Assembly for Wales Social Services Inspection budget. Management overheads and accommodation costs are met by the Audit Commission. These represent a small element of the total cost. The contribution the team makes to performance assessment in social services and Best Value inspection will continue to evolve in the coming months, as guidance is finalised and the Review programmes of local authorities are settled. It can be expected that these changes will affect the activities of the Team and the deployment of resources.

2.2 Consultation and Feedback

The Team has also gained valuable information from feedback from a range of stakeholders. Most of the councils who have been reviewed make comments following the process. The Joint Review Team also holds its own stakeholders' events where a number of interested parties can comment on the review process and the reports. In addition, the Department of Health and the Audit Commission have arranged focus groups to feed into the process. During the coming year a formal advisory group will be established to act as a reference group for the Team and to support and guide the development of the work.

The main feedback from stakeholders can be summarised as follows:

- The process is robust and independent. Councils find it challenging.
- Those being reviewed appreciate the skills and professional approach of Reviewers.
- Councils would welcome more information on how Review staff are selected, how teams are put together and on the code of conduct for Reviewers.
- Self assessment to produce the "position statement" is a good learning process.
- The judgements are generally found to be sound. Some people are not happy with the style of the reports. Greater clarity about the audience for reports would be helpful.
- Councils would like a clearer explanation of the Review Team's Quality Assurance systems.
- Some people question the use of management information when it is obviously poor or inaccurate.
- Many councils find that the total elapsed time of a Review (10–11 months) is too long.
- It would be more helpful for councils if the process between the fieldwork finishing and the Review report being published could be faster.
- Councils would like to have more support in following up the conclusions and actions required after a Review has finished.

These views are being taken into account in considering developments in the Team's work and approach, in line with Best Value and the Performance Assessment Framework, and further comment from stakeholders will be invited.
### 2.3 Challenges for the Future

The way that the Review Team approaches its work has always been transparent. A copy of the methodology is published and available to councils. At present the methodology is being reviewed. This is to enable the new frameworks of Performance Assessment and Best Value to be included as well as to improve efficiency and performance within the Team. The Team is closely involved in the development of new approaches to Best Value inspection within the Audit Commission and the Social Services Inspectorate.

During the year, work has been piloted with both the Office for Standards in Education (OFSTED) and the National Health Service Executive Regional Office in Trent on undertaking work examining the interfaces between Social Services and Education and Social Services and Health. These pilots have been developed to enable the Team to better review the different corporate arrangements that are now found with jointly-run services, and much greater collaboration being required of all the key agencies. Any changes to the methodology to reflect this learning will be developed and launched by April 2000.

The Review Team continues to promote best practice. Contributions are made to annual conferences. The Team deals with a large number of enquiries by staff and others during Reviews and through contacts with our office. During this year the Team successfully ran three national events in partnership with the Quality Protects Development Team under the title, *Getting the Best from Children’s Services*. These have now been followed up by a publication by the Audit Commission and the SSI under the same title.

We shall also be contributing to a toolkit for councils to help them understand the dynamics of the Performance Assessment Framework and its implications for policy and practice. This will explore these key indicators and help those within social services to understand the implications of their performance within the framework. It will raise the questions that councils should be asking.

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3. The Developing Context

3.1 Summary
In last year’s Annual Report, *Getting the Best from Social Services*, we commented on the extent to which councils were delivering social services in an ever-changing context. Reducing social exclusion and achieving Best Value were identified as being at the heart of improving social services. This context has now become more demanding and more explicit as a result of six key initiatives:

- White Papers *Modernising Social Services* in England and *Building for the Future* in Wales;
- Best Value for local authority services;
- White Papers *Modernising Local Government* in England and *Local Voices* in Wales;
- *Quality Protects* in England and *Children First* in Wales;
- Performance Assessment Framework; and
- *National Priorities Guidance* for health and social care.

While these initiatives increase the demands on councils, they also provide for the first time a comprehensive statement of expectations (EXHIBIT 1) and set out proposals for how performance will be assessed. This will make it easier for councils to assess their own achievements, to identify priorities for change and to assess what progress they are making towards local and national targets.

EXHIBIT 1
Government initiatives now provide a more comprehensive statement of expectations

3.2 National Assembly for Wales
This year we have started reviewing councils in Wales. Four or five councils will be reviewed each year, enabling all councils to be reviewed over a five-year cycle. The first reports will be presented later in 1999. They will contribute to the developing policies and priorities of the National Assembly for Wales and give clear accounts of how well people are served by social services and how well placed councils in Wales are to improve services.

3.3 Clear Policy Framework
*Modernisation, Best Value and Social Inclusion*

The Government's proposals to modernise the way local government works provide the framework for achieving better social services. The focus will be on reducing social exclusion – building safer communities that enable vulnerable people to live more independent lives. To assist in reaching this goal, councils are expected to streamline their decision-making and subject services to tough scrutiny. The concept of "Best Value" is at the heart of this scrutiny.
How reviews will contribute to Best Value...

The Joint Review Team will review each council on a five-year cycle. Each council is required to review all its services over a five-year period. Councils' performance plans will indicate those services that have been reviewed, and proposed actions, as well as the timetable for future Reviews. Performance plans will be included within the position statement required by the Joint Review Team.

For the next five years only part of each council's services are likely to have been reviewed and this will be taken account of in each Joint Review. As more services have been reviewed in councils' Best Value performance reviews, their importance to Joint Reviews will increase.

Reviews will:

- report on how well each council serves its citizens, taking full account of the National Priorities Guidance, in Quality Protects and in National Service Frameworks as they become available; and
- report on how well placed each council is to improve social services including scrutiny of the process and outcomes of Best Value Reviews undertaken by the council and the proposed programme of future Best Value Reviews.

Reviews will test the council's current performance and Best Value performance plan against the 4Cs: challenge, compare, consult and compete. The Team will use the existing methodology: direct feedback from individual users and carers; observation of services; tracking of service delivery and management; assessment of leadership, management, planning and strategy; comparative data analysis and consultation with a wide range of other agencies and partners. Reports will include a clear judgement of the robustness of the process and outcomes of the Best Value performance Review in each council.

3.4 Clear Service Objectives

Modernising Social Services, Performance Assessment Framework, National Service Frameworks

The Government's agenda for social services has become clear through the publication of the White Papers: Modernising Social Services and Building for the Future. This presents a wide-ranging and radical agenda for reform and improvement.

Seven key principles now drive the transformation of social services:

- supporting independence and dignity;
- starting from each person’s needs and giving each individual a full say;
- fairness, openness and consistency across the country;
- giving children in care a better start in life;
- safeguarding individuals against abuse and taking firm action to stop abuse;
- ensuring that staff have the right training and skills; and
- increasing public confidence by making sure that standards are enforced.

Local councils with responsibility for social services will take the lead in delivering these changes, supported by a range of

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2 Modernising Social Services, November 1998.
Building for the Future, April 1999
government programmes and specific funding. As part of its performance assessment arrangements for Personal Social Services, the Department of Health published details of its Performance Assessment Framework (PAF)\(^3\) in July 1999. The framework sets out the 50 key indicators that will be the basis for judging progress in delivering better social services. These are set out in five domains against which all councils will be measured:

- achieving national priorities;
- cost and efficiency;
- effectiveness of service delivery and outcomes;
- quality of services for users and carers; and
- fair access.

The framework will help councils to focus on areas that need improvement and will inform the work of Joint Reviews, Social Care Regions and the Inspection Division of SSI in their complementary roles in assessing

Counclis' performance. Data from 35 of the 50 indicators will be available from November 1999 and the framework will be introduced into our preparation for Reviews from then on. Interpreting the new indicators and analysing the actions councils can take to become high performers will continue to be a central feature of Joint Reviews.

National Service Frameworks for the NHS will develop and clarify what it is that consistently good NHS services will be expected to deliver. Frameworks for mental health services and services for older people are expected in the next year. These will clarify the context in which councils need to improve their performance and help Joint Reviews to direct their energies to the top priorities for service improvement.

3.5 Putting Policy into Practice

National Priorities Guidance, Commission for Health Improvement, Linked Reviews

Modernising Social Services establishes what matters. National Service Frameworks will set out service expectations. The Performance Assessment Framework provides an architecture for measuring progress. Implementing change requires guidance on priorities and regular review of councils' capacity to put policies and priorities into practice. Joint Reviews provide a comprehensive assessment of each council's performance and potential every five years. We are working closely with colleagues in the Social Services Inspectorate and the Best Value Inspectorate in the Audit Commission to integrate our work in the developing arrangements for performance assessment in Social Services and Best Value across local authority services. As policy becomes more connected, it is essential that Joint Reviews can work with others to take a broader view of councils' ability to deliver priorities alongside their partner agencies. Health services, education, housing and regeneration all play a vital role in reducing social exclusion. The Review Team will build links with other inspectorates in order to achieve this – these will include Ofsted, NHS Executive Regional Offices and the Commission for Health Improvement, alongside our existing partners at the SSI and the Best Value Inspectorate.

4. Meeting Individuals' Needs

This chapter draws out the key themes of users' experience of social services as reported to Joint Review teams. It shares the practice of the best as well as notable weaker areas.

Review findings have been analysed around three dimensions that link to the new national agenda:

- the views of users;
- fair access; and
- maximising safety and independence.

4.1 The Views of Users

Most users and carers continue to rate services as excellent or good. Indeed, the overall rating given by users over the four years during which Joint Reviews have been conducting the survey is noticeably consistent (EXHIBIT 2). The wide variation in users' views between councils also remains evident, from 53 per cent in 1999 to 85 per cent in 1997.

The most significant factor associated with high satisfaction continues to be the perceived speed with which service is delivered once it has been agreed. The average percentage of users who say that they got a service quickly has hardly changed (EXHIBIT 3).

EXHIBIT 2

"Overall, what do you think of the help you received from social services?"

Most users and carers continue to rate services as excellent or good

EXHIBIT 3

"Did you get help quickly after a decision was made to provide services?"

The average percentage of users who say that they received a service quickly has hardly changed

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Source: Joint Review survey of users and carers 1996-9
4.2 Fair Access
Ensuring fair access depends on people being well informed about what is available to help them and what they are entitled to, at what cost. Joint Reviews have found that, at best, only 35 per cent of people have information on services before they use them. Councils are better at producing information than they are at ensuring it gets to the right people. Reviews have noted that citizens are better informed in councils that:

- work closely alongside user networks;
- focus on a customer-orientated approach to access;
- have an information strategy;
- specially target hard to reach groups;
- look for partnerships with others in getting information out to people; and
- seek comments on their performance from new users.

Despite the challenges of being one of the largest rural councils, North Yorkshire has been successful at getting information out to people. Its customer relations units make good first impressions, staff network well with other services and systematically ask users for feedback.

"Callers have received an excellent and friendly service, and found that the information provided was very useful"
- user and voluntary groups

"Links with customers are good – for example disability groups"
- Chief Executive

"They are beginning to involve people in the community"
- a voluntary organisation

Many councils are not responding effectively to diverse communities. It is worrying that in three-quarters of councils reviewed to date, less than one-third of respondents felt that matters of religion, race or culture were taken into account (EXHIBIT 4).

Users and carers from minority communities, not surprisingly therefore, are less satisfied with the service they get than those who describe themselves as "white European" (EXHIBIT 5).
4. MEETING INDIVIDUALS' NEEDS

EXHIBIT 5
Analysis of satisfaction by ethnic origin

Users and carers from minority communities are less satisfied with the service they get.

<table>
<thead>
<tr>
<th>Percentage of Users</th>
<th>100%</th>
<th>80%</th>
<th>60%</th>
<th>40%</th>
<th>20%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent/Good</td>
<td>White European</td>
<td>All other respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor/Very poor</td>
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</table>

Source: Joint Review survey of users and carers 1996-8

"The Equalities policies are for effect, not for effectiveness"

- black worker

"Nothing in Rochdale for ethnic minorities... in other towns they have good services"

- Asian carer

In Northamptonshire, a Community Access and Language Service plays a key role in helping ethnic communities to access services. It provides quality, professional face-to-face interpreting and translation services. Social Services contributes 75 per cent of the total budget for the service with 14 other agencies contributing the remainder. The Council has also set up a team of specialists to ensure sensitivity to race and cultural issues when assessing and arranging services for minority ethnic service users.

The analysis of referrals undertaken as part of joint reviews also questions equity and ease of access to social services. Councils still report markedly different numbers of referrals received, proportions of users who are then assessed, and of those, numbers of people who get a service.

There is no evidence yet that the definitions from the Department of Health's Referrals, Assessments and Packages of Care (RAP) pilot project are being widely used. These definitions suggest that a referral is something that leads to an assessment and so, if they were implemented, we would expect the ratio of referrals to assessments to be greater in more recent reviews. However, this ratio continues to vary widely (EXHIBIT 6).

EXHIBIT 6
Targeting assessments on those who need it

The ratio of referrals to assessments continues to vary widely.

<table>
<thead>
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<th>Ratio of referrals to assessments</th>
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<tr>
<td>100%</td>
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<tr>
<td>1997</td>
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</tbody>
</table>

Survey carried out in:
- 1997
- 1998
- 1999

Source: Joint Review analysis of referral samples in Reviews 1997-9

"[A package of services] is offered in its entirety, one aspect of it cannot be provided separately. There is an attitude of "all or nothing" with very little room for flexibility. Services are not meeting needs"

- a user
"The changes will mean that no community care packages will be funded where people are not at risk of needing residential or nursing care. Previous packages had been provided to assist people who had difficulty with aspects of daily living, in order to assist them in maximising independence."

– Committee Report (January 1998) on eligibility criteria for specialist services

"There is lots of conflict in the job – it [the eligibility criteria] makes you feel that it is not your fault if you can’t provide everything....it helps ration scarce resources appropriately and gives you professional security."

– a social worker

"The implementation of eligibility criteria could have been much smoother if client services staff had been more closely involved and better prepared."

– Client Services Team

Inconsistency of access to services is evident within as well as between councils. "Front of house" customer services can assist in improving both the speed and consistency of response, but only in councils that have defined eligibility for services in straightforward unambiguous terms.

Users' needs are best served in councils that underpin clearly targeted services with a coherent preventive strategy. Fair access is assisted by pro-active intervention that seeks to reach vulnerable people in the community at an early stage, with the aim of avoiding the need for more intensive – and therefore costly – services at a later stage. Such strategies are most effectively put together in partnership with other statutory and voluntary sector provision. For example, in Bristol, the Southmead Community Project aims to promote community safety. A range of schemes, run by several statutory and voluntary agencies, target children and young people on a high risk housing estate, with the aim of reducing crime and formal intervention by the justice system. This project has effectively targeted the most disruptive families and youngsters on the estate, helping to bring about a significant reduction in crime and neighbour complaints.

4.3 Maximising Safety and Independence

Safety and independence are the cornerstones of the Government's objectives for social services. The key to both lies with effective risk management. Reviews find that councils give a high priority to the safety of children. Inter-agency arrangements are well established and, on the whole, work well. The Department of Health has proposed two measures of how well councils keep children safe. The first relates to the proportion of children who stay on the register for more than two years and the second, the percentage of children whose names are placed on the child protection register a second time.

Looking at these two indicators together (EXHIBIT 7), councils fall into four categories of practice of which the most desirable means that children are not on the register for too long and few children are re-registered. When the latest available data for these indicators is examined (EXHIBIT 8), it is worrying that some of those with the lowest proportion of children registered for more than two years also have the highest re-registration rates. It will be important to be alert to any undue influence the indicators themselves might have here.
4. MEETING INDIVIDUALS' NEEDS

EXHIBIT 7
Managing risk in child protection
Children should not be on the register too long and few should be re-registered

Percentage of registrations that are re-registrations

Risky, revolving door practice

Procedurally driven but unsafe

Percentage of children on register for 2+ years

Purposeful, focused intervention

Risk averse, poor reviewing

Source: Joint Reviews

EXHIBIT 8
Two dimensions of measuring performance in child protection
Some of those councils with the lowest proportions of children on the register for more than two years also have the highest re-registration rates.

Proportion of children on child protection register for 2 years or more at 31/3/98

0% 10% 20% 30% 40% 50%

Percentage of registrations that were re-registrations

Source: Department of Health Key Statistics, 1998

Added value will flow from comparing indicators alongside observations of childcare practice in reviewed councils. In our recent report *Getting the Best from Children's Services*, we have examined evidence from Reviews against the new *Quality Protects* objectives. In summary, we have found that:
• abuse investigations are generally well managed;
• practice differs in respect of neglect and emotional abuse;
• some councils work hard at involving parents;
• advocacy for children is improving;
• there is little evidence of comprehensive assessment; and
• the impetus for change is often not maintained beyond the investigative stage.

In addition, by failing to look at children's services as a whole system, councils cannot be confident that the right children are getting the right services. Effective and efficient risk management cannot, therefore, be assured.

Even greater variation is seen in the arrangements in place to both guarantee the safety of vulnerable adults and support their independence. Many councils have guidance for the investigation of suspected abuse against vulnerable adults. Some councils, for example, Hertfordshire, have "need to know" procedures to trigger senior management attention to high-risk circumstances. However, Reviewers find that, in many places, care managers struggle to arrange services for vulnerable adults that both offer protection and promote independence. Without the flexibility of services to support risk management guidance, safety might be assured but loss of independence may well be the price to pay.

Some councils have managed the trick of doing both. Wolverhampton has developed extra-care sheltered housing in partnership with a housing association and charitable care organisation. The Council is looking to re-shape its services for older people in centres that focus on rehabilitation, respite and day care. The strategy promotes independence, offers protection and is cost effective. The Carats Project in Rotherham is a community assessment rehabilitation and treatment scheme, funded from a range of sources. It employs health and social services personnel to both prevent hospital admission and facilitate early hospital discharge. In Westminster, an integrated network of support and services maintains a severely mentally ill person in the community (EXHIBIT 9).

Support for carers is critical to managing risk in the community. Reviews have found that while many councils have backed carers networks, arrangements for the separate assessment of carers needs are rarely visible. Furthermore, the flexible service responses needed to support individual carers are not always available. Unsurprisingly therefore, carers demonstrate less satisfaction with services than the general population of users (EXHIBIT 10).

"What I have needed has been prompt, efficient and caring and much appreciated"
– a user

"Although having to wait a long time, once things started to get moving I feel we have so far had good service and the staff were most helpful and kind"
– a carer

"We were helped very quickly with equipment... but our bathroom was a major headache. It took 18 months to be done"
– a carer
4. MEETING INDIVIDUALS' NEEDS

EXHIBIT 9
Careful management of the whole system minimises risk and danger

Outcome
- Suitable, safe accommodation
- Care planning goals adhered to
- Progress made by user
- Danger minimised

A safe and secure environment that promotes user independence

Referral from psychiatric hospital

Assessment of need
- Multidisciplinary
- 3 monthly CPA monitoring
- 3 monthly care plan review
- Quarterly reports to Home Office

User
- Severely mentally ill
- Risk to self and others

Specialist Expertise
- Psychiatrist weekly
- Psychologist at hostel
- Care manager weekly
- CPN fortnightly
- 2 x support workers

Care Planning
- Regular meeting of multi-disciplinary team with user
- Highly defined goals

Monitoring and Review
- 24 hour by hostel staff
- Close liaison/all agencies
- Medication checks
- Alcohol checks
- Dangerous item checks
- Daycare-structured activities
- Weekly access money
- Paid volunteer support

24 Hour Rehabilitation Hostel
- Home for life
- Independent flat

EXHIBIT 10
Analysis of satisfaction between users and carers
Carers demonstrate less satisfaction with services than do people who receive a service themselves

Percentage satisfaction

<table>
<thead>
<tr>
<th>Excellent/Good</th>
<th>Fair</th>
<th>Poor/Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>60%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Joint Review of Westminster City Council Social Services, 1999

"We had had the planning meetings and I thought that everything was organised. Then on the day he left school I was told that there was no funding for the day centre. I went through the complaints procedure and was told that he would be offered a place at the end of September. By mid-September I had heard nothing..."

- a carer
5. Shaping Services

This chapter summarises the key findings from Reviews, highlighting both good practice and areas for improvement. It comments on how councils are shaping up to meet the Best Value agenda in social services.

Review findings have been analysed around four critical dimensions for effective service change:

• learning from experience;
• integrating planning;
• building strategic partnerships; and
• making a difference in practice.

5.1 Learning from Experience

Councils need to improve their capacity to learn from experience. Valuable networks with users and carers are in place in many social services councils, but few councils have systematic arrangements to aggregate information from practice to inform planning.

Joint Reviews have generally found social services well placed to consult with users and carers about service change. The principle of user involvement in both practice and planning is long established and, increasingly, councils are using a range of approaches to encourage participation from a wider audience who, traditionally, have not found it easy to speak up for themselves. Significant challenges remain, especially in respect of children and young people. However, social services have much to contribute to corporate learning on effective consultation to assist Best Value.

Joint Review teams meet both individual users and carers and also organise networks of user-based groups. Increasingly, concerns are voiced about:

• consultation fatigue – this is often where councils ask for comments on hefty planning documents, usually at a late stage. Groups make an effort to respond but do not feel influential in shaping change from the outset – the impression created is of cosmetic involvement;
• seeing the big picture – a clearer sense of the overall vision of the council, competing priorities and timescales would not only ensure more realistic expectations but would also draw on user expertise to identify practical solutions; and
• letting go – allowing users a greater say in running services. For example, in many councils arrangements to support direct payments have been slow to get off the ground.

"Don't get a feeling of any kind of coherent strategy – so it's difficult to know how to fit in" - a user representative in West Sussex

Valuable learning from the involvement of user networks in planning needs to be underpinned by better systems to aggregate information from the front-line. The scrutiny of case files as part of the Joint Review process reveals rich information on individual user needs in assessment and planning documents, yet few councils are capitalising on this information to inform planning. Similarly, the potential value of conducting individual case reviews across all user groups is not being realised because:

• as was reported last year, many people receiving services are still not getting a review of their services (EXHIBIT 11);
• outcomes for users are often not specified in measurable terms in order to objectively judge what works for whom; and
• few councils are able to collate data from case reviews.

Joint Reviews find many councils undertaking comprehensive service reviews. Such studies can provide valuable snap-shots of existing provision. However, the full payback from the effort and resources deployed is often not achieved due to significant information gaps. Service reviews need to be considered alongside trends of population needs, service activity, comparative performance and costs, in order to confidently forecast, anticipate and plan for the future. Councils have not improved either in estimating expenditure or in estimating referrals (EXHIBITS 12 and 13).

EXHIBIT 11
"Since receiving help, have you been asked how things are working out or whether you would like anything changed?"
Many people receiving services are still not being asked how things are going.

EXHIBIT 12
Forecasts of expenditure
Councils have not improved either in estimating expenditure...

EXHIBIT 13
Forecasts of activity
...or in estimating referrals

Source: Joint Review survey of users and carers, 1996–9

Source: Finance and activity data supplied in Joint Reviews, 1998–9

While some councils are making significant progress on this agenda, the number of blank cells in the information requested by Joint Reviews suggests that this remains a major challenge for many councils (EXHIBIT 14, overleaf). Much progress is needed to allow honest and objective comparisons across services as required by the Best Value agenda.
5.2 Integrating Planning

Social Services are now working in a tighter national framework, with prescribed objectives and measurable targets. Particular emphasis has been placed on joint working across agencies. A plethora of planning requirements have been drawn up by the Government. Performance is to be closely monitored.

While social service councils are experienced at planning alongside others, new approaches to planning are needed in order to deliver the new agenda. Too often, Joint Reviews find a range of planning documents that are poorly linked and aspirational rather than specific in content. Formal joint planning frameworks provide good forums for consultation, but in many places are too bureaucratic and process-orientated to drive change, other than at the margins.

Councils need to focus more on outcome-orientated planning and rather less on the production of descriptive plans. Few reviewed councils had a clear strategic framework that linked council policies, priorities and expenditure to measurable action plans. Westminster has an integrated business planning process (EXHIBIT 15) that translates over-arching political priorities into specific, measurable and monitored targets.

### EXHIBIT 14

**Ability to comply with data requests**
Percentage of finance and activity data cells left blank in the return to Joint Reviews

<table>
<thead>
<tr>
<th>Percentage of finance and activity data cells left blank</th>
<th>90%</th>
<th>80%</th>
<th>70%</th>
<th>60%</th>
<th>50%</th>
<th>40%</th>
<th>30%</th>
<th>20%</th>
<th>10%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey carried out in:</td>
<td>1997</td>
<td>1998</td>
<td>1999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Source: Finance and activity data supplied in Joint Reviews, 1997–9*

### EXHIBIT 15

**An integrated business planning process that translates priorities into targets gets better results**

- Mission statement
- Committee aims
- Committee priorities
- Targets

- Business plans
- Performance monitoring
- Strategic review
- Annual review and changing providers
- Budget options
- Star chamber cuts and growth

*Source: Joint Review of Westminster City Council Social Services, 1999*
5. SHAPING SERVICES

for services and staff. Councils too often are making opportunistic savings rather than linking them in with their strategic aims and service priorities.

The pace of change also needs to quicken if the best value timescales are to be met. In many councils service change and development still remain at the margins, leaving the overall pattern of services largely undisturbed. Of the latest reviews, few have reported shifts of expenditure between client groups of more than 1.5 per cent (EXHIBIT 16).

Consistent and significant changes are not apparent at the service level either. Most councils aim to increase their support to older people living in their own homes and home care is an important element in this. However, almost as many councils have reported year on year reductions in the proportion of expenditure on older people that goes on home care as have those who have reported increases (EXHIBIT 17, overleaf).

EXHIBIT 16
Service change and development still remain at the margins
Most care group budgets only change very slowly.

<table>
<thead>
<tr>
<th>1996/7 to 1997/8</th>
<th>Movement in percentage change on:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children &amp; families</td>
</tr>
<tr>
<td>Bath &amp; North East Somerset</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Bradford</td>
<td>0.6%</td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>0.2%</td>
</tr>
<tr>
<td>Devon</td>
<td>0.2%</td>
</tr>
<tr>
<td>Haringey</td>
<td>2.1%</td>
</tr>
<tr>
<td>Isle of Wight</td>
<td>0.1%</td>
</tr>
<tr>
<td>Lancashire</td>
<td>0.8%</td>
</tr>
<tr>
<td>North Tyneside</td>
<td>-1.8%</td>
</tr>
<tr>
<td>Northumberland</td>
<td>-2.8%</td>
</tr>
<tr>
<td>Rhondda Cynon Taff</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Stockton-on-Tees</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Westminster</td>
<td>-3.1%</td>
</tr>
<tr>
<td>York City</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Source: Finance and activity supplied in Joint Reviews 1998-9
Changes at the service level
Almost as many councils report reductions in the emphasis on home care as those that report increases

<table>
<thead>
<tr>
<th>Percentage point change in expenditure on home care as a percentage of total expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
</tr>
<tr>
<td>4%</td>
</tr>
<tr>
<td>2%</td>
</tr>
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<td>0%</td>
</tr>
<tr>
<td>-2%</td>
</tr>
<tr>
<td>-4%</td>
</tr>
<tr>
<td>-6%</td>
</tr>
</tbody>
</table>

- Collected 1997/8
- Collected 1998/9

Source: Finance and activity data supplied in Joint Reviews 1997–9

Larger changes can be seen in the movement of resources between in-house services and the independent sector. Most councils continue to increase the proportion of their home care that is purchased from the independent sector (EXHIBIT 18), although some have chosen to increase the proportion that they provide themselves.

Movement of resources between sectors
Most councils continue to increase the proportion of home care that is purchased from the independent sector

<table>
<thead>
<tr>
<th>Percentage point change in percentage of home care purchased from the independent sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
</tr>
<tr>
<td>10%</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>-10%</td>
</tr>
<tr>
<td>-20%</td>
</tr>
</tbody>
</table>

- Collected 1997/8
- Collected 1998/9

The most substantial changes have been found in councils that take a holistic approach to planning: starting with a well-informed strategic overview that takes into account internal and external pressures and resource shifts and draws messages from both the front-line and the strategies of other key players. This is then translated into a business plan, with specified targets and timescales, which is itself tightly linked to the council's commissioning and performance frameworks.

5.3 Building Strategic Partnerships
Joint Reviews invariably report that social services work hard at building constructive relationships with other organisations, although some councils struggle to use basically sound links as a platform from which to develop more strategic partnerships.

This year has seen a detectable improvement in corporate working in some councils. Clarity of vision, strong leadership and robust performance measures appear to be more influential than structure in strengthening networks across councils. In some councils, for example, Northamptonshire, new strategic directorates have been created, including one covering health and social care. Corporate vision and values underpin a council-wide performance plan. Structures and processes have been re-aligned to improve corporate governance and drive the new strategic agenda. The recently published...
Joint Review report on children’s services (Getting the Best from Children’s Services) highlights some good examples of joint initiatives with Education in improving services for children looked after. Community safety and youth justice are other services noticeably benefiting from closer corporate working. Several councils now have “corporate parenting initiatives” where departments work together to ensure that the needs of children in care are being met by the whole council.

In Rotherham, Social Services is a key player in the Council’s Community Regeneration Programme. This has drawn together a number of schemes that are:

- widening the base for consulting with the community;
- working with Education to provide Breakfast Clubs and after-school activity;
- providing a play bus to bring leisure and support services into isolated areas;
- working with Police in reducing local crime;
- providing a welfare benefits advice service that assists individuals and maximises public monies coming into the area; and
- supporting the Multi-Cultural Centre to work more closely with ethnic minority communities.

While in a few councils links with healthcare organisations remain troublesome, Joint Reviews are increasingly reporting positive outcomes for users resulting from closer working with Health. For example, in Rochdale, the development of seamless community care across all user groups has been supported through a joint commissioning team. The strong links between Health and Social Services also underpinned a successful Health Action Zone bid to address the need for better preventative services for older people in the Council. Developing links with the new primary care groups are increasingly evident and Joint Reviews looks forward to reporting on some positive outcomes from these changes in future reports.

The infrastructure to support joint commissioning is often stronger for adult services than it is for children. Some of the weakest children’s services are those requiring close working with others, for example, disabled children. Efforts to share learning across groups of staff in social services would bear fruit.

Links with private and voluntary organisations who provide services on behalf of councils are improving although some councils remain wary of more strategic partnerships with the independent sector. Reviews have noted improving skills in specifying the services required, but there remains too much purchasing of services on an individual basis, particularly in respect of home-based provision. While this offers flexibility, it undermines the building of mutual trust and shared objectives that flow from longer-term partnerships. Some councils, such as Hertfordshire and Westminster, are becoming experienced market players, delivering 80 per cent of their services via tightly specified and monitored arrangements. Users and carers are also getting involved in drawing up service specifications and tendering processes in these and other councils. Liverpool is working with the local university and external providers to establish better outcome measures for users in service contracts.
"It's good to do business with the County Council ... on the whole they are competent and business-like"

- A provider in Hertfordshire

Arrangements to ensure compliance with requirements remain weak in many councils. Links between care managers, inspectors and those responsible for overseeing contracts need strengthening both to avoid duplication and to ensure a co-ordinated approach.

Looser arrangements usually govern service specification and compliance for council-run provision than for services delivered via the independent sector. Councils are improving their knowledge of activity and costs of in-house services and are increasingly seeking users' views by surveys and other feedback arrangements. Some in-house service managers are, in order to help to ensure more consistent standards, also putting customised quality assurance systems in place. However, lack of common arrangements for specifying quality, monitoring performance and measuring costs will make fair comparisons across public and independent sectors difficult.
6. Managing Performance

This chapter examines how councils manage their performance and how they ensure that the services they run, commission or regulate are safe and well managed. The national developments over the last year are summarised along with key findings from Reviews. We have highlighted best practice and explored pitfalls and their implications for councils.

6.1 Modernising Social Services

The last year has seen the production of the Social Services White Paper – Modernising Social Services and the documents that have followed – National Priorities for Health & Social Care, Quality Protects (Children First in Wales) and the Performance Assessment Framework. All of these set a new framework for how Social Services Departments should be managing their performance. These sit alongside the Government's agenda for modernising local government with the new legal requirements to demonstrate Best Value.

These developments prescribe some of the ways in which councils should assure quality in their services. No longer is quality assurance solely undertaken through local mechanisms. A national framework has been created with an additional expectation of greater user empowerment to assist with this task. National objectives have been set for social services. There is a responsibility on all councils to be able to demonstrate how these objectives are being met. This requires accurate measurements; customer feedback and evidence-based practice.

Inspection Units had lead responsibility in many departments for performance monitoring and quality assurance. They are now required to prepare to develop their substantive role as regulators and inspectors of care in independent agencies (Under 8s with OFSTED in England, residential and other care services through the proposed new Commissions for Care Standards). This has required councils to reconsider the structures they have in place to monitor the quality of services. In particular, this has set a challenge for councils to ensure that their management information systems are more robust and reliable. There is a growth of new Performance Management or Best Value Units who are required to undertake this work.

Joint Reviews have found that many councils are struggling to meet these challenges. Those councils that have already developed quality assurance models should be best prepared. Where councils have adopted the Business Excellence Model or a similar quality assurance system, a solid framework has been provided for delivering good quality services (Westminster and Solihull). An increasing number of councils have now achieved, or are preparing for, Investors in People accreditation. Where this has been introduced in ways that enable staff to contribute to the development of the organisation, it has been a useful tool to support the workforce in meeting the challenges. In some places it has been seen as rather mechanistic and it has lost its potential value for the whole organisation.
6.2 Managing Inspection and Complaints

In most councils we have seen, Inspection Units carry out their work to meet statutory requirements (EXHIBIT 19). There seems to be an increasing number of Units where those being regulated reported positively on relationships. This occurred even in councils where regulatory action had been taken against some providers. However, many providers in the independent sector still believe that there is not a level playing field when it comes to inspecting and regulating "in-house" services. They look forward to the creation of the Social Care Councils.

Inspection Unit workloads can get dominated by the investigation of complaints about the services that they are regulating. There need to be clear protocols which distinguish between the respective roles in investigating complaints for providers of services, those falling under the Community Care Act or Children Act Complaints procedures and those requiring investigation by Inspectors in order for them to carry out their regulatory tasks.

Many Inspection Units have established arrangements for accrediting domiciliary care agencies. They need to be careful that this role is clearly separated from the role of contracting or commissioning services through preferred providers. When more formal regulation of this area is introduced there will be different processes.

There are some concerns for unitary authorities that have established their own units. They may have small numbers of staff working in them. This brings a number of problems. Not only are they prone to having difficulties in meeting their demands in the event of staff sickness or vacancies, but they may also not have the range of skills within the unit to address the differing needs of the client groups.

Many councils were not meeting the targets for investigating complaints. Some places achieved less that 50 per cent performance in meeting statutory targets. It is recognised that for a small number of more complex complaints the targets are unrealistic. However, there is a wide variation across the country in how close councils are to meeting targets, which cannot be solely explained by the nature of some complaints.

Councils were beginning to look at the data from complaints to use this as a tool to help improve services. Some councils have begun to develop a less bureaucratic approach to complaints. Here a greater emphasis is placed on resolution and mediation at the early stages. This can be best achieved where front-line managers are able to make decisions and where there is not a "blame culture" for staff. Councils that empowered their front line staff were also able to empower their customers.
The findings from Joint Review questionnaires of service users still discover only a small percentage of people who say that they were told how to complain (EXHIBIT 20). More than one in five of those who had made a complaint said that it was not dealt with to their satisfaction (EXHIBIT 21). It is possible that as two-thirds of people approaching social services have been referred by a third party that there is a greater challenge for complaints units to get the right information to these people.

EXHIBIT 20

"Were you told how to complain about the services if you wanted to?"

Few people are told how to complain...

<table>
<thead>
<tr>
<th>Percentage told how to complain</th>
</tr>
</thead>
<tbody>
<tr>
<td>160%</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>70%</td>
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<tr>
<td>60%</td>
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<td>50%</td>
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<td>40%</td>
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<td>20%</td>
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<tr>
<td>10%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Survey carried out in:
- 1996
- 1997
- 1998
- 1999

Source: Joint Review survey of users and carers, 1996-9

EXHIBIT 21

"If you have made a complaint, did it get dealt with to your satisfaction?"

...and of those that do, more than one in five are not satisfied with the outcome.

<table>
<thead>
<tr>
<th>Percentage complaints dealt with to satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>80%</td>
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<tr>
<td>70%</td>
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<td>20%</td>
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<td>10%</td>
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<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Survey carried out in:
- 1996
- 1997
- 1998
- 1999

Source: Joint Review survey of users and carers, 1996-9

6.3 Quality Standards

Quality Standards can be found to be being used by councils in:
- departmental business plans;
- service specifications for external providers (few councils have yet extended these for internal providers);
- regulation, inspection and accreditation frameworks;
- complaints procedures;
- procedures for assessing need and risk; and

There are some councils where standards are monitored and reported regularly to senior managers and councillors. Usually, performance management and the ownership of quality assurance are patchy across councils.

Hampshire is developing a system to record performance against pre-determined objectives. This is seen as a key part of the management information strategy. This enables comparison of performance across different areas of the council as well as benchmarking performance against that of other councils.

Regular file audits are used by some councils as a means of monitoring the standard of work. This is most commonly used for child protection files. It is apparent that managers are not reading the files on cases that they manage in any systematic way. Not every
manager even records decisions that they have made on files – they rely on the worker making any records.

6.4 Managing Performance Effectively

There is little evidence of councils involving service users in monitoring performance in a consistent way, though an increasing number of councils are using questionnaires to judge the impact of some of their services. Many of the councils that have been reviewed had used the Joint Review questionnaire as a pilot in preparation for their Review.

Many councils are struggling with their management information systems. They lack confidence in their own data. In turn, this means that managers are not using the information that is available to assist them in monitoring activity or performance. Many departments produce management information bulletins, but these are rarely used in a constructive way and there is little evidence of them being provided for councillors in a digestible form. With the evolution of scrutiny committees, both officers and councillors need to consider how information can best be provided to assist these committees with their task.

The advent of Best Value requires councils to compare information in order to judge performance and to strive to achieve efficiency and the effective delivery of services. There is evidence of regional groupings looking at information.

The council should receive regular reports on the performance and activities of the department in a helpful format, with commentary and comparisons with similar councils.

This should include:

- performance and activity indicators;
- how national priorities and statutory obligations are being met;
- allocations to children in care, on the at risk register, supervision orders and other statutory work;
- the length of time it takes to get people a service – (adoption, allocation for Child Protection, hospital discharge, residential care, home care and so on);
- unit costs;
- complaints and commendations;
- reviews of service; and
- ethnic monitoring.

6.5 Managing the Whole System

In order to effectively manage performance, the whole system has to be managed. Many councils have the components of performance management in place. However, only a few have managed to achieve their integration into a single system (EXHIBIT 22).
A few councils have integrated performance management into a single system that works at all levels.

- External environment
- Community plan
- Community care plan
- Children's services plan
- Detailed service strategies
- Business plans
- Individual work plans
- Performance against work plan (PDR)
- Training & development plan (professional & organisation)
- Integrated/improved service quality

Source: Joint Review of Haringey LBC Social Services, 1999
7. Managing Resources

This chapter summarises the key findings from Reviews, highlighting both good practice and areas for improvement. It comments on how councils' costs compare and how competitive councils' services are to meet the Best Value agenda in social services.

7.1 Summary

Many councils are working hard to benchmark and compare costs. Particular effort has gone into defining costs and cost drivers. However, this has not resulted in any convergence of costs. On the contrary, costs vary more widely than in previous years. There remains no link between how satisfied users are and how much is spent. Likewise, there continues to be scope for savings by changing the mix of services that are commissioned and by selecting lower-cost suppliers. Management information remains a challenge. The new Performance Assessment Framework provides a clearer context and we will be helping councils to interpret and apply this over the coming years.

7.2 Cost Comparisons between Authorities

The range of unit costs of in-house home care for older people has increased since we last reported (EXHIBIT 23).

EXHIBIT 23
The cost per hour of local authority home care for elderly people
Unit costs vary widely from £6.60 to £17.66.

<table>
<thead>
<tr>
<th>Cost per hour (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>£20</td>
</tr>
<tr>
<td>£15</td>
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<tr>
<td>£10</td>
</tr>
<tr>
<td>£5</td>
</tr>
<tr>
<td>£0</td>
</tr>
</tbody>
</table>

Source: Finance and activity data supplied in Joint Reviews 1998-9

There is still little evidence of a link between costs and satisfaction (EXHIBIT 24). In in-house residential care for older people, if there is a relationship, it is a negative one, that is, higher-cost services are associated with lower satisfaction.

EXHIBIT 24
Satisfaction compared with cost
There is little evidence of a link between costs and satisfaction.

Source: Joint Reviews survey of users and carers and finance and activity data supplied for Reviews, 1998-9
7.3 Cost Comparisons between Sectors
We continue to find wide variation in the differences in reported cost between in-house services and those purchased from the independent sector. For example, almost one-quarter of councils report independently provided residential care for older people as more than one-half the cost of that which they provide in-house (EXHIBIT 25). It would appear that there are still substantial savings to be made from externalising services.

EXHIBIT 25
Comparing costs by sector
Almost one-quarter of councils report independent residential care as more than one-half the cost of that which they provide in-house.

Difference between in-house cost and independent sector cost as a percentage of in-house cost

100% 80% 60% 40% 20% 0% 0% -20% -40%

Source: Finance and activity data supplied in Joint Reviews 1997–9

7.4 Progress on Benchmarking Activity
We reported last year how the London Association of Directors of Social Services (ADSS) were working to improve finance and activity data among their members. All London councils are now involved in this “club”, a similar benchmarking group has just been established in the West Midlands, and others are being set up around the country. Rho Delta Consultants have facilitated this work and have produced an analysis of eight possible permutations of elements – direct net cost, income from clients, apportionments for management services and asset rentals – that are often included in reported unit costs (EXHIBIT 26). It is likely that most of these permutations are represented in Exhibit 25 and that different permutations may have been used to calculate the in-house costs from those used to calculate the independent sector costs.

EXHIBIT 26
Consistency in approaches to costing
There are eight possible permutations of cost elements that lead to very different unit costs and all are used by different services or councils.

£ 450
£ 400
£ 350
£ 300
£ 250
£ 200
£ 150
£ 100
£ 50
£ 0

- Income from clients
- Management Support Services
- Asset rental
- Net direct cost of service

Source: Rho Delta Consultants

7.5 Management Information
Last year we said that management information had to be improved and that this was a matter of defining what services are for and measuring them. In its
consultation document, *A New Approach to Social Services Performance*, the Department of Health set out the Performance Assessment Framework (PAF), which is what it believes social services are for and proposed a method of measuring them. Councils must also define local objectives and measurements for themselves if they are to engage in useful discussions with SSI and Joint Reviews about their assessment of performance.

### 7.6 PAF Toolkit

To help councils to understand PAF, the Joint Review Team will produce a toolkit, based on the latest year's statistics, in collaboration with the Department of Health, the Audit Commission, academics and information managers from local councils. The toolkit will explain some of the issues in improving data quality, analysing the data, and the implications for policy and practice. It will also provide councillors, managers and frontline staff with questions to ask about the relative performance of their council and help with setting targets for the following year.

### 7.7 Asset Management

Reviews have found some examples of imaginative management of assets, making maximum use of council buildings of all types to deliver better social services. There are some good initiatives to promote more flexible working and home working to improve performance, make better use of telecommunications and offer flexibility for staff. However, many councils still use traditional area offices that offer poor access and facilities for users and carers and are not geared up to be modern workplaces.

### 7.8 Workforce Management

The Review Team is undertaking a review of our work on workforce management to improve scrutiny of council's performance in this key area. The requirements to move to a more qualified workforce, to employ accredited staff and to improve management effectiveness demand better links with training and accrediting bodies and clearer understanding of the best way to recruit, develop and retain a mix of staff fit for the task now required. A report on our findings on workforce issues, and how the team will address these issues, will be published early in 2000.
### Appendix 1: The Programme

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Appendix 2: Who’s Who in the Review Team

Reviewers

RACHEL AYLING will join the Team in October 1999. Her background is in the voluntary sector with Scope and the Policy Studies Institute. She is currently in a joint commissioning role with the London Borough of Sutton & Merton and Sutton & Wandsworth Health Authority.

ISEULT COCKING joined the Team in April 1999 from Leonard Cheshire, where she was Head of Planning. A qualified social worker, she has extensive experience of planning and service development for people with disabilities, both in the voluntary and statutory sector.

JENNY CROOK has worked as a State Registered General and Psychiatric Nurse and as a Community Development Worker. Since qualifying as a social worker in the early 1970s, she has been a lecturer and researcher at Glasgow University and has held a wide range of social work and social services management posts. Her last job was as Assistant Director for Adult Services in the northwest of England. She joined the Team in April 1999.

PAUL DAVIES has worked in social services since 1975 and has a wide experience of community care and children’s services. He joined the Joint Review Team in September 1998, on secondment from Middlesborough Social and Housing Services, where he was the Manager of Children and Families’ Services and had previously been responsible for strategic planning and commissioning.

BOB DAWSON is seconded to the Joint Review Team from Cambridgeshire County Council, where he has held a range of posts in operational management in adult and childcare services until his most recent appointment as Assistant Director, Policy and Programme Review. He joined the Team in April 1999.

DAVID HORNE is seconded from the Social Services Inspectorate, where he has seven years’ experience of designing and leading inspections across a wide range of adult, childcare and management topics. Most recently he had national responsibility for the inspection of Hospital Discharge Arrangements and developed the SSI’s Data Handling Strategy. A qualified social worker, David has also worked in information technology, consultancy and lecturing. He has a first degree in Social Policy and a PhD in Mental Health Service Development.
MOLLY LEWIS is seconded from Cardiff County Council, where she has been the Head of Policy Review since Local Government Reorganisation. During that period, she was responsible for the development of performance planning, scrutiny and review within the Council. Prior to reorganisation, Molly worked for South Glamorgan County Council's Policy Department and its Social Services Department, managing projects on strategic planning, needs analysis, devolved budgeting and management information. Molly has an MBA from the University of Wales and lives in Cardiff.

KEVIN MANSELL is a qualified social worker with a degree in economics and an MA in Applied Social Studies. Following a post-graduate fellowship in the US, he worked for two years on a technical assistance programme in India. After 18 years' experience as a practitioner and manager in East London social services departments, he joined the Social Services Inspectorate in 1990, working in the London region. A member of the Joint Reviews Development Team from 1994–5, Kevin has been involved with the Department of Health since 1995, working on information and statistics, costs and outcomes, and performance measurement issues. He joined the Joint Review Team in April 1998.

JANE SHUTTLEWORTH joined the Joint Review Team in June 1998 from Camden Social Services, where she was Head of Strategic Planning. Jane's career includes work with the Play Service, Youth and Community Service and three years as a trainer/consultant.

DENNIS SIMPSON is a qualified social worker, and has worked in social services since 1970 in a range of different positions and across a number of different services. His previous position was as Director of Social Services in Southwark, a post he held for 13 years. He joined the Joint Review Team on a part-time basis in April 1998.

DEREK SLEIGH was seconded to the Joint Review Team in September 1999. He most recently worked for Milton Keynes Council, where he was corporate lead on Best Value and performance management issues. Derek is a social worker with extensive experience in Northamptonshire and Buckinghamshire. Before becoming a Policy Manager and then moving into corporate policy and review work, he managed services for children, older people and hospital social work.
CAROL TOZER joined the Team in July 1999. Starting her career in the Social Research Division of the DHSS, she has subsequently held a number of research management posts in health and social care agencies in Britain and Canada. Most recently, she has been responsible for the planning, research, management information, GIS and quality assurance functions at Bournemouth Social Services Directorate. She has an MSc in Public Policy and a PhD in Social Policy.

KATHERINE TYRRELL is a qualified accountant with an MBA from the London Business School. She gained a wide range of experience of social services and partner agencies working in financial management posts in London boroughs and the NHS and, following a period working for CIPFA, she was a management consultant with KPMG and others from 1992, specialising in health, social and community care. She has particular expertise in performance management, inter-

agency working and informing and involving users and carers, and was involved in the development of the Joint Reviews methodology. She joined the Team in November 1998.

JOANNA WEBB joined the Team in May 1999 after working for Kirklees Metropolitan Council for 13 years. Most recently she has led on the development and implementation of the Corporate Customer Service Strategy, establishing cross-service one- and first-stop shops and reviewing access to services via telephones and IT. Prior to that, she worked in social services undertaking a major review of the service's structure, and managing access, fieldwork teams and services for disabled people. Joanna has a first degree in Social Sciences and an MBA from the University of Leeds.

BOB WELCH has 20 years' experience as a social worker and manager in both shire and metropolitan councils. He joined the Social Services Inspectorate in 1988, working mostly in the Central England region but, nationally, he was closely involved in the community care reforms, taking lead responsibility for care management. He was seconded to the Joint Review Team at its beginning in 1996. He became an independent development consultant as from 1998, but continues to undertake some Joint Reviews on contract.
Review Management and Support

ANDREW WEBSTER, Project Director, has had wide experience in both health and social services management, most recently leading community care commissioning for the Greater Glasgow Health Board and also working for Cambridgeshire Social Services. He has a PhD in Public Policy.

DAVID ASHCROFT, Assistant Project Director, joined the team as a Reviewer in April 1997 from East Sussex County Council, where he managed services for older people, and led on joint commissioning, community care planning and other policy issues. David completed an MBA in 1996, and has a particular interest in governance and accountability issues in the public and voluntary sectors. Before joining local government, he worked in training and management consultancy, and in academic and medical publishing. He served for several years as a trustee of Scope, including as vice chair, and has board experience with housing and health bodies. He was appointed to one of three new Assistant Director posts in Joint Reviews in April 1999.

JOHN BOLTON, Assistant Project Director, joined the team in April 1999. He has wide experience in social services. A qualified social worker who has worked as a community worker, senior manager of community-based services, chief inspector and assistant director with responsibility for quality and support services. Joined the team from Camden Social Services.

SUSAN MEAD, Assistant Project Director, has a wide range of practitioner and managerial experience in Social Services, spanning over 25 years. This includes working in the Social Services Inspectorate in the late 1980s. Her particular interest in recent years has been the role of external scrutiny in the maintenance of standards in social services. She has extensive experience of undertaking inquiries and reviews into matters of public concern, particularly in respect of childcare issues. She joined the Team as a Reviewer in September 1997, and was appointed as an Assistant Director in April 1999.

LLOYD DAVIS, Information Manager, joined the Team from the Local Government Studies Directorate of the Audit Commission. His role is to design and manage information systems for Reviews.

LARA BRYANT, Information Associate, graduated with a Maths and Statistics degree in 1997 and worked for the Metropolitan Police Service before joining the Team in November 1998.
KACEY BROWN, Placement Student, Kacey is spending a year with the Joint Review Team as part of a BA Hons. Degree in Business Information Management and Finance, at the University of Westminster.

AOIFE MC NAMARA, Administrator, previously worked in the Irish Financial Sector before coming to London in 1998. She joined the team in November 1998. Aoife is currently studying for a Diploma in Management Studies.

CATHERINE MANGAN, Review Support Coordinator, joined the Team in August after five years at the Department for Education and Employment. She has a background in project management and recently took an 18-month career break to study for a degree in psychology.

KATE WANDLESS, Review Support Coordinator, has a background in project management and publications, having worked previously as an editor for Oxford University Press. Her role is to co-ordinate the administration of reviews and the publication of reports. She is currently studying for an MSc in Health & Social Services at the London School of Economics.

PHILLIP McCaughan, Publications Associate, has a background in graphic design and HIV and AIDS work. He is currently completing a degree course in English Literature.

DAVID N JONES, Consultant to Joint Reviews on strategic workforce management, joined the Team for one year in April 1999. He is developing an improved model for the evaluation of local council workforce management for future Joint Reviews. He is Assistant Director of the Central Council for Education and Training in Social Work (CCETSW), and is a qualified social worker with local authority and voluntary sector experience. He was General Secretary of the British Association of Social Workers (BASW) for nine years, and was then responsible for CCETSW operations in England, including oversight of the CCETSW UK Quality Assurance Framework.
Appendix 3: User/Carer Data

The following tables show the response in each authority to the questions in the Review Team's User and Carer Questionnaire. The sample in each authority is at least 250, stratified to reflect the range of users and carers, and drawn from the overall caseload six months before the review. The average response rate is 40 per cent. The average for all authorities to date is shown in each table.
11% said they were seen or spoken to within one day of getting in touch but

76% said that someone had asked what they thought they needed and...

69% said that they had to wait up to two weeks

74% said that they thought they had some say in deciding what help or services they should be given

51% said that they were given all the help they thought they needed

Of those who thought it was relevant to them, 32% said that staff had taken note of any important matters relating to their race, culture or religion
Of those who thought it was relevant to them, 80% said that staff had taken note of their illness or disability or that of the person they care for.

54% said that they were given details in writing of the help that would be provided.

79% said that they got help quickly after a decision was made to provide services.

38% said that they were asked to sign something to show their agreement.

60% said that they had been asked how things were working out or whether they would like something changed.

37% said that they were told how to complain if they wanted to.
Of those who made a complaint 50% said that it was dealt with to their satisfaction.

72% said that, overall, they thought the service was "Excellent" or "Good".

10% said that, overall, they thought the service was "Poor" or "Very Poor".
Appendix 4: Summaries of Published Joint Review Reports

This appendix contains summaries of the Joint Review reports published between June 1998 and July 1999. Summaries of reports published in September 1999 will soon be available.

Bristol
Published January 1999

Overall Summary
The people of Bristol are served well but not yet consistently so. The Authority rightly gave priority to maintaining a continuity of service through the recent major re-organisation but it now needs, as a matter of some urgency, to set in place the structures and systems for managing service improvement over the longer term. Some progress has been made in making services more consistent across the city but more remains to be done. A more strategic approach is needed to commissioning services across all sectors if the Authority is to deliver Best Value. Close collaboration with Education is paying dividends but joint working with other agencies, especially Health, is less well developed. The current management arrangements would benefit from some streamlining.

Bristol Profile
Bristol was established as a new unitary authority in April 1996, with the same boundaries as the former Bristol City Council. The Council serves a population of around 400,000, of which 5 per cent are drawn from minority ethnic groups. In 1997/8, it spent nearly £94 million gross on social services, amounting to £190 per head of population. This is 20 per cent more than the Government considers necessary to provide a standard level of service, contributing to the fact that the Authority has the second highest Council Tax in the country. Some cuts in spending have already taken place and further cutbacks are projected.

Main Findings

Information and help
The new Authority has, from the outset, given a high priority to consulting users and carers about their experience of services. Over two-thirds of users and carers surveyed rated services good or excellent, but inconsistencies persisted, especially in home care and Occupational Therapy services. There were examples of creative care planning across all user groups, but the objectives of intervention could be negotiated more explicitly with users and carers and reviewed more consistently. The Authority makes generous provision for younger children, developing its services in an integrated way with Education, but similar progress has yet to be made with older children, especially involving Health. Services to older people are still weighted towards high-cost institutional care. Improvements are being made in services for mentally ill people and those with physical disabilities. Services for homeless people and those who abuse drugs and alcohol are well targeted and co-ordinated, but carers and those from minority ethnic communities are currently less well served.

Plans for the population
The new Authority has made more efforts than its predecessor to involve both the public and its staff in the planning and development of services. However, until recently, the Authority has had too many priorities and service reviews under way to be able to manage a coherent programme of change effectively. The inter-agency co-operation evident in

Managing resources
The Authority recognises that it now needs to give a higher priority to monitoring the quality of its services. Forms are being revised because the current documentation does not capture the key data for monitoring improved outcomes for users and carers. The Authority has, however, worked closely with the independent sector to develop and apply Quality Standards in residential settings, now to be extended to day and domiciliary settings.

Efficiency savings have been made in the Authority's own direct provision but improved contracting for private sector services could secure better quality and value for money. Clearer accountability could be achieved through simpler management arrangements and contractual protocols with corporate support services, such as personnel and transport.

Improving Services
Four key areas should be tackled to improve services:

- define a limited number of strategic priorities for each user group, expressed in terms of improved outcomes for users and carers;
- create comprehensive systems for purchasing and monitoring services, by clarifying the roles of different providers, improving the costing of services and defining a core set of quality indicators;
- revise current management arrangements and the current mix and deployment of staff; and
- make joint working with other agencies more effective by concentrating on issues of mutual benefit.
Main Findings

Meeting individual users’ needs
- There is good access to social services with most people seeking help receiving advice and/or services quickly.
- People with more complex needs can wait longer to have their needs assessed and carers’ needs are not separately assessed.
- Many people who have their needs discussed do not go on to receive a service. Informal screening of requests for help may operate in the absence of published eligibility criteria. Leaflets for the public are not clear about who will receive services.
- Services for older people are particularly good with a wide and flexible range of options.
- Community support for mental health users is improving.
- There are a number of gaps and service shortages, particularly for people with learning disabilities, in supporting children with behavioural problems and in services for homeless people.

Shaping services
The Authority takes a very active and realistic approach to shaping services for adults. There has not been much attention to children’s services. Overall, Cornwall places insufficient emphasis on involving others and planning ahead to meet the future needs of Cornwall.
- Plans are position statements rather than strategies and there are few systematic frameworks for joint work.
- The poor relationship between the Health Authority and Social Services affects planning although there is effective collaboration at an operational level.

Managing performance and resources
- There are quality standards in all the key service areas and secure arrangements for inspections and complaints.
- Good progress is being made in understanding activity in order to allocate resources and tackle productivity and workload issues.
- There is no consistent framework for linking policies, targets and performance reporting. Local managers are not supported in the use of performance data.
- Overall budget targets are met, costs are controlled and resources are managed effectively to ensure that as many users as possible can receive services. However, joint service plans are not costed or linked with financial plans and a large number of employees are on temporary contracts.
- Service specifications should be developed in order to properly test whether in-house or external services represent best value.
- Devolved control and information systems could be developed further to increase efficiency.
- Buildings used for services have been well maintained although the disability access in some is poor.

Improving Services
The Authority should address six key areas to improve services:
1. Get more from its preventative service provision.
2. Improve its planning capability.
3. Focus on influencing other agencies.
5. Build on the capability of local staff.
6. Protect service quality.

Cornwall

Published September 1998

Overall Summary
The people of Cornwall are well served by their social services. Users tend to rate services very highly and services for older people are delivered particularly efficiently. However, service performance could be improved still further if the Authority gets better at anticipating demands, letting people know what it is doing and listening to the views of the local population and others involved in the planning and provision of complementary services. Trends and future pressures will require close collaboration between social services and the health authority and any failure to work well together is likely to mean that people in Cornwall will be less well served by social services in the future.

Cornwall Profile
Cornwall is a largely rural county and serves a population of just under a half a million people. Compared to similar authorities, more people than average are in the retirement age groups and live alone and a higher proportion of the population is unemployed.

The Council spent £59.3 million on its social services in 1996/7; this was equal to nearly £137 for every person living in Cornwall, which was above average.

Changes in the population structure and financial pressures are challenging the capacity of several services where health and social services collaboration is vital.
APPENDIX 4: SUMMARIES OF PUBLISHED JOINT REVIEW REPORTS

Coventry
Published October 1998

Overall Summary
People in Coventry are not consistently well served by social services. While Coventry is committed to involving users and carers in determining not only their own care but also in developing services, and there are some gems of quality and innovation, the choices that have been made leave some vulnerable people at risk. In the recent past the Council has had to make some hard decisions to ensure that they only spent what could be afforded, the impact of those decisions on users and carers was not always thought through. Both councillors and senior managers need to give much greater priority to maintaining safe, secure and efficient services to ensure people are well served.

Coventry Profile
Coventry’s population has declined with its manufacturing base but the city is now attracting new employment opportunities. Levels of deprivation vary across this compact city. Its political administration has clear priorities for developing services for the community.

Coventry spent 5 per cent less on social services per head of population than other similar authorities, while spending above government guidelines. For example, it spent more than average on Education.

Main Findings
Meeting individual users’ needs
- Examples of good and high quality services were found with clear eligibility criteria and charter standards.
- Delays in providing services, unsafe practices and lack of clear management have left vulnerable people and children at significant risk.
- Users can receive more or less care and different outcomes as a result of where they live and who their social worker is.
- Decisions about service provision were too often made on the basis of cost or whether the council could provide the service itself rather than how well it meets people’s needs.
- There are problems in co-ordinating service delivery for people needing more than one service and transferring users to the care of others.
- There is strong commitment to involving users and carers in deciding how best to meet their needs.

Shaping services
- There is a tradition of strong corporate framework for setting priorities but no clear future direction for community care or the development of children’s services.
- Successful joint working with the Health Authority is evident.
- Information on mapping users needs is well developed but not translated into realistic future projections of needs.
- Providers are developing services without sufficient guidance from the authority.

Managing performance and resources
- There are examples of services gaining awards for excellence or innovation, but Community Care Charter standards are not met.
- There is scope for improving the planning, assessment and care management functions in order to improve the quality of services.
- Balancing the budget was seen as the top priority.
- Most budgets were allocated based on historic expenditure patterns rather than need. The present and future impact of population change on service demand needs to be worked out.
- Plans for service developments need to clearly demonstrate that funds are available and the right people with the right skills can be recruited or trained.
- Costs of in-house services are higher than the prices paid to the independent sector. This premium could amount to £3.6 million a year.
- Information systems and available information are generally good but not all managers have easy access to the information needed to check on how well services are working.

Improving Services
The Authority should address four key areas to improve services:
- Fairness, choice and consistency of care.
- Clarity and accountability in the management of risk, priorities, service delivery, resource management and staff performance.
- Getting better value from resources.
- Seeing, communicating and delivering the future direction for Social Services.
Cumbria

Published January 1999

Overall Summary

By and large, people in Cumbria are well served by social services. Most users and carers are satisfied with the services that they receive due to committed staff who take a professional pride in listening to people and then meeting their needs within the resources available. The operational effectiveness is not matched by the strategic planning at the top of the organisation where scope exists for better planning with other services backed up by a clearer direction. Cumbria have made some hard decisions in driving down the costs while improving the quality of the services that they run themselves, but the resources available are stretched by increasing demand. There is potential to increase the resources available by introducing charges and making better use of highly trained staff. There are opportunities to plan for the future in a different way, breaking down barriers and engaging in mature partnership with users, carers and providers to find the best way to meet the changing needs of the people who live in Cumbria.

Cumbria Profile

Cumbria is the second most sparsely populated English Shire County, with a population of 490,000. The characteristics of the six districts are diverse, ranging from some where the principal industry is agriculture, to others that have experienced major unemployment due to the decline in heavy industry. In July 1998 the Council agreed to "modernise" the democratic processes and established a cabinet style of operation.

Cumbria spends 1.4 per cent less on social services per head of population than other similar authorities, and in 1998/9 it planned to spend below government guidelines. In contrast, it spends more than average on Education, Highways and the Fire Service. It spends 21 per cent less than the average for similar authorities on services for people with a disability. In contrast, 18 per cent more than average is spent on services for children and families.

Main Findings

Meeting individual users' needs

- Users and carers are generally well supported by committed staff who have good relationships with staff working for other organisations.
- There is a responsive customer service, with an emphasis on clear, understandable information about services. However, information does not always reach its intended audience.
- People sometimes have to wait for their needs to be assessed or to receive a service. Many people are not systematically asked how things are going.
- Services, such as foster care and respite care for carers, are not always available to meet people's needs appropriately.

Shaping services

- The Best Value pilot for learning disabilities services and the North Cumbria Health Action Zone have provided unique service development opportunities.
- Cumbria has been weak in working with partners to develop strategic direction and in linking good information on potential changes in the population with the impact on resources.
- There is commitment and enthusiasm to develop innovative services based on evidence of what works.
- The relationship with the Council's own residential and home care provider, Cumbria Care, was perceived by users, carers and other providers as being privileged and protective.

Managing performance and resources

- There have been some positive moves in Cumbria to set quality standards together with users and carers.
- Investment in the Council's own residential care for older people means that they can compete with the independent sector.
- The complaints procedure needs to be more accessible and responsive.
- Considerable emphasis is put on managing the budget and reviewing costs which Cumbria does better than most other authorities.
- Care at home is provided free of charge. Cumbria is one of the few councils who do not charge for these services.
- Investment in information services has been seen as a priority, and developments are being driven by front-line staff as well as by senior management.

Improving Services

The Authority should address four key areas to improve services:

1. Setting strategic direction.
2. Releasing resources to maximise payback.
3. Investing in services to retain and regain independence.
4. Empowering the organisation to perform.
Enfield
Published January, 1999

Overall Summary
Many people who receive services are well served by sound professional practice and some excellent individual services. However, Enfield does not yet offer consistent responses to meet the needs of all its citizens. It must balance the high costs and levels of services offered to a few people with identifying and meeting the needs of the whole population. In shaping services and managing performance Enfield needs to build on its potential with clear leadership. Weaknesses in financial and information management mean that it is difficult to demonstrate Best Value in services or to make coherent judgements about the deployment of resources to meet priority needs. The Authority needs to sustain an ambitious programme of continuous improvement if it is to achieve consistently the safe and responsive practice it aspires to have. However, important first steps have been taken to tackle the inconsistency and value for money of services. Lessons have been learned about managing change for the future. The scale of progress required will test the whole Authority’s capacity for change.

Borough Profile
Enfield is a large outer London borough with a diverse population, including significant minority ethnic communities. There are some areas of severe deprivation. The Authority spends a lower than average proportion of its resources on social services. In particular it spends considerably less on children’s services. The Social Services Group was fundamentally restructured in May 1997 which has affected its culture, policies, resource deployment, systems and structure. Much work has been done to consolidate these changes over the past 18 months, but the infrastructure and resource management of the Group remains weak.

Main Findings
Meeting individual users’ needs
- Social Services Direct offers an effective and efficient response to phone enquiries, using new IT systems to provide information and manage referrals.
- Some users receive excellent and intensive services, but many others experience delays and a lack of flexibility in packages.
- Members of minority ethnic communities do not always receive services that reflect their needs.
- The Authority has taken only tentative steps to address the needs of carers and to promote advocacy.
- Current levels of delegation are not matched by robust systems of budget management and review.
- The quality of services can be variable, and performance monitoring needs to be strengthened for both in-house and external services.

Shaping services
- Current capacity and competence to shape services is limited, but can be developed.
- The absence of sound financial and activity data hampers the ability to implement strategic change, and to negotiate and plan with other partners.
- Market management needs to be developed.
- There is a lack of clear commissioning objectives.
- The Authority is committed to developing its commissioning capacity and working with others to provide a better range of responses to meet priority needs.

Managing performance
- The Authority recognises the importance of performance management and has examples of good practice on which to build.
- A firm foundation needs to be established for consistent performance monitoring in the future.

Managing resources
- Current financial and management information systems are fragmented and cumbersome.
- The Authority has not monitored or controlled expenditure accurately in the past.
- Better information management is an urgent priority.
- The Authority should continue to invest in staff development to equip workers for their roles in the new structure.

Improving Services
The Authority needs to continue to make progress in four major areas:
1. It must consolidate and develop the infrastructure of the Social Services Group.
2. It must agree and communicate clear priorities and standards for what it will do.
3. It must work towards greater engagement with the communities it serves.
4. It must ensure that it is providing and purchasing services that offer value for money.
Gateshead

Published June 1999

Overall Summary
Gateshead has resourced social care generously over the years but has over-invested in Council provision and needs to move more confidently to a mixed economy of services. Its population has not been consistently well served, and some users and carers and their representative organisations characterised the Council's past style as daunting and non-inclusive. Its approach has been seen as over-cautious, preferring to react to the need for change rather than to initiate it.

This philosophy and approach appears to be changing, though some stakeholders are not still fully convinced. The Council's Action Plan in response to the Joint Review provides a clear programme of review and change for which the Council will be publicly accountable.

Gateshead Profile
Gateshead has a population of around 200,000, which is projected to decline for several years. It covers a wide area and is a mixture of urban and rural communities. Overall, its level of deprivation is average for a metropolitan district, though there are sharp differences in social conditions between wards. Compared nationally with other authorities, it has high levels of illness and disability, particularly for retired people.

In 1998/9, Gateshead spent £57.3 million on social services or £222 per person, which is above average for similar councils and 20 per cent more than the Government allocates to it for spending on social services. Spending on services for the elderly, children and mental health is well above average for metropolitan districts. For learning disability services, it is about average and about one-quarter less than the average for services for people with physical disabilities. Growth of social services spending in the past decade has been in the top band of metropolitan districts.

Main Findings

Information and help
• Information for the public is improving though leaflets have lacked good quality content. There are excellent facilities for meeting the information needs of people with sensory impairments.
• Reception facilities across the borough vary in quality but attempts are being made to improve standards. There is scope for bringing together local access and information arrangements for all Council services.
• Duty systems are under strain and need to be reorganised, with a better mix of staff to improve response times and produce better quality assessments, particularly of carers' needs. Not all users are getting statements of what services are to be provided for them.
• There are insufficient alternative options to residential care for older people and home care should be more targeted. The quality of Council homes needs upgrading. More services are needed for mentally infirm older people. Arrangements for hospital discharge work well.
• Delivery of aids and adaptations is a serious problem area that is being tackled successfully but needs further improvement. The range of services for physically disabled people has been too narrow and they should be given more scope to manage their own care. Some learning disabled people have good services but provision is uneven, leaving some users and many carers feeling dissatisfied and unfairly treated.

• Mental health services are good, but quicker progress towards joint Health and Social Services teams would improve services further.
• Family support services are improving, though too many referrals are being subjected to formal child protection procedures, which damages parents' self-confidence and wastes staff time. More looked after children should be cared for in family placements and provided with full-time education to boost their achievements.

Planning better services for the future
• Internal planning arrangements are being strengthened with more effort made to involve users and carers, better meet the needs of ethnic groups, and change the pattern of services purchased. More information is being gathered about local needs and closer links are being forged with independent sector providers. Several major reviews are underway.
• Some good joint planning with Health has been undertaken for people with learning disabilities and mental health problems, but relationships at a strategic level need to be closer to deliver the Government's demanding agenda for health improvement.

Managing performance
The Inspection Unit now enjoys the confidence of providers, has good links with care managers and contracts staff, and achieves all statutory requirements. There is active management of complaints to encourage a better response from staff, and delays in responding are carefully monitored.

Quality standards are being introduced for all services and staff involvement in setting and monitoring standards is being encouraged. Managers generally are accessible and offer regular supervision.
The contracts section is becoming increasingly active in supporting providers in achieving quality services.

The department is in the early stages of developing a corporate framework describing its overall business purposes and objectives, and performance targets are beginning to be set and checked. Objectives and targets need to be brought together and linked in performance plans for service units, which managers and staff will be accountable for achieving.

Management information has been an underdeveloped feature of the department, which needs to develop regular reports on performance for Members, managers, staff and the wider public to demonstrate the Council's progress towards achieving national social care objectives and best value.

**Managing resources**

The budget is well managed, but held centrally and not enough scope is given to care managers to manage their own budgets.

The Council is generous in its funding of social services but needs to give more attention to achieving Best Value through reducing its dependence on high-cost Council services, bringing charges up to the level of most Councils, making more use of foster care and reducing residential provision, and redirecting staff resources from child protection investigation and monitoring, into better assessment and provision for children in need and their parents.

The Council's client information system needs modernising to provide high quality information to achieve better service performance and value for money. Managers need to be given more scope and responsibility to promote more local initiative.

**Improving Services**

Gateshead Council has committed itself to local government reform, promoting social inclusion, and achieving better value and outcomes from its spending on social care services. To improve its capacity for delivering change, the following key issues need addressing:

- a sustained attempt to involve and empower users and carers in assessment, care management, quality assurance and planning services for the future to achieve higher levels of independence and better outcomes;
- developing partnerships with Health and the independent sector, with a more open and participative business style, clearly identifying opportunities, options and constraints and consulting widely;
- a stronger business planning approach that defines key objectives and allows performance and progress to be monitored. This will require investment in more efficient information systems to supply managers with quality data;
- developing a resource allocation strategy that addresses service areas which need more investment, through medium term financial planning, and greater awareness of unit costs. A programme of Best Value reviews can drive the redeployment of resources to these areas;
- more efficient screening, assessment, care management and review functions that minimise delay, and provide users with more information about their services and improve their access. A specialist care management team should be introduced for physically disabled people; and
- more business-like in-house services and a staff culture taking more responsibility for quality and value, through more devolved decision-making to local managers.
Hammersmith & Fulham

Published July 1998

Overall Summary
Many people in Hammersmith and Fulham are well served by social services. It has a successful track record in addressing challenges and developing new services. This approach needs to influence the main services supporting older people and children and families. Progress needs to be made in better understanding local needs and matching resources to priorities. Responses to users need to be more consistent, more flexible and needs-led. The Authority needs to strengthen its management arrangements and work more closely with service users and their carers as well as other partners to plan future services. The need to change is recognised, but it still needs to be understood and supported through commitment from all levels of the organisation.

Borough Profile
Hammersmith and Fulham is the third smallest London borough in area but has the fourth highest population density. There is a large and growing minority ethnic community. It has many of the issues and problems common to inner-city areas but also has prestige commercial and residential developments. The Council spent a similar proportion of its overall budget on social services in 1996/7 as similar authorities but spending per head of population was above average. Spending is also above average for children and families but is only 60 per cent of that spent by similar authorities for people with a learning disability.

Main Findings
Meeting individual users’ needs
- A large number of people receive a wide range of services through many access points. However, responses are too often influenced by what staff do and which services they can access rather than by what needs users want addressed. Response times for other than “low level needs” can be variable.
- The Authority has a high awareness of equal opportunities issues and responds effectively to the needs of members of minority ethnic communities.
- There is an overall focus on providing a safe service but access arrangements for children’s services could be improved.
- Efficient responses to enquiries and referrals are hampered by inadequate phone and data systems and the lack of written information at some service points.
- There are strong specialist services for mental health, HIV and AIDS, and Drugs and Alcohol Misuse, but knowledge and skills relating to other specialised user groups are spread thinly across general teams.
- The Authority lacks common systems for identifying and recording objectives, quality standards, activities and costs for all users and services.
- Staff and users expect Council services to be allocated rather than services purchased from a range of providers in order to meet clear care objectives.

Shaping services
- Processes for shaping future services are being developed but clear goals and priorities – for all user groups – are still needed in order to develop constructive relationships with service providers.
- Specialist services have successfully developed a variety of ways of engaging with users and the community. Future plans for core services also need to be informed by an open-ended involvement of and partnership with users, local communities and other agencies. This will help to develop locality-based partnerships to address social exclusion and deprivation.

Managing performance and resources
- The Authority is able to manage and monitor its overall spending effectively, however, resource use cannot always be linked to activity and workload measures. Human and financial resources are not matched to priority tasks, needs and policy objectives.
- Financial and management information systems and support services need to be improved in order to help with managing existing services and planning more effective services offering better value for money.
- Good work has started on the performance management of council-run services but more is still required to further improve the quality, cost and performance of some services eg the Council’s own homes.
- The Authority has capable staff and is aware of the need to change but the urgency of the change agenda is not yet sufficiently understood across the organisation.

Improving Services
The Authority should address four key areas to improve services:
- providing a more coherent and consistent response to users;
- understanding needs and maximising resources;
- improving choice and obtaining best value through clear strategies for shaping future services for all user groups; and
- create continuing improvement by a shared focus on costs, quality and outcomes.
The environment within which it works. There are communities. The Authority has change and introspection, and needs to become authorities. Spending on services for children has area. This is a diverse with many distinct districts, strong assurance and performance management systems, significant areas of both change and shortfalls and deficiencies in existing services. Hampshire needs to build on its record of innovation and quality to make sure that it is responding effectively to the needs of all users. The Authority is emerging from a period of change and introspection, and needs to become more proactive and challenging, using less of its energies internally and becoming more responsive to the environment within which it works. There are important opportunities for stronger partnerships and greater involvement with users and carers, the voluntary sector, providers and other statutory agencies. The Authority has many of the building blocks in place, with good budget control, quality assurance and performance management systems, and training and research capacity, but needs to improve its management information so that it can set informed and realistic priorities for the future.

Hampshire County Council covers a large area and has a population of around 1,150,000. The county is diverse with many distinct districts, strong local loyalties and a wide range of urban and rural communities. The Authority has lower than average indicators of social need overall, but there are significant areas of both rural and urban deprivation. Hampshire spends £146 million on social services, which is equal to £118 for every person living in the area. This is a low level compared with similar authorities. Spending on services for children has been particularly low. The county has a long history of joint working and social services are part of a complex web of relationships with other agencies and partners. There has been a great deal of change in the Authority over the last few years.

Main Findings

Information and help
Hampshire provides a wide range of information and is working to improve access to its services. Overall, users and carers in Hampshire experience a mixed response to their needs, with some excellent services, but also a lack of consistency and some poor or scarce provision. There is a sound basis of professional practice across most teams, but some users do not experience social services as empowering or offering choice. There is an emphasis on the short term rather than planning and reviewing effective longer-term support. The Authority has pioneered some important schemes such as Direct Payments and Family Group Conferences.

Shaping services
Social services have an established track record of working with others and have considerable capacity to develop and shape services. However, there is still has a historic pattern of service provision and resource allocation, and the Authority does not always link resources clearly enough to strategic plans in order to match services with needs. Hampshire needs to set out much clearer commissioning objectives and be clear about the core business of its own services.

Managing performance
Hampshire has developed a strong performance and quality-conscious culture, and can be confident that it has in place many of the elements to manage performance well. These need to be effectively co-ordinated and linked to corporate initiatives so that the overall requirements on staff are kept manageable. Users and carers should be more consistently involved in both standard setting and performance monitoring. There is an urgent need to improve management information systems.

Managing resources
The Authority manages its budget effectively but has had difficulty meeting changing and increasing patterns of demand. Longer term financial planning is not so well developed and needs to be strengthened to match the performance monitoring and service development capacity of the Authority. Better value for money needs to be obtained in some areas of in-house service. Hampshire has a strong IT infrastructure, but needs to develop better tools for managers and staff. Human resources management has many strengths, and initiatives to provide greater staff support need to be linked to greater stability and certainty about the Authority's direction and core priorities.

Improving Services
Four key tasks should be tackled to ensure that services continue to improve in the future:

1. Consolidate changes in systems and processes to enable Hampshire to deliver changes in outcomes.
2. Make better connections with other partners and particularly users and carers to harness energies around core priorities.
3. Drive the pace of change by using its skills and capacity to set clear objectives and give leadership in achieving priorities.
4. Set a clear vision for social services and hold councillors, managers and staff to account for delivering agreed objectives.
Harrow
Published July 1998

Overall Summary
In general, the people of Harrow are well served by their social services through sound professional practice and a supportive environment for users, carers, staff and the voluntary and independent sectors. Relationships with other agencies are good and there is tight financial control. However, the approach to users, carers and other organisations inclines towards the paternalistic. As a result, the potential resources available from working with the community are not being realised. Realistic plans need to be made for when the Council's financial reserves can no longer help to fund the current level of spending on social services. Harrow must add to its strengths by being very clear about what it is trying to achieve and how to get best value for all its users and carers within available resources.

Harrow Profile
Harrow is an outer London borough and serves a population of 210,300 people. 37 per cent of Harrow residents come from ethnic minority groups. The Council spends more on social services per head of population than similar local authorities. In 1997/8, it planned to spend 34 per cent above this Government's targeted level. Historically, this level of spending has been met by drawing on the Council's savings. The Council faces a challenge in funding existing levels of expenditure in the future.

Compared to similar authorities, more people are over retirement age and more households have one or more dependent children. Spending on services for children is above average. Spending on older people is less than the average for similar authorities.

Main Findings
Meeting individual users' needs
- Most users' needs are met. Attention is paid to the service that users receive on first contact with social services and how their needs are worked out and met.
- Services for children looked after work well. People who are vulnerable or at risk and need intensive services are well supported.
- Staff commitment contributes to consistently high standards of professional practice.
- Frequent staff changes among carers providing support to people at home can frustrate service users. For those who need less support Social Services can be slow in responding and there is not a lot of choice about what services they can receive. Some vulnerable people can receive no services at all if they do not fit neatly into the criteria.

Shaping services
- Good information on the needs of the local population has been developed but not sufficiently used to inform strategies and plans.
- There are collaborative working relationships with other agencies in developing services – in particular with Health and Housing.
- Harrow has successfully changed the balance of services – from residential to home based care – across all user groups.
- Harrow cannot afford to carry on with its present pattern of services. Service users, carers, voluntary organisations and other service providers need to be better involved in working out what services it will be able to afford to deliver in the future.

Managing performance and resources
- There is an openness and rigour in responding to complaints.
- Effective contracts have been developed with other organisations including quality standards which are monitored.
- Staff are valued as an important resource. Training is both relevant and responsive.
- An increased focus on management skills such as project management and performance management would improve productivity.
- Users and carers do not often take part in deciding what standards a service should achieve or in looking at how well standards are being met.
- Budgets are tightly controlled and assets are used creatively. Further delegation of budgets would give managers more opportunity to match people's needs against resources available.

Improving Services
The Authority should address six key areas:
1 Developing a management culture.
2 Making the best use of resources.
3 Knowing more about impact and outcomes.
4 Acting on evidence.
5 Recognising the potential of the community as a resource.
6 Planning across the authority for a sustainable service.
Hertfordshire

Published October 1998

Overall Summary
Hertfordshire is pursuing a significant agenda of change intended to ensure the safety, fairness and affordability of its social services. The Authority's strong leadership, good management systems and mature partnerships provide a sound basis to deliver the planned changes. Worrying weaknesses in some children's services and a failure to undertake case reviews systematically need to be given priority. A lack of ownership of the change agenda across the Authority has the potential to thwart its successful implementation. Greater scope for local initiative will improve responsiveness to local circumstances and will better use the existing strong networks in districts in partnership towards the realisation of the Authority's overall strategic aims.

Hertfordshire Profile
Hertfordshire is now one of the largest counties in the country, its status being retained in the recent review of local government. The County Council serves a number of distinct and diverse communities including historic towns, New Towns and large rural areas. Generally it is quite affluent, although sharp differences are evident across districts. In 1997/8 the Council spent £147 million on Social Services equating to £144 per head of population. This is above the average for other similar authorities. The Authority spends much more on its services for people with learning disabilities and less on its children's services than other similar authorities. Partnerships with other services, particularly Health, are well established. A significant agenda of change is continuing.

Main Findings

Information and help
- A good range of accessible information is available for the public and a friendly, efficient response is given when people first ask for help.

Entitlements to services are being redefined to give priority to urgent and high dependency needs. Responses to people with more moderate needs can take time.

Some people are being well provided for, although variations in levels of response vary across teams and services.

Pressures are evident particularly in some children's services resulting in a worrying service for some children.

Hertfordshire is investing in user and carer networks to provide advocacy support to vulnerable people.

Shaping services
- The Authority has a good information base to support its understanding of changing needs.
- Joint working with other partners is well established, but the processes to support it are too cumbersome and centralised. New arrangements should build in scope for local solutions for local problems, strengthening links with district councils and GPs.
- The focus on improving mental health services in recent years is resulting in a better range of flexible services.
- User and carer groups are increasingly involved in shaping services, but more effort needs to be put into communicating with users, staff and other key partners about the overall future shape of Social Services.
- Hertfordshire has an ambitious programme of change with safety, affordability and fairness as key principles.

Managing performance
- The Authority has good arrangements for ensuring the effective performance of its services and staff.
- Strong leadership and control from the Centre has set a clear strategic direction. More scope is now needed for local managers to exercise discretion and take initiative within the overall strategic framework.

Managing resources
- Stronger links are needed between service planning and resource allocation.
- In the light of recent overspending, the Authority must ensure it balances its books. Improved information and financial systems were introduced 12 months ago, resulting in the budget being now in balance.
- The Authority is well placed to ensure best value from its resources but needs to be better informed about front-line practice to improve knowledge about what works for whom.

Improving Services
Five key issues need addressing:
1. The strengthening of children's services by:
   - ensuring all children on the child protection register and children looked after are fully supported by a social worker;
   - developing local family support services; and
   - introducing independent checks and balances to protect and promote the interests of children.

2. Developing business planning to assist smooth service change and sustainable budget control.

3. Improving performance on individual case reviews and contract compliance to inform practice and the commissioning of services.

4. Strengthening and empowering local managers in the context of a renewed understanding of what is best undertaken where in the Authority.

5. Communicating better with staff, partners, users and local communities about the future shape of social services in Hertfordshire. Success will depend on giving people a stake in the changes, by inviting involvement and allowing influence.
Liverpool

Published July 1998

Overall Summary
Liverpool social services are well regarded by many who receive them but could represent better value for money. Overall nearly 80 per cent of users and carers surveyed regard services as excellent or good. The Authority spends more than other councils on services but current performance does not yet reflect this higher investment. There are areas of good practice, but also too many crisis responses resulting in inconsistent standards. Outcomes for children are poorer and costs higher than in similar authorities.

Liverpool Profile
Liverpool is one of five metropolitan districts in Merseyside and serves a population of just under a half a million people. The city's population has fallen by almost a third since the 1970s. This change in the population coupled with the high levels of social and economic deprivation, contributes to higher levels of long-term illness and disability. These changes have also had a major impact on how services are planned and delivered.

The Council spends £118 million on its social services and in 1997/8 this was equal to £254 for every person living in Liverpool. Spending on services for all user groups is above the average for similar authorities. Spending on services for older people and for those with mental health needs is particularly high.

Social services enjoy a high level of support across the council and this is assisting the Authority to move forward in developing its services. The Council is committed to ensuring high quality, planned and equitable services and working in partnership to positively address poverty and disadvantage.

Main Findings

Information and help
- Liverpool has good response times when members of the public first make contact.
- Many of those who receive services are highly satisfied.
- There have been specific steps taken to improve access for people from minority ethnic communities.
- Services for young children and family support are being built up with other agencies although Liverpool has high levels of children looked after and on its child protection register.
- There are delays in people being discharged from hospital and some waiting lists for services.
- Some buildings have poor access for disabled people.

Shaping services
- There are positive examples in several areas of how joint planning with Health and other partners can change the pattern of service.
- More work is needed to clarify the role of the Council's own provider services and to improve their effectiveness and costs.
- There is a need to implement some service developments more effectively.
- Progress has been made in building support services for families in need and young people leaving care.
- The Council continues to invest heavily in nursing and residential care for older people but home care and day care services remain less developed.

Managing performance and resources
- Liverpool invests a high level of resources in social services but in home care, fostering and day care services people are having to wait to receive a service.
- The Council's own residential and day care costs significantly more than buying these services from the independent sector.
- Many of the Authority's residential homes for older people do not meet the required standards and have higher costs.
- Managers have been active in tackling poor performance and need to take a positive approach to help staff do a better job to improve outcomes for users.
- Budget planning continues to be hampered by poor information systems and communication between those who purchase and those who deliver services.

Improving Services
The Authority should address four key areas to improve services:
- improving value for money in its own provider services;
- making sure the right people get the services they need;
- enabling staff to do a better job; and
- linking social services more effectively to the Council's corporate strategy.
Main Findings

Information and help
The Authority runs a comprehensive Advice Service which is widely appreciated, but information about services and how to access them could be improved. Over two-thirds of users and carers surveyed rated services as either excellent or good. The Review found examples of good practice across all user-groups but services are not always consistent and are too often delayed until crisis-point. Children and their families have been disadvantaged by previous closures and transfers. The Authority has recognised the need for re-investment and for closer working with both Education and Health. Specialist childcare initiatives, commissioned from the voluntary sector have been a success but are not fully integrated with other services.

Working with Health on hospital discharges and the development of services for learning disabled people and those with drug and alcohol problems has been particularly effective. By contrast, services for mentally ill people are patchy and under-developed. A new joint unit with Housing promises to reduce delays in the provision of equipment and adaptations for physically disabled people, some of whom are already benefiting from the new Direct Payments scheme. Expenditure on services for older people remains biased towards residential care but a progressive transfer to home support services is planned.

Plans for the population
The Authority has produced a strategic analysis of its future child care requirements. Consequently, it has committed itself to an ambitious programme of rebuilding its residential provision. This will also need increased support for foster-carers and much greater emphasis on preventative family support, with increased access to Children's Centres.

A similarly strategic approach is needed in relation to its adult care services. All but one of the Authority's residential homes for older people were transferred to an independent trust some years ago, with the rest being converted into resource centres. These now fulfil a range of functions, so their central purpose is not clearly understood. The same applies more widely to the role of Manchester Community Living, which manages all of the in-house services, whether it is to compete with, or to complement independent sector services.

The Authority relies almost exclusively on spot contracts to buy services from the independent sector. This means that it is not making the most effective use of its considerable purchasing power or working sufficiently in partnership. The arrangements for commissioning home care, in particular, need to be revised to secure improved continuity and flexibility of care. The Authority also needs to be more pro-active in working with housing agencies to promote independent living across all the user-groups. However, the highest priority must be to work with Health to improve the quality and consistency of mental health services.

Managing resources and performance
The Authority spends a comparatively high amount on social services but not all of these resources are yet being directed to best effect. The in-house services are making efficiency savings but are still more expensive than the independent sector. Expanded use of cost and volume contracting would make further savings. Improving financial monitoring systems and devolving financial responsibility has been given priority in recent years, but the timescale for this process has yet to be confirmed. Further progress will depend mainly on speeding up the development of integrated information systems with the associated staff training.

Such systems will be essential to the improvement of performance management. This has been recognised
as the major priority in the Authority's medium-term Strategic Plan. Users and carers are being increasingly involved in setting and monitoring quality standards. Morale among staff has been variable, as reflected in high sickness levels, compounded by high numbers of vacancies, with consequent over-reliance on acting-up and agency staff. Training and development, properly evaluated, reinforced by incentives and rewards for good performance will all play their part in bringing about a more positive culture that is no longer based on blame, but on information and learning.

**Improving Services**

Five key strategic themes have been identified to promote the on-going improvement of services:

1. Ensure timely and consistent access to services.
2. Focus on improved outcomes for users and carers.
3. Commission services more strategically.
4. Monitor cost and quality more effectively.
5. Work more closely with other agencies.

The practical application of these themes is explored in the full report.
North Yorkshire

Published July 1998

Overall Summary
The Review Team concludes that North Yorkshire is well served by their Social Services; this is supported by a high level of satisfaction shown in a user questionnaire. North Yorkshire has a reputation for traditional good quality, value for money services. Dealing well with the public is a particular strength. It has more directly provided services than similar authorities; some of these are high quality, but offer less flexibility and choice than the independent sector. North Yorkshire spends less per person on social services than similar authorities and this has affected the ability of the Authority to develop its services further. The Council now needs to strengthen its management, further developing local commissioning and partnerships, and improving its information and communication systems.

North Yorkshire Profile
North Yorkshire is the largest county in England. Following Local Government Reorganisation in 1996 the City of York, which was the largest centre of population, became a unitary authority. The “new” North Yorkshire is even more rural than before, with a population of 560,000. In total there are only 16 settlements with populations in excess of 5,000. The county is relatively prosperous, but with areas of significant deprivation in Scarborough and Selby. The Authority devotes a lower proportion of its budget to social services, and spends less per head of population, than any similar authority.

The Authority has a minority Conservative administration with a culture of cross party co-operation. It has retained more services such as elderly people's homes and home care in its own direct control than similar authorities. The Council has a long record of successful partnerships with other agencies such as the health authority, the voluntary sector, district councils, and private providers. Some of these services represent excellent value for money.

Main Findings

Information and help
- The Authority has developed a range of good information for service users.
- There are seven customer relations units around the county that are well liked by service users and specialist staff alike.
- In general the Authority has good systems of assessing people for services.
- Good practice has been highlighted in many service areas including work with carers and people with Alzheimer's disease.
- IT and communications facilities are not sufficiently well developed and this affects the quality of customer service.
- In some areas there is insufficient approved social work cover for assessments under the Mental Health Act.
- There are only two children's homes in the whole county, leading to inappropriate services and lack of choice.

Shaping services
- There is a history of co-operation between the Council and other agencies and there are several successful partnerships providing, for example, help for people with drug and alcohol problems
- The Council has made good progress in planning services for all groups of users
- The strategy for purchasing external services needs further development.
- Management information systems are outdated and information is not routinely collected and aggregated for planning purposes.

Managing resources and performance
- Finances are tightly and prudently managed but remain under centralised control.
- The Authority has shown itself willing to change and has committed capable staff.
- The Authority retains over twenty elderly people's homes, ten day centres, a large home care and transport service under direct control. These services are generally of good quality, but cost more and are less flexible than those in the independent sector.
- The Authority has done good work in developing written standards and performance targets for most services.
- In order to make financial savings next year the Authority will need to ensure that its services are consistently targeted on the most needy
- Support for child protection teams in Scarborough needs strengthening.

Improving Services
There are four issues that North Yorkshire should address to improve services:
1. The Authority needs to develop systems for purchasing services to suit local needs by strengthening management, developing local partnerships with other agencies and further devolving budgetary responsibility.
2. Information systems and technology need upgrading in conjunction with improvements to the accounting and telecommunication systems.
3. Management arrangements should be improved so as to improve consistency of services, reduce costs and employ the right mix of skills in care management.
4. There is a need to improve choice in service provision, through examining the balance between residential and home care, reviewing the cost of day services and redistributing resources in children's services so as to develop the fostering service.
Northamptonshire

Published September 1998

Overall Summary
Northamptonshire recognises the need to pursue a significant agenda of change aimed at extending the range and flexibility of community-based services for all user groups. New leadership has brought an air of optimism that difficult issues will be tackled, a clearer direction set, and resources deployed to deliver sustainable improvement to social services. The Authority can draw on its professional workforce and some leading-edge project experience, but needs to strengthen its information and performance systems to support the management at both the centre of the Council and in localities. It also needs to build on the goodwill evident with other agencies, to develop more effective strategic partnerships is pursued on its objectives.

Northamptonshire Profile
Northamptonshire serves a population of around 600,000 people. Its size and status as a County Council was retained in the recent review of local government. It is a county with a number of distinct and diverse communities. There are communities, such as Corby, with significant social needs and in contrast, other areas of the Authority are some of the most prosperous in the country. In 1997/8 the County Council spent £88.2 million on its social services, which equates to £146 per head of population, slightly above the average for other similar authorities. It spends more on its children’s services and less on its services for older people than other authorities.

Main Findings

Information and help
• A poor range of information is available to guide the public about service availability and entitlement. Arrangements for getting access to services are weak and confusing.

• A professional approach is evident when assessing people’s needs, arranging services and checking out how things are working out once services are in place. Response at times of crisis is good, but more variable for people with less urgent needs.

• Some services are of a high standard but mainstream services need updating. A new approach to dealing with concerns about children’s welfare is innovative but needs tighter management.

• The Authority relies too much on residential care. It needs to develop a wider range of flexible, preventive services for all user groups in order to better support people within their own homes.

Shaping services
• The Authority’s ability to shape better services is undermined by its poor information about needs and existing services.

• The pace of development has been slow. The Authority has not built on its innovative projects to reshape its provision overall. Recent changes in leadership are seeking to set a clearer strategic direction.

• Relationships with other statutory agencies are positive but not yet strategic. Stronger partnerships with other providers are needed to develop more flexibility and choice for service users. Good user and carer networks are in place and need to be drawn on to influence development.

Managing performance
The Authority fulfils its regulatory responsibilities well, although it relies too much on audit and review by inspection to ensure quality.

Professional supervision and training are given a high priority. A sharper performance framework is needed to ensure all staff are clear of what is expected of them and how well they are doing in their job.

Managing resources
• The Authority needs to ensure its financial resources are better deployed to achieve its policy objectives. Currently, resources are directed towards supporting residential care. More reliable forecasting of needs, service activity and spending is needed to underpin strategic development.

• The Authority is developing a good understanding of its costs. This will assist in judging services against a best value yardstick.

• Systems of budget management are cumbersome, limiting delegation and sustainable control.

• The Authority needs to maximise the benefits of information technology to support its policies and operations.

Improving Services
New leadership provides an opportunity to set and take forward a clearer direction for the Authority. Change should be aimed at improving access to services and the provision of flexible, community-based options for all user groups. To improve its capacity to deliver change, the Authority needs to move forward in the following areas:

• To apply best value principles to direct the reshaping of the Council’s role as both provider and commissioner of services.

• To pursue strategic partnerships with others to achieve its objectives.

• To build bridges across the different parts of the workforce by communicating a sense of mutuality and common purpose.

• To establish a tighter performance framework that gives all staff clearer and better feedback on their achievements.

• To improve the availability, use and flow of information on needs, services, service and financial activity to drive change and decision-making.
APPENDIX 4: SUMMARIES OF PUBLISHED JOINT REVIEW REPORTS

Rochdale
Published November 1998

Overall Summary
Rochdale's services are well regarded by users and carers, with over 80 per cent rating them as excellent or good. The Authority needs to respond more quickly to changing needs to sustain its good services and address its poorer ones. The Authority has good systems for assessing needs and arranging care and the right strategic priorities. Effective partnerships with Health and others are now delivering more co-ordinated and responsive services.

Rochdale Profile
Rochdale is a metropolitan district in Greater Manchester and serves a population of just over 200,000 people. Changes in the population including the continually rising proportion over the age of 65, as well as above average levels of deprivation, contribute to higher levels of long-term illness and disability and have implications for future service planning. The Council spends £44 million on its Social Services. In 1997/8 this was equal to £194 for every person living in Rochdale, compared with an average for similar authorities of £178. Service coverage, staffing levels and spending on services for all user groups are above the average for similar authorities. Spending on services for older people and for those with mental health needs is particularly high. The Council is committed to ensuring high quality, planned and equitable services through partnership with others. Rochdale deals with between 1,000 and 1,500 referrals to Social Services a month, over a third of which are made by local people directly.

Main Findings

Information and help
- Steps have been taken to improve public information about services and access for disabled people.
- Rochdale has good initial response times when members of the public first make contact.
- A high proportion of service users are highly satisfied but people under 65 with physical disabilities and people from ethnic minorities are less happy with the services they receive.
- Specialist teams are now in place for delivering high quality assessments and services.
- Services for young children and family support are being built up with other agencies and the numbers on the protection register have reduced.
- There has been an increase in services for adolescents to divert them from the courts and from residential care and to provide better care.
- Some teams are under pressure from increased demand, which is resulting in inconsistent coverage across user groups and localities.

Shaping services
- Joint planning with Health and other partners has improved, resulting in resettlement of people from long-stay hospitals and more integrated, responsive mental health services.
- Rochdale has not experienced delays in people being discharged from hospital as others have.
- Despite closure of surplus homes more work is needed to improve the flexibility and cost of the role of the Council's own provider services.
- There is a need to increase the focus given to implementation and the pace of change by better prioritisation and business planning.
- There is scope to increase support services for those looked after in foster homes who are unable to remain at home.
- The Council invests heavily in high-cost nursing and residential care with less focus on cheaper services such as home care.

Managing performance and resources
- Information systems are not yet sufficiently developed to support the Authority's future agenda.
- Some teams are unable to cope with demand and the pace of development in some areas is slower than in others.
- The Council's own homes cost significantly more than those in the independent sector, in part due to the residential care allowance.
- Despite higher costs, many of the Authority's homes for older people do not yet meet the physical standards expected of other providers.
- Through its inspection and contracting the Authority has successfully raised quality standards.
- The Council recognises the need to strengthen its approach to planning how resources are allocated and managed and services purchased.

Improving Services
The Authority should address five key areas:
- clarifying its future strategy for purchasing services and improving the pace of change;
- having better information available on performance, costs and outcomes;
- improving the balance between providing intensive services for the few with meeting the needs of the many;
- responding more positively to the needs of people from ethnic minority communities and adults with physical disabilities; and
- improving the responsiveness and costs of in-house services.

The Authority now needs to:
- strengthen its approach to planning, how resources are allocated and how services are purchased overall; and
- pursue a more robust strategy to deciding the future role of in-house residential services to enable services to be more responsive, have higher physical standards and achieve better value for money.
Rotherham

Published April 1999

Overall Summary
The people of Rotherham are well served by their social services, with 81 per cent of users rating services as excellent or good. Rotherham Social Services has a history of prudent financial management. It spends less than the average for similar authorities on social services but has been adept at maximising the use of its scarce resources. A strong foundation for its success has been the range of partnerships that Social Services has formed with Health and other external agencies. Collaboration has led to the development of a large number of innovative and creative services, offering a rich mix of choices for the community.

Rotherham Profile
Rotherham Metropolitan Borough has a population of around 250,000, mainly concentrated in traditional mining villages and the urban centre of Rotherham. These are linked by expanses of rural area with low population. There is significant deprivation: the Borough has a much higher than average level of unemployment and a large number of people with physical disabilities and long standing illness. Rotherham spends £44 million on social services which is equal to £167 for every person living in the area. Over half of the expenditure is for care of the elderly. The Council spends only slightly more than the Government's assessment of the amount needed to deliver a "standard service", and £10 less per head than other similar councils. Spending on services for children, including education, has been particularly low. The main priorities of the Council have been toward economic regeneration of the Borough following the loss of the deep coal mining industry and a large reduction in the steel industry. In social services, the limited financial resources have been concentrated on the most vulnerable of its service users, using partnerships with the independent sector to help those in lesser need.

Main Findings

Information and help
- Services are very well regarded and generally of good quality.
- There is a strong commitment to involving users and carers.
- Service users have a wide range of services from which to choose.
- A good balance has been achieved between keeping vulnerable people safe and supporting them to stay at home.
- Services to prevent problems arising with children and young people have recently been expanded.
- Information about these new services now needs to be made more widely available.
- Improvements in eligibility criteria and handling enquiries would enable people to get through to the right help quickly.

Plans for the population
- Plans for the future are clear and consistent.
- Users and carers are encouraged to contribute their ideas.
- The Council works in close partnership with other organisations to develop new services.
- Staff need to be more fully involved in these developments.
- Education and Housing have a bigger contribution to make in helping vulnerable people in the future.

Managing Resources
- Work is underway with Health on improving services for adults and young people with mental health and drugs problems.
- Rotherham has worked hard to ensure good performance and high quality in its services.
- Its registration and inspection duties are carried out effectively and fairly.
- Limited financial resources have been managed prudently.
- Costs of internally provided services have been significantly reduced.
- Short term grants have helped to fill service gaps, but partner agencies are rightly concerned about being able to fund these services in the longer term.
- Better information on costs and staff performance could help to ensure best value for money.
- Communication and planning would be improved by a comprehensive computer information system.
APPENDIX 4: SUMMARIES OF PUBLISHED JOINT REVIEW REPORTS

Solihull

Published June 1999

Overall Summary
The needs of people in Solihull are well served by highly motivated staff who have access to good quality training. Work takes place within a strong corporate framework that emphasises individual performance management and the need for continuous improvement. Child protection and mental health services are of a high quality, although services for people with disabilities need to be improved. The Authority needs to make better use of information available to judge effective performance and to scrutinise the quality of practice. The Authority also needs to forge stronger partnerships with external agencies, users and carers in planning and commissioning services. Overall, the Authority achieves a lot with limited resources.

Solihull Profile
Solihull is situated in the West Midlands and serves a population of approximately 204,000. Between 1990 and 1995, the number of people aged 85 and over increased by 40 per cent. Much of the borough is quite affluent. The north has a much higher percentage of lone parents and overcrowded accommodation than the south. There is also a higher number of pre-school children and people from minority ethnic communities in the north.

In 1998, Solihull received less grant per head than any other metropolitan authority except one. It spends slightly less than the metropolitan district average on services for children and families, considerably less on older people and more than average on services for people with disabilities.

Main Findings

Meeting individuals' needs
- The range of information provided is generally good.
- Good practice has been identified in several areas including child protection and youth justice. Mental health work is also solid.
- There are clear policies and procedures, but systems for monitoring these need to be developed.
- Services for people with disabilities require improvement.
- The Authority needs to reduce the number of placement changes for teenage looked after children and develop a co-ordinated strategy for family support work.

Shaping services
- The Business Excellence Approach provides a framework for strategic planning.
- Social Services has been proactive in developing the home care market.
- More opportunities need to be created to allow users, carers and independent sector providers to have an effective input to service planning.
- The Authority needs to make better use of data about need and the supply of services to support planning decisions and to develop commissioning frameworks for different client groups.

Managing resources and performance
- There is a clear commitment to performance management systems. The Authority is particularly strong in managing the performance of individual staff and promoting staff development.
- Managers and elected members need to make greater use of hard data to monitor the implementation of policies and to assess the quality of services.
- There are a number of quality assurance processes in place and the Authority's home care service has been awarded a Charter Mark. A departmental quality assurance system would ensure better consistency in the quality of services and supports.
- There are well-established corporate systems for financial planning and the Authority has done some excellent work on unit costs. The high unit costs of some services needs to be addressed.
- The Authority's slim management structure and limited capacity to undertake strategic planning hampers key aspects of work.

Improving Services
Solihull needs to take action in the following four areas in order to improve services:
1. Make greater use of quantitative information.
2. Improve the participation of service users, carers and independent sector providers in planning services.
3. Develop commissioning frameworks.
4. Improve disabilities services.
Westminster

Published June 1999

Overall Summary
Residents and users in Westminster are consistently well served. Practice was well respected and sensitive and provided by committed and highly motivated front-line staff. Service strategy and planning was shaped by able and competent senior managers and the ability of first-line supervisors did much to guarantee the overall quality of services to users. Trusting and business-like relations exist with key partners. The Authority is well positioned to meet new challenges and is at the forefront of commissioning and contracting for care. Westminster has significant resources that are well spent and responsibly managed. The Authority has a well-established business planning process in place which allows it to monitor its performance and plan ahead. There are, however, some areas where improvements could be made to make services even better. The business planning process could be made more inclusive so that front-line staff could better see its relevance for their practice; joint planning with Health could be strengthened to advance developments for mental health and learning disability services and more consistency could be achieved in involving users and carers in having a greater impact on service outcomes.

City Profile
Westminster occupies a unique position in the centre of London, attracting millions of tourists and visitors each year. It has a number of mainline terminal stations and a significant entertainment culture. As such, it acts as a magnet for many people who are drawn to the city for a number of different reasons—many of whom are vulnerable and homeless. The borough is characterised by sharply contrasting areas of affluence and poverty, with a highly mobile population and a large diversity of black and ethnic minority communities.

Main Findings

Meeting individual users' needs
- The Authority has an impressive range of information for users of services.
- It has a rich menu of targeted and preventive services, and the needs of users are well met.
- It provides services that sensitively meet the needs of black and minority ethnic users.
- It has good multidisciplinary working across all social care agencies.
- It has well developed care plans that meet the needs of individuals.
- More tailored services could be provided to better meet the needs of some vulnerable disabled people.

Shaping services
- The service is in a strong position to shape the wider corporate agenda.
- Good working relationships exist with Health and independent sector providers.
- Good use is made of research and monitoring data to determine the future shape of services.
- More work needs to be done with the voluntary sector to improve communication and build effective partnerships.

Managing performance
- Supervision is effective and highly valued by staff.
- Good training opportunities exist for staff.
- Clear standards exist denoting users' entitlements to services.

- Business plan targets are largely met.
- Two of the Authority's strengths are its cohesive management and its willingness to be a learning organisation.
- Tight control needs to be maintained to ensure the effective implementation of the Authority's information strategy.

Managing resources
- Sound budget monitoring exists within clear delegated procedures.
- The Authority has developed a longer-term financial strategy that allows it to plan ahead.
- Greater devolution should be encouraged in children's services to match that found in community care services.

Improving Services
The priorities for action are to do with moving forward simultaneously on a number of fronts to make services even better, namely:
- Broaden political responsibilities to acknowledge the new public health agenda and improve relations with the voluntary sector.
- Ensure that business planning is owned by all staff so that all staff can see how it can make a difference to their practice and performance.
- Consider further integration of services with Health in the areas of mental health, learning disabilities and older people.
- Ensure the developing information strategy is implemented to better support business planning and reinforce the key aim of the Authority—that of transparent accountability for performance.
Wolverhampton

Published November 1998

Overall Summary

The people of Wolverhampton are well served by their social services, which are making rapid progress in changing from a traditional to a more innovative approach, most notably in re-designing its services for older people. Procedures for assessing needs are generally sound but access criteria require further revision, if services are to be more rigorously targeted on minimising dependency. Effective partnership with the voluntary sector needs to be matched by a similar relationship with selected private sector providers. The Authority is to be commended on the range of strategies agreed with other agencies, for the improvement of services, but the implementation of these strategies will necessitate further significant adjustments by members and staff at all levels. The Authority needs to ensure that it does not allow its ambition to exceed its capacity.

Main Findings

Information and help

Social Services has established a good reputation within the borough, as reflected in the fact that over 75 per cent of respondents to the user/carer survey rated the services as either excellent or good. Systems for handling referrals are generally well-managed, but, as the Authority increases access through resource centres, these routes will need to be carefully explained both to the public and to other agencies. Traditionally, the Authority has provided low levels of service to large numbers of users and carers. Budget constraints now require that services are more narrowly targeted on those in greatest need and those capable of independent living with appropriate support. This means that the objectives of intervention will need to be more clearly defined with users and carers and the achievement of those objectives more consistently monitored. Child protection services have been greatly improved in recent years but there is a need to continue to develop more preventative support services for families.

Plans for the population

The Authority has invested considerable effort in agreeing strategies for the development of services with other agencies. It has a particularly strong relationship with a cohesive voluntary sector but, as yet, this applies less to the private sector. Over the next decade, the Authority has ambitious plans to phase out its own residential provision in favour of very sheltered housing for older people and supported living options for other vulnerable adults. Services for older people and those with mental health needs are being increasingly well co-ordinated with Health. A similarly high level of collaboration has been achieved with both Health and Education in supporting younger children and their families but more progress is still needed with disabled children and disturbed adolescents. More generally, services for carers, ethnic minorities and those who abuse drugs and alcohol could benefit from a higher profile.

Managing resources

The Authority is increasingly drawing users and carers into the setting and monitoring of standards, but systems for assuring the quality of services have not yet been brought sufficiently together. The high priority afforded to staff training and development has paid dividends in helping staff to retain a positive approach to change. This will include the progressive transfer of a proportion of services into the independent sector. To date, spending has been kept under control largely through centralised decision-making but more effective use of resources will depend upon devolving responsibility, as systems and training permit. Management information on community care services has improved markedly but this has yet to be extended to work with children and families. It is open to question whether the Authority can deliver the scale and pace of the proposed changes in services with its current scaled-down management resources.

Improving services

Four key areas the Authority needs to address if it is to achieve its strategic objectives:

- bringing together changes under way - firming up arrangements with other agencies on delivering priority goals;
- getting the right services to the right people - ensuring the transparency of criteria for accessing services, and defining and reviewing objectives of intervention;
- re-shaping to deliver - clarifying the roles of in-house and independent sector services and reviewing the management capacity and personnel policies to achieve the planned changes; and
- demonstrating success - defining a core set of outcome measures and quality indicators and publicising achievements.
How to find out more

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