Messages for Managers

Learning the Lessons from Joint Reviews of Social Services

Social Services Inspectorate
Department of Health

Audit Commission
Promoting the best use of public money
Joint Reviews provide an independent assessment of how well the public is being served by social services locally. The reviews identify what authorities do well, and highlight those areas that could be improved.

A rolling programme is reviewing some 20 local authorities’ social services departments each year. This work is being carried out by a specialist national team managed jointly by the Audit Commission and the Department of Health’s Social Services Inspectorate.
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   Stockport
   Sutton
   Somerset
   Sandwell
   Wandsworth
   Oxfordshire
   Lincolnshire
   Camden
   Sefton
   Barnsley
   Barking and Dagenham
   Knowsley
   Southwark
   Sheffield
   Calderdale
   Barnet
   Suffolk
   Bury
Introduction

*Getting the Best from Social Services: Learning the Lessons from Joint Reviews* was published in July 1998. This handbook expands upon the findings, conclusions and questions posed in the earlier report. Its aim is to provide managers, staff and members with a fuller account of the information brought together by Joint Reviews. It also highlights a management agenda which emerges from these findings.

**What are social services for?**
The starting point must be to ask ‘What are social services for?’ If this is unclear, then it will be hard to judge how well councils are doing. Social services contribute to social inclusion by protecting people who are at risk and by helping people and their families to live independently. Councils can achieve these aims by working with individuals, by fostering communities that support people and by funding other organisations that help people.

More specific objectives are needed for the work councils that do. These exist in legislation and guidance, but are mainly expressed in councils’ own interpretation of what they should do. A clearer overall framework would help councils, and would enable more consistent comparison of how well councils perform. This framework is emerging from the Government’s initiatives to combat social exclusion, to achieve ‘best value’, to bring together a modern and dependable system of health and social care and to renew local democracy. Social services’ objectives, and how they can be delivered effectively and efficiently, will become clearer following a White Paper in 1998 and as lessons emerge from best value initiatives in pilot councils.

It is helpful to regard objectives and targets as a contract between a council, the people who use its services and the people who pay for them. Councils which manage their ‘contract’ consistently at every level – in reception, in people’s homes, on the phone, in staff supervision, in their dealings with other services, in the boardroom and the council chamber command confidence and improve services.

**How well are councils doing?**
Nearly three-quarters of people using social services judge them to be good or excellent. Just over one in ten users judge services to be poor or very poor. Users are most likely to judge councils’ services as good if they have had a say in what they received, if they got what they expected and if it was delivered promptly. The simple message for councils is: ask people what they think, explain what they can expect and do what you promise.

There is no clear relationship between achieving this objective and how much councils spend. Councils do not know enough about their costs. Lower costs could be secured by making more use of independent providers and negotiating changes with council staff. Councils should review the mix of staff that they employ to deliver social services. Staff are not supported by sufficient guidance on priorities. They are not given enough information on workload and productivity. Middle managers need a stronger stake in defining goals and better tools to measure performance and manage budgets.

The purpose of each service needs sharper definition. Councils need to be better informed about what their social services do and whether this activity achieves the intended purpose. Only then will future plans have the firm foundation that they need to command public confidence. The majority of councils have good relationships
with other services and between their councillors, officers and staff. There is a real commitment to working to address the issues that matter to local communities. More support for users and carers to get their voice heard delivers better planning. Plans that tell people how the money will be spent are the ones that matter and work.

At 1 July 1998, 19 Joint Review reports had been published and each gives an overall judgement on current services and future prospects. Seven authorities were found overall to be serving people well. Five were judged not to be serving people well. The other seven presented a mixed picture with some aspects of service doing well, but others less so. Councils can be categorised in six groups (TABLE 1).

To keep their side of the contract and to get the best deal, councils need to:

- **be better informed** – about what they do, how well they do it, what it costs, what other people think;
- **build trust** with their communities, employees and partners so that services can change;
- **have citizen-based standards** – by involving lay people in setting and enforcing standards of service; and
- **strengthen** service management to ensure that they have a grip on the issues that matter, and that strategy is connected to day-to-day business and professional practice.

### TABLE 1
Current performance of councils reviewed and capacity for improvement

<table>
<thead>
<tr>
<th>Changing services to secure improvement</th>
<th>Needing to develop more capacity to improve services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serving some people well with some areas needing improvement</strong></td>
<td>Sandwell (June 1997) Lincolnshire (July 1997) Camden (July 1997)</td>
</tr>
</tbody>
</table>

Note: council groups are in chronological order.
1 The Changing Context

Local Authority Social Services exist to keep vulnerable people safe and to promote independence. Combining these two purposes effectively creates an enabling service that keeps people safe and helps them sort out their own problems in their own ways (EXHIBIT 1.1).
Social Services pursue these aims of safety and independence in a changing world. Social Services’ effectiveness now contributes to five central government policy priorities:

- Creating more inclusive communities;
- Achieving best value from local public services;
- Building modern and dependable National Health and Local Social Care services;
- Improving public health; and
- Renewing local democracy.

1.1 Creating More ‘Inclusive’ Communities

One primary aim of social services is to prevent people being excluded from living independently (EXHIBIT 1.2). This includes:

- supporting families that are excluded by poverty, ill health or disability;
- helping children to play a full role in society – for example, by supporting them to attend school;
- making family and community life safer for vulnerable people by protecting their physical safety, mental health and individual rights;
- working with others to enable vulnerable and disabled people to work when they can and to live safely and independently in their own homes; and
- arranging specialist help for people with many or complex problems. and ensuring that this help does not exclude them from the families and communities to which they belong.

EXHIBIT 1.2

Empowering citizens by working with them contributes to ‘inclusive’ communities

We got the communication right from the beginning, and we’ve not been smothered by help. We do what we can, if it doesn’t work we do it another way. We’ve been encouraged to think ahead –

A carer from Suffolk
1.2 Achieving Best Value from Public Services
Measuring Social Services’ performance requires an understanding of how Social Services contribute to social inclusion, backed up by simple and effective measures of value for money. Joint Reviews look at the choices that local authorities make about who gets what services and whether these represent value for money. The emerging best value approach draws these judgements together, combining citizens’ judgements of service quality with independently checked measures of cost. Councils are expected to get better every year by checking their performance rigorously against their own standards and comparing themselves with other councils.

Councils need to do better, or else better ways of delivering safety and independence for citizens will be found. Doing better requires:

• citizen-based standards;
• more for every pound spent; and
• continuous improvement.

1.3 Citizen-based Standards
Standards are citizen-based when members of communities are well informed about their rights and about the services that are available to meet their needs. Informed citizens can help services work better by commenting on how well services work for them as individuals. Joint Reviews ask service users how good services have been, and whether councils have asked how things are working out. Informed citizens can also help shape better services for the future by joining in the decisions about which needs are greatest and how local services can best meet them. Working alongside service users and local communities brings greater variety of services and wider choice. Joint Reviews look at the range of services on offer, how they are adapting to changing needs and whether people were offered a choice.

1.4 More for Each Pound Spent
Social Services cost the country £8.2 billion. When the contributions made by individual citizens through charges are added the gross expenditure is nearly £9.5 billion. This amounts to £172 per person per year. To get maximum value, councils need to be sure that the services that they choose to fund are targeted on people who can get the most benefit (EXHIBIT 1.3). They also need to be sure that costs are as low as possible (EXHIBIT 1.4). Half the money is spent on services provided by independent contractors. Strong, well informed, contract management is vital.

EXHIBIT 1.3
Effective targeting includes early intervention

MESSAGES FOR MANAGERS – SEPTEMBER 1998
LEARNING THE LESSONS FROM JOINT REVIEWS OF SOCIAL SERVICES
Increasing activity requires reducing unit costs

Joint Reviews look carefully at how many people ask for a service, how many people are assessed as needing a service and how many people actually receive a service. Councils are making vital decisions about value for money when they determine who is eligible for a service and how eligibility will be checked. Joint Reviews also look at how much it costs to decide whether someone is eligible for a service.

Joint Reviews compare unit costs in each council with those reported by similar councils. Joint Reviews also look at whether costs are going up more quickly in some areas than others.

Combining information about targeting, eligibility, services available and unit costs provides a snapshot of value for money today. It is just as important to know whether things are likely to improve.

1.5 Continuous Improvement
Councils’ performance will improve only if their standards and costs are kept under close review. Joint Reviews happen in each council only every few years. The day-to-day scrutiny by managers and councillors will keep improvement happening year after year. Councils get information about how well they are doing from:

- inspections of residential homes;
- complaints;
- listening to citizens;
- listening to staff;
- analysing their own data on costs; and
- comparing themselves with other councils.

Joint Reviews check whether councils are using the information they have, and how well organised they are to change services when they could be doing better.

1.6 Working in Partnership
Social services have to work closely with other services in order to create modern and dependable health and social care. Vulnerable people need social services to work with family doctors, hospitals, schools, the police, their landlords and other public agencies. More importantly, they need social services to work with their family, their carers, their neighbours and friends. Families, carers and friends often turn to community organisations for support – to their church, to charities and local community groups. So social services must work with the grain of these vital supports to get the best out of the limited resources that councils can contribute (EXHIBIT 1.5, overleaf).
Working in partnership involves the whole community not just statutory services.

Making sure that other helpers’ needs are included in assessments is a vital part of social services work. So too is ensuring that other people who need to know about the needs of vulnerable people are properly informed. Joint Reviews look at individual users’ experience and find out how well carers’ needs were considered and also at the range of helpers involved in each user’s support.

To get the best value for money, councils need to plan their social services spending alongside other services. Improving performance is about rehabilitating communities’ ability to be independent as well as helping individual citizens back to independence.

1.7 Renewing Local Democracy

Working with communities helps councils to look at the full range of public services and decide whether they are doing as well as they could. It is also vital to renewing local democracy. Joint Reviews examine local planning and check whether plans are informed by the views of users and local communities.

They have a fundamental philosophy of developing partnerships and working together … they’ve helped us become a professional, cost-conscious organisation

– A voluntary organisation in Southwark

The essence of local authority social services is a democratic contract:

- between the people, who use services and the council, which organises them (EXHIBIT 1.6);
- between the people, who live in a community and the council, which defines and shapes local services; and
- between the people, who fund services and the council, which spends their money.

Social services are there to protect and empower vulnerable people. Their job is to deliver this objective through their contract with service users, with local communities and with funders. This contract is expressed in the citizen’s right to have his or her needs assessed and the council’s duty to meet needs that have been assessed, using the money intended for the purpose.

1.8 Getting the Best Deal

This contract is renewed thousands of times every day – each time someone approaches social services for help. Council staff make or break this contract every time they answer the phone, meet a caller or visit someone in their home.
Understanding what the contract means

This report asks ‘How do councils know that their services do the job that they expect from them?’ Services will only be directed to the right people and be good value if citizens know the answers to these questions and staff are getting clear guidance to answer the questions posed every day in their work.

Joint Reviews ask users and staff what answers they have got and how they understand them.

This report highlights the main findings, draws conclusions about the leadership and management of local councils’ social services and recommends management approaches to improving social services.
2 The Evidence

This chapter describes the range of evidence that Joint Reviews have collected and the way it is analysed and presented.

Joint Reviews collect data about authorities from national returns, from previous audits and inspections and directly from authorities. 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 by authorities 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 authority is required to assess its own work, performance and the issues that it faces in a statement to the Review Team at the beginning of the review.

In the course of 29 reviews from the start of the programme to June 1998, Joint Reviews have:

- received 4,200 questionnaire replies from users and carers;
- looked at 2,300 individual case files;
- interviewed over 350 individual users and carers and met many more in group discussions;
- spent several days in each of over 200 local service points including local offices, hospitals, family doctors’ surgeries, town halls, head offices and one stop shops;
- interviewed about 1,000 social workers, care managers, social work assistants and first line managers;
Evidence from these four areas enables the Review Team to make a judgement on the current performance and future prospects for the authority’s social services. In reaching this judgement the Review Team assesses the authority’s corporate and political leadership and how well it integrates its policies, services and resources. Good performance in social services plays a key part in achieving best value for the authority as a whole.

The evidence is analysed and presented to answer four key questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Evidence</th>
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<tr>
<td>Are services focused on users?</td>
<td>User views and experience collected through surveys, interviews (with users, carers, representative groups, providers, staff and managers), case records and observation.</td>
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<tr>
<td>Can the authority shape better services for the future?</td>
<td>The extent to which planning and practice demonstrate an understanding of need; the authority’s ability to learn from current practice and change the pattern of services to better meet needs.</td>
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<tr>
<td>Is performance effectively managed?</td>
<td>Standard setting; target setting; monitoring and supervision; training and development; feedback and complaints; the application of regulation and accreditation and the management of directly-provided services.</td>
</tr>
<tr>
<td>Are resources managed to maximise value for money?</td>
<td>Information about comparative activity and costs; use of management information to improve resource allocation, use and control; presence of effective infrastructure to support a productive workforce and make the most of capital assets.</td>
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3 Meeting Individuals’ Needs

This chapter summarises the key findings from reviews, highlights good practice, explores some of the pitfalls that impair good performance and comments on the implications of the findings for councils.

3.1 Summary

Nearly three-quarters of users and carers continue to rate services as excellent or good. This represents a high level of public satisfaction. Services are well regarded if users have a say in their care and if councils deliver what they promise promptly. There appears to be no correlation between achieving public satisfaction and how much councils spend, or how many staff they devote to the task.

Other findings undermine the general picture of public confidence in social services. Joint Reviews have found councils that do not meet basic statutory requirements to protect and look after children in their care properly. The Review Team draws attention to other concerns about co-ordination between services that ensure the safety of people with mental health problems and their children.

Most people still know too little about what social services can do to help them. Information is not getting through. Many people are redirected elsewhere from social services. Many assessments do not result in services. Assessments are not experienced as taking proper account of people’s ethnic, religious and cultural needs.
There are councils that have established rigorous systems for protecting vulnerable people. There are also councils that successfully involve users in planning care and deliver their promises promptly. There is good practice to learn from and there are clear pitfalls to avoid. Councils need to check how they work at all levels to make sure that the lessons that their service users can teach them are being learned.

3.2 Review Findings: Meetings Individuals’ Needs

**How do users and carers rate social services?**
Overall 71 per cent of people responding rated their services as excellent or good (EXHIBIT 3.1). This is exactly the same rating as in 1996/97. There is a very considerable range of responses from 85 per cent in Cornwall to 59 per cent in Barking and Dagenham. Equally, 11 per cent of respondents continue to rate services as poor or very poor (EXHIBIT 3.2). The range for these ratings is wider still, from 4 per cent in Suffolk and North Yorkshire to 24 per cent in Barking and Dagenham.

Women rate social services better than men. While more men than women thought services were excellent, overall more men thought services were very poor. Women are more likely to rate services as good or fair. People over 65 rate services better than younger people. If everyone under 65 were excluded from the survey the percentage of users and carers rating services excellent or good would go up to 81 per cent. On the other hand, if only people under 65 were included the percentage rating services excellent or good would fall to 64 per cent.

My wife and I have been absolutely delighted with the care provided by Barnet – A physically disabled user

**EXHIBIT 3.1**
Nearly three-quarters of users and carers rate services as excellent or good

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<thead>
<tr>
<th>Percentage rating services excellent or good</th>
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Average = 71%

Source: Joint Reviews questionnaire for users and carers, 1996-1998

**EXHIBIT 3.2**
One in ten users rate services as poor or very poor

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<th>Percentage rating services as poor or very poor</th>
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Average = 11%

Source: Joint Reviews questionnaire for users and carers, 1996-1998
The survey includes a range of questions about people’s experience of social services including:

- Did they get useful information?
- Did they get all or some of the help they needed?
- How quickly were they contacted, and were services delivered speedily after they had been agreed?
- Did they have a say in what services they needed?
- Were they given anything in writing and asked to sign their agreement?
- Were they told how to complain and, if they did, how was their complaint handled?
- Were particular needs – for example, ill-health, race, culture and religion – taken properly into account?

The Review Team has correlated all the responses against the overall rating to determine which factors are most closely associated with a good or poor view of the help that users and carers receive. Users are most likely to rate services excellent or good when services are delivered quickly once they have been agreed (EXHIBIT 3.3). Users are also more likely to rate services as excellent or good when they have had a say in determining what the service will be and when they get all the services that they need. There is a strong three-way correlation between having a say in what services are offered, their being delivered quickly once that happens, and people rating services as excellent or good.

Quite a good service, apart from having to wait 18 or 19 weeks – ridiculous – User in Bury

EXHIBIT 3.3

Users who get services quickly rate them more highly

| Percentage satisfied users (excellent or good) | 0% | 20% | 40% | 60% | 80% | 100% |
| Speed of delivery (percentage receiving a service quickly) | 0% | 20% | 40% | 60% | 80% | 100% |

Rsq = 0.7591

Source: Joint Reviews questionnaire for users and carers, 1996-1998

There is also a strong correlation between responses concerning communication and participation. Users who reported that they had a say in determining their services also felt that they got the help that they needed. In addition they are more likely to know how to complain and more likely to be satisfied with the outcome of any complaint that they made. Moreover, they are also more likely to have been asked how things were going and to have a written care plan which they had signed.

A full analysis of the returns, comparing councils is attached at Appendix 3.

However, having a good knowledge of how to complain or having a written care plan is not associated with people giving the service a higher rating overall.

Overall satisfaction is significantly influenced by how much help people feel that they have had (EXHIBIT 3.4). Higher numbers of people judging that they got all the help they needed is associated with higher overall ratings. Those who got only some of the help that they needed are less likely to rate
services as excellent or good and more likely
to rate services as poor or very poor.

EXHIBIT 3.4
People who get all the help they need rate
services more highly

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<th>Percentage satisfied users (excellent or good)</th>
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<th>Percentage users getting all help needed</th>
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Rsq = 0.5381

Source: Joint Reviews questionnaire for users and carers, 1996-1998

It must be stressed that these ratings are
based on respondents’ own judgement of
whether their needs were met and have not
been subject to any independent
measurement or comparison. However, even
if one authority’s population has very
different expectations from another’s, each
authority must serve its own population and
take account of its particular expectations.

The Review Team has also looked at the
association between overall satisfaction and
• total expenditure;
• whether expenditure has been increasing
  more quickly or more slowly;
• how many referrals go on to be assessed;
  and
• a wide range of different unit costs and
  expenditure patterns.

No correlation could be established between
overall satisfaction and these factors.

Whatever the financial circumstances or
gatekeeping arrangements of an authority
overall ratings from existing users and carers
correlate most strongly with giving users a
say and then delivering what has been
agreed quickly. There is nothing in the data
collected by Joint Reviews to suggest that
total resource levels or indeed costs have any
close association with the experience
reported by users and carers (EXHIBIT 3.5).

EXHIBIT 3.5
There is no correlation between total expenditure
and the percentage of users and carers who rate
services as excellent or good

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<th>Percentage satisfied users (excellent or good)</th>
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<th>Percentage users getting all help needed</th>
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Rsq = 0.0298

Source: Joint Reviews questionnaire for users and carers, 1996-1998

Note: Two of the best-rated authorities, Cornwall and
North Yorkshire, are among the lowest spenders per
head on social services.

How safe are service users?
As well as promoting independence by being
responsive to people who ask for help, social
services have duties to protect vulnerable
citizens from abuse or neglect. Local
authorities are expected to have policies on:
• child protection;
• compulsory admission to mental health
  services;
• vulnerable adults; and
• preventing abuse of elderly people.
Child protection and compulsory admissions to mental health services are governed by statutory procedures. Joint Reviews examine whether councils are complying with these statutory procedures.

Joint Reviews have found councils that are not fulfilling basic duties in child protection. Where a council deems a child to be abused or neglected it has a duty to take action to protect that child. Actions could include special help for the child, for his or her family or for other carers. It could include extra vigilance at school. It may involve moving the child to another home, or requiring some people to stay away from the child for his or her safety. The council will place children in need of protection on a register, must allocate them a social worker, must agree a programme of protective steps with all the main parties (a ‘case conference’) and must review what is happening at regular intervals. All this is set out in detailed guidance and documentation from the Department of Health.

Joint Reviews have found councils that have failed to allocate social workers to children who are registered as in need of protection. Councils cannot protect children and review their safety if nobody is responsible for making sure that it happens day by day. These councils are not serving their people well.

Social services are keeping my child on the child protection register. They only come when its time for a case conference...we have had only one core group meeting in a year... I am very disappointed – A parent in Calderdale

A small proportion of children who need protection become the long-term responsibility of a council when a family court judges that it is in the child’s best interest to be in public care. The council becomes the child’s parent and has the same responsibilities as all other parents. Again, there is careful guidance on how councils should check that they are being good parents. This includes regular reviews of each child’s progress, taking account of the child’s own views. Joint Reviews have found councils that do not carry out the required reviews. Often this is because no social worker has been allocated to the child and so no one is taking a continuing interest in their progress. Good councils pay close attention to the needs of children for whom they are responsible. Those that do not are neglecting the most vulnerable children in their community and failing to meet their statutory duties.

The Review Team is alarmed by how little councillors are told about how well their council is doing as parents for children in its care. Some councils even find it difficult to tell the Review Team how many children they look after. Regular reports to councillors on the findings of reviews and what these mean for services are rare. On average, only half the children looked after by councils are attending school. Children looked after by councils get fewer qualifications and leave school sooner than other children. If the Review Team finds it hard to get information from councils on these vital areas of safety and welfare of children, how are councillors ensuring that they are carrying out their responsibilities?

Joint Reviews have found very wide differences in the number of children deemed to need protection in different councils, and in the resources devoted to protecting them (EXHIBIT 3.6).

There is a clear correlation between deprivation, spending on child care and numbers of children on the child protection register. Authorities with higher levels of deprivation register more children (EXHIBIT 3.7) and spend more on child care services.
CHAPTER 3
MEETING INDIVIDUALS’ NEEDS

Exhibit 3.6
Range in numbers of children registered as needing protection

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<th>Number of children on child protection register per 1,000 population under 18</th>
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Source: Department of Health Key Indicators, 1997

Exhibit 3.7
High levels of deprivation and registration of children sometimes go together

Number on child protection register per 1,000 population under 18

Source: Department of Health Key Indicators, 1997

However, at similar levels of deprivation and expenditure there are still substantial variations in registration rates. For example, five times as many children per head of population are placed on the child protection register in Calderdale than in Rochdale. There is greater consistency among London boroughs. These councils’ staff meet regularly with one another on child protection and share the same police authority.

Deprivation is only part of the story, however; the choices made by social services are also very important. There is no one ‘right’ rate of registration and intervention to protect vulnerable children. Councils need to apply their own intelligence to local circumstances to be sure that children are safe, and that the right balance between formal protection and informal support to families is being struck. Joint Reviews have identified examples of authorities successfully reducing the rate of protection to divert skills and money into supporting families at an earlier, more preventive, stage. Equally, there have been a number of cases where reviewers questioned whether councils ought not to have taken earlier and more direct steps to protect children who were later found to have been at risk from serious neglect and potential abuse.

Joint Reviews have not analysed comparative data on compulsory admission to mental health services. Joint Reviews have found that councils have, in the main, clear procedures to arrange admission and adequate numbers of specially trained staff. Most operate joint arrangements with local health services and with the police. Joint Reviews have not concluded that any authority has arrangements that are so lacking in basic safety as to undermine its ability to meet its statutory requirements. However, in some councils, arrangements for admitting people to mental health services are fragile because hospital beds can be found only at a considerable distance away or because the only place of safety is a police cell.

Joint Reviews have highlighted particular concern about how well mental health
services and children’s services work together. Where a lone parent is required to go into a mental health hospital, any children are in a very vulnerable situation. Indeed, they may have been for some time. Equally, making sure that parents can resume full-time care once they have completed their treatment is also vital to the safety and long-term welfare of their children. Clear responsibility for ensuring that both the treatment and the rehabilitation of parents with mental illnesses safeguards children should be established in all such cases; at present this is not always happening.

A further area of concern has been the safety of young people who require mental health care. Hospital wards for adults are not safe places for these young people. Yet Joint Reviews have found many instances where no other option was available. The sometimes desperate search among health agencies, social services and schools for a place that can help a young person in serious mental distress can undermine the rights of that young person and their confidence in the services that are supposed to help them.

Policies on protecting vulnerable adults and to prevent the abuse of elderly people are relatively recent innovations. Joint Reviews have found some excellent policies backed up with clear procedures and training. The Review Team’s impression is that these procedures are not yet in the mainstream of social services practice and that councils need to continue emphasising the importance of protecting adults and elderly people who are at risk of abuse.

**How many people get a service?**

Each review includes a survey of the referrals received by the authority over a three-month period. Joint Reviews look at how many referrals go on to be assessed and, of those, how many lead to a service being given to the person concerned. These ratios are examined for all referrals and then for the different types of people who ask for help. This survey was added to the review process and has been completed in 13 authorities. It should be acknowledged that authorities do not use consistent definitions of referrals. However, in all cases a referral represents an inquiry of sufficient importance to be recorded by the office receiving it.

By looking at the number of referrals per head of population it is possible to assess the extent to which people approach social services for help and are recognised by social services as having done so appropriately.

Some authorities receive and recognise twice the rate of referrals as others (EXHIBIT 3.8). However, the rate of referrals does not correlate with deprivation or expenditure per head and must therefore be driven by organisational and cultural factors in each authority and the locality it serves. This finding is borne out by reviewers’ observations of local practice which reveal very inconsistent approaches to dealing with the public, and a variable understanding of the role of staff who receive enquiries. Better guidance on how to deal with enquiries and imaginative use of vocationally qualified staff to provide a friendly and fair front door can make a great impact on the quality and efficiency of social services. Examples of authorities that have done this are highlighted in the section on Good Practice below.
Some authorities receive twice as many referrals as others

Source: Joint Reviews analysis of referral samples and CIPFA estimates 1996/97

Of the 13 authorities on average 66 per cent of referrals go on to be assessed (EXHIBITS 3.9 and 3.10). However, the range varies from 45 per cent to 93 per cent. A referral is twice as likely to be assessed in Sheffield as in Liverpool. Both extremes raise concerns. Over half the people who approach Liverpool Social Services are directed elsewhere, or dealt with without an assessment. There must be concerns that some people who need services are not getting through to assessment or, on the other hand, that some people are being allocated services without a proper assessment of whether these will meet their needs. On the other hand, 30 per cent of the people assessed in Sheffield do not go on to receive a service. Therefore, the expense of the assessment (which is considerable – Oxfordshire Social Services estimated that on average, the cost is between £200 and £380 per assessment) is potentially unnecessary if better arrangements for receiving enquiries were put in place.
The extent to which referrals are ‘screened out’ and assessments do not lead to services being delivered appears to have no impact on the satisfaction of those who do receive a service.

Greater selectivity in which referrals end up receiving a service is associated with higher expenditure. In other words, the authorities that spend the most tend to concentrate their efforts on a smaller proportion of those who ask for help.

How inclusive is assessment and service delivery?
The first component of inclusion is knowledge about services and rights to services. Most people are still not aware of the services on offer or how they might help. Over three-quarters of the people responding to the surveys had no information about social services before they were referred. There is a wide range of performance between authorities from over one-third of people being informed to only one-eighth (EXHIBIT 3.11).

EXHIBIT 3.11
At best only one-third of users had seen information about social services before getting help

If only I knew when my child was eight or nine months what I know now he’s seven, things would be much better –
Parent of disabled child in Suffolk

It is more encouraging that two-thirds of those who had information said that it told them how to find social services. Again the range is very wide – from over three-quarters to only 40 per cent. If authorities are to achieve citizen-based plans, standards and well-targeted services the starting point must be better information to citizens about the part that social services can play.

People with particular needs – for example, religious or cultural requirements – are unlikely to have these properly respected in their dealings with social services (EXHIBIT 3.12). Of those who thought it relevant, that is, they had a particular requirement, only 31 per cent on average said that it was taken into account. The range of performance among councils is enormous – from as low as 13 per cent to over 55 per cent. Even in the best councils, only about half the people with particular religious or cultural requirements feel that these are paid sufficient attention. There is still much to do to ensure that social services practice and that management understands and responds to the diversity of ethnic, cultural and religious needs of the communities that they serve.

They even asked if my father wanted anything to celebrate the Ukrainian Christmas … they soaked apricots for him and made a special meal –
A relative in Coventry

They hide behind the thing about having one of the smallest ethnic minority communities but we do have users –
A team manager in Barking and Dagenham
CHAPTER 3
MEETING INDIVIDUALS’ NEEDS

EXHIBIT 3.12
Less than half of users responding felt their religious and cultural needs were properly addressed

<table>
<thead>
<tr>
<th>Percentage satisfied users</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Joint Reviews questionnaire for users and carers, 1996-1998

Three-quarters of people responding reported that they had been asked what they thought they needed. About half the respondents had received a written statement of their needs, or about the services on offer and about one-third of respondents had been asked to sign this statement to show their agreement. The close association between being asked about their needs and being satisfied with services has already been highlighted. This section looks at the association between thorough care planning and the resources that councils have to carry out this key task.

The resources available can be measured in two ways. The broad measure is total amount spent per head. There is no correlation between total spend per head and the probability that users will be asked to contribute to their care planning. A narrower measure is against the spending on care management, that is, expenditure which is not accounted against services delivered to users and carers. One might expect a closer association here – the more time and resources go into setting up and planning services, the better the process for users. Not so; there is no correlation at all.

Neither is there any correlation between the amount spent on care management and how quickly users reported being seen for assessment.

Care managers are acting, to some extent as gatekeepers (EXHIBIT 3.13). However, authorities which describe three times as much of their expenditure as being on care managers as others still deliver the same percentage of users all the help they felt they needed. Of course the help may be much better in quality, or much cheaper to the council and, therefore, justify the higher cost of care management. Equally likely is the possibility that authorities account for care management very differently. The report returns to the theme of costing care management in Chapter 6.

EXHIBIT 3.13
More care managers do not lead to closer gatekeeping?

Source: Joint Reviews questionnaire for users and carers, 1996-1998
3.3 Good Practice

The key performance issues identified in reviews are:

- involving people in services;
- delivering what has been promised;
- making sure that childrens’ safety is monitored properly;
- fulfilling duties towards looked after children;
- keeping people well informed;
- dealing well with the public;
- being clear about who is entitled to a service; and
- taking account of particular needs.

Joint Reviews have identified good practice in each of these areas and this section highlights examples from which councils can learn.

**Involving people in services**

Involving users and carers in assessment and care planning was particularly strong in Knowsley and Sandwell. Knowsley’s approach included strong advocacy services, good monitoring and supervision of formal processes to make sure that users and carers took part, and clear documentation for participants so that they knew what to expect.

Sandwell has appointed inter-agency co-ordinators to ensure that care planning works smoothly and that users and carers get an opportunity to participate in drawing up and agreeing their care plans.

**Delivering what has been promised quickly**

Two councils have demonstrated how rigorous target times, backed by good management oversight, can ensure that services are delivered on time and as promised.

Southwark has an explicit early intervention strategy to help children stay with their own families when there is a risk that they may have to be accommodated by the Council. A social worker is allocated immediately a referral is received and must visit within two days. A meeting to agree a longer-term approach must be held within three weeks and accommodation, if required, found within five days. The first review will always be held within four weeks.

Wandsworth has clear targets for the delivery of occupational therapy. This system ensures that no one waits longer than six weeks. The caseloads of all occupational therapy staff are carefully monitored to check that cases are being dealt with in priority order and within the timescales that have been set out.

**Making sure that child safety is monitored properly**

The Review Team found that Cornwall carries out effective work aimed at keeping children safe by preventing abuse (EXHIBIT 3.14). All the contributing agencies combine to produce a single checklist for the parents or carers to work on and to be reviewed in ‘case conferences’. These conferences are commended by parents and children as supportive and effective.
Fulfilling duties towards looked after children
School attendance has been identified as a vital part of ensuring that children looked after by councils are safe, get a good start in life and can go on to be independent. Southwark has established business planning targets for school attendance which are shared by Education and Social Services, and are backed up by training for teachers and residential social workers. These form a key part of the performance targets for residential homes and individual workers (EXHIBIT 3.15, overleaf).

Keeping people well informed
Joint Reviews have highlighted two kinds of initiative: open access information points, which are particularly effective, and, secondly, specific information that helps groups of users to understand the system and get what they need.

In the first category, Wandsworth and Camden have both developed very effective telephone access systems. Seventy per cent of referrals come by phone. Camden has a single call centre giving information and receiving referrals which ensures a consistent, quick and helpful response to enquiries. Wandsworth has contracted with an independent agency to run a ‘Careline’ which provides information and advice to the public about a wide range of health, social care and welfare services in the Borough.
For specific groups, Joint Reviews have highlighted the *Smooth Guide to Mental Health Services*, produced in association with service users in Sheffield. It helps to guide people through the system of mental health care in an approachable and simple fashion. Equally, carers’ centres provide an invaluable role in giving direct advice and support to carers; those based in family doctors’ surgeries in Somerset and in specific carers centres in Sefton and Oxfordshire have been commended in review reports.

**Dealing well with the public**
Joint Reviews have found that identifying specific teams to deal with enquiries and make initial ‘screening’ judgements can be very valuable in meeting simple needs quickly, in directing referrals to the right place and in targeting highly qualified staff on cases that really need their attention. Users appreciate clear and straightforward advice about what social services can offer and how they will be assessed. A number of authorities have introduced customer service or client service functions which perform this role. Particular examples include client services teams in Hertfordshire (EXHIBIT 3.16) and customer services officers in Suffolk.
EXHIBIT 3.16
The client services role in Hertfordshire provides a clear route for referrals and focuses on priorities

Being clear about who is entitled to a service
Users cannot be expected to understand a wide range of eligibility criteria with each criterion relating to different services that might make up part of the package of services that they receive. Where there are separate criteria for access to residential homes, day care, home care and so on, the links are not always obvious. Criteria work well when they are related to daily life – for example being able to get out of the house, being able to cook a simple meal, being able to communicate. These can then be further simplified by creating priority bands that clearly indicate that while one user is a high priority and will receive a substantial range of service quickly, another is a low priority and can be expected to make their own care arrangements with a little advice. Examples that conform to this approach have been noted in Hertfordshire, Knowsley and Southwark among others. Mental health teams that use the *Health of the Nation* scales for assessing need are also applying this approach.

Taking account of particular needs
This is an area of very variable performance, and the Review Team is not able to spend large amounts of time investigating the needs of specific communities. The recent Social Services Inspectorate report *They Look After Their Own*, highlighted the wider issues facing social services in working with diverse ethnic, religious and cultural traditions. The Review Team would highlight three examples of good, sensitive practice: Sandwell has worked closely with representatives of different communities and employed information staff to ensure that different communities receive relevant and helpful information about services, and that services are tailored to their needs; Bury has worked closely with Asian elders to establish a day centre and resource base specifically to meet their requirements; and Barnet has arranged for Jewish Care to assess the needs of people from the Jewish community and organise culturally specific services for them.

3.4 Pitfalls
Feedback from users and carers and observation of services highlight three main pitfalls that councils should seek to avoid:

- not being clear about who does what;
- not providing continuity in supporting individual users; and
- not knowing what is going on.
**Not knowing who does what**

Joint Reviews have found poor outcomes for users and waste of resources where the roles of teams or services are not clear. When neither of two teams takes responsibility for a referral or for keeping other organisations up to date with what is going on, the outcome is confusion and waste (EXHIBIT 3.17).

> You can’t be assessing someone’s holistic needs if you are looking at the ‘time for task’ list – An in-house provider

**Too much process and not enough care – An in-house provider**

**Not providing continuity**

Users and carers fear that services will be taken away. In response, they seek reassurance in the contact that they build up with individual members of staff. Evidence from case files analysed by the Review Team suggests that the likelihood of a service being taken away is in most cases remote. However, assurance is part of the service. The following quotes illustrate the very real loss of public confidence associated with unexplained or unexpected changes in carer or social worker.

> One week I had eleven different home carers coming in, each had to be briefed about the tasks required and my particular needs and circumstances. This wasted a lot of time and adds to the strain – *A user in Sefton*

Children, in particular, need stability and continuity. Too many children experience multiple, short-term placements and this is very damaging to their prospects. One case examined by the Review Team involved 21 moves (EXHIBIT 3.18)

> I hardly ever saw my social worker… then she left and I had to start again with someone else … I had three social workers in six months – *A young person in Suffolk*

---

**EXHIBIT 3.17**  
Case study of a 7-year-old boy in Oxfordshire

<table>
<thead>
<tr>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother rings CPIT, CPIT refers to C&amp;F</td>
</tr>
<tr>
<td>4</td>
<td>School rings CPIT – CPIT refers to C&amp;F</td>
</tr>
<tr>
<td>7</td>
<td>School faxes CPIT – What is happening?</td>
</tr>
<tr>
<td>16</td>
<td>C&amp;F manager contacts mother; she confirms problems</td>
</tr>
<tr>
<td>21</td>
<td>Mother contacts C&amp;F – What is happening?</td>
</tr>
<tr>
<td>23</td>
<td>Managers for CPIT and C&amp;F visit family</td>
</tr>
<tr>
<td>46</td>
<td>Allocation to social worker</td>
</tr>
<tr>
<td>49</td>
<td>Social worker visits family</td>
</tr>
<tr>
<td>53</td>
<td>School faxes C&amp;F – What is happening?</td>
</tr>
<tr>
<td>55</td>
<td>C&amp;F decide child needs to be looked after – No place available</td>
</tr>
<tr>
<td>102</td>
<td>School requests Child Protection case conference</td>
</tr>
<tr>
<td>105</td>
<td>CPIT social worker visits family</td>
</tr>
<tr>
<td>115</td>
<td>Eleven people attend a case conference. There are two social work reports. The child is not registered. There is still no arrangement for the child to be looked after.</td>
</tr>
</tbody>
</table>

*Child Protection Investigation Team (CPIT)  Children and Families Team (C&F)*
Failure to complete statutory reviews has been highlighted already as a major concern about the safety of children looked after by a small number of authorities. The Review Team has a much wider concern – that many councils do not routinely review services for children in need, for vulnerable adults and, especially, for elderly people. The user and carer survey asks whether people have been asked to comment on how things are going. On average, only about 60 per cent have been asked. More worryingly, while in some authorities nearly 80 per cent have been asked, in others the rate is as low as 40 per cent (EXHIBIT 3.19, overleaf).
In some authorities less than half of the people had been asked how things were going

Percentage asked how things were going

Source: Joint Reviews questionnaire for users and carers, 1996-1998

This variability in knowledge about what is going on is borne out by interviews with social workers and care managers. It is not uncommon for the time that is intended for reviews to be devoted instead to managing waiting lists. If councils had better information from their reviews they could tell better what worked for whom and target services more efficiently. This intelligence would help to reduce waiting lists because priorities for who receives a service could be better defined. Until councils carry out systematic reviews of what services people are receiving and whether they are meeting needs, there will remain a suspicion that some services are not helping in the way that they should and others are unnecessary and wasteful.

Care plans are not always implemented because no one is chasing them along – Care manager in Barking and Dagenham

3.5 Meeting Individuals’ Needs: The Management Agenda

Findings from reviews show that users value participation, expect councils to keep their promises promptly and value services that meet their expectations. There are many councils which can point to good practice in aspects of meeting individual needs. There are also councils that have failed their users by not fulfilling statutory obligations to keep them safe, or to ensure that they are well cared for by the Council. To improve councils’ performance and consistency of response (EXHIBIT 3.20) managers need to:

- make sure that staff receiving referrals, whether in person or by telephone, are clear about their role, have a friendly and straightforward approach and are well briefed on the council’s eligibility criteria and assessment process;
- collect regular management information on how well the council fulfils its statutory duties including the number of children on the protection register, reasons for registration and length of registration and report this to every meeting of their governing elected body so that councillors are able to be accountable for their duty to protect children;
- maintain a record of the educational progress and attainment of every looked after child and report regularly on the educational performance of the children whom the council looks after;
- record the number, time and location of emergency mental health placements to ensure that these are local and to genuinely safe environments. Negotiate with the police and NHS trusts places of safety that are not police cells;
• review the services available for young people with mental health problems to establish what options are on offer now, how these are operated and whether these represent a safe and adequate service;

• collect data on all referrals to assess which are not being assessed so that other organisations that can help these people are better informed and social services effort is targeted on those who can most benefit from it;

• carry out occasional postal surveys of people who have been redirected, or assessed and found not to require services, to establish what other alternative, if any, they have secured and what their experience of approaching social services was like;

• undertake sample checks of assessments and case files to establish whether users' own views were recorded and taken into account. Involve users in designing and evaluating assessment and case recording tools.

• update information about the role and purpose of each social services team, office and access points so that users, carers, advocates and councillors understand where they should ask for help or advice; and

• make reviewing outcomes for individual users, involving the user and their carer, an integral part of assessment and service delivery. Allocate for every user a clear responsibility for undertaking a review and recording the outcome. Make service managers accountable for analysing the results of reviews and reporting trends for service planning and budgeting.

EXHIBIT 3.20
Improving screening and feedback will improve consistency of response
4 Shaping Better Services

This chapter summarises the key findings from reviews, highlights good practice, explores some of the pitfalls that impair good performance and comments on the implications of the findings for councils.

4.1 Summary

Councils need better information about current services to increase their ability to shape better services for the future. Social services authorities have valuable experience in consulting with, and hearing, users and carers. They will not be able to reap the full reward from this activity until the resulting plans are made more credible by being rigorously connected to service delivery, resource allocation and other services’ plans.

Joint Reviews have found that councils forecast their resources more readily than they forecast future needs. There is, however, little connection between the two projections. Forecasting future activity and funding needs to improve. The overall pattern and mix of services has not changed dramatically in the councils that have been reviewed. There has been growth in home care services and in the proportion of services provided by independently run services.

Council services are more ready to work with one another and with other public services to make whole systems work better. Joint Reviews are finding more information
sharing and joint management. Schools need to be brought into the system more effectively if children’s services are to benefit from this new culture.

Councils still rely on limited regulation to accredit most independent providers of services, and contracts continue to be based on single users. Councils should know enough about the choices that users make, and the capacity of providers to meet them, to move towards longer-term partnerships with providers. This information would enable better incentives for improvement to be introduced. There would also be more shared learning about what works well.

4.2 Review Findings: Shaping Better Services
Councils are required to plan for the future as well as serve current needs. Councils which do well today will not continue to do so unless they:

• understand how well existing services work;
• know how the needs of their communities are changing;
• can forecast their capacity to address new problems;
• can work closely with other services that are also planning for the future; and
• have the ability to turn plans into real changes in services.

It is already evident that many councils do not know enough about how well existing services work. While this remains the case, their future plans are built on shaky foundations.

Nonetheless, councils fulfil their statutory duties to prepare children’s services plans and community care plans. Through these, and their joint plans with health authorities, councils have been given the lead role in reshaping social care.

Joint Reviews concentrate on two sources of evidence to assess councils’ performance in shaping better services:

• data about how the mix of services and pattern of spending in councils has been changing over the last three years – this information also enables the team to check how well councils forecast changes in activity and costs; and
• information from the other people with whom councils work in developing their plans including groups of users, carers, staff, health authorities, other council services, people who provide services for the council and other community organisations.

Changing the mix of services and pattern of spending
Councils have continued to receive additional funding for community care through the special transitional grant to enable them to take on increasing responsibilities for residential care for adults and elderly people. This new responsibility is reflected in a growing proportion of expenditure devoted to adult groups, especially elderly people, and a corresponding reduction in the proportion devoted to children and families. Only two councils reviewed have reduced the proportion of their budget devoted to elderly people by more than 1 per cent and increased that allocated to children and families by a similar proportion.

Councils were required until 1997/98 to allocate 85 per cent of the special transitional grant to independent service providers. The growing proportion of spending on elderly people has, therefore been associated with an increasing
proportion of the budget going to independent service providers (EXHIBIT 4.1).

EXHIBIT 4.1
Increasing proportions of budgets are allocated to elderly services and independent providers

Source: Joint Review analysis of finance and activity data supplied for reviews

Only one council – Liverpool – has increased the proportion of its budget spent on elderly services and reduced the proportion spent on independent providers.

There has also been an increase in the proportion of spending on home care. In all, taking elderly services as the largest single area of expenditure, councils’ home care represents a growing proportion of expenditure. However, the proportion varies from 22 per cent to 47 per cent. Higher expenditure on home care is not correlated with greater use of independent providers; in fact, among those councils that purchase less than 60 per cent of their home care from independent providers, those which spend more on independently managed services tend to spend a higher proportion of their funds on residential and nursing home care.

Councils are clearly moving at different speeds to widen the range of services available and the number of providers with which they work to supply users’ needs. There is no correlation between different mixes and the overall spending of councils or with how well users and carers rate services in the Review Team’s survey.

There has not, however, been any radical change in the mix of services, or in the distribution of expenditure, beyond absorbing the impact of new responsibilities and allocating special transitional grant to meet them. The councils that have made substantial changes in the distribution of resources are the exceptions in the sample that has been reviewed (TABLE 2).
Forecasting activity and costs
Looking at this trend data also enables the Review Team to assess how well councils forecast what will happen in future years and how this will affect their expenditure. Every council, except one – Bury – increased its total expenditure on social services in the two years prior to the review. However, four councils anticipated reducing their expenditure on social services in the forthcoming year and most anticipated much reduced rates of growth in spending (EXHIBIT 4.2, overleaf).

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Most councils have not changed the distribution of expenditure significantly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Change in percentage spend on:</td>
</tr>
<tr>
<td></td>
<td>Children &amp; families</td>
</tr>
<tr>
<td>Barking &amp; Dagenham</td>
<td>-2.06</td>
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<td>Barnet</td>
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<td>West Sussex</td>
<td>-0.62</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>-1.04</td>
</tr>
</tbody>
</table>

Source: Joint Review analysis of finance and activity data supplied for reviews
Forecasts, generally, do not follow trends

Percentage change in total expenditure

This anticipated reduction in expenditure on social services may reflect the diminishing level of special transitional grant, but given the variation between councils, must also include other factors. One of these factors ought to be anticipated demand for services and the total activity required as a result. Joint Reviews also ask councils to forecast activity, using referrals as an indicator of demand. Far fewer councils supply forecasts of activity than forecasts of spending. This tendency alone suggests that too much planning is service led or finance driven. Analysing the figures supplied to the team underlines this conclusion (EXHIBIT 4.3). Only one council supplied activity trends and forecasts that matched past and proposed spending – Cornwall. A number of others anticipated that increasing referrals would go rapidly into reverse. These councils were not characterised by strict eligibility criteria for services. The Review Team’s conclusion is that these forecasts were driven more by available funding than a real understanding of the demand for services. This is an alarming conclusion. If community care plans and children’s services plans have no firm basis in the relationship of needs to spending the prospects for their implementation, and delivering their objectives, are slim indeed.

EXHIBIT 4.3

Fewer councils even forecast activity levels

Percentage change in referrals

Source: Joint Review analysis of finance and activity data supplied for reviews

Planning alongside other services

Plans that are capable of delivering real change need to bring together three strands:

- the needs and aspirations of people and communities who use services;
- the strategies of other organisations that contribute to the overall development of services in a council’s area – including health authorities, education and housing services and agencies leading regeneration and development; and
- the capabilities of organisations that deliver social care services.
Listening to users and communities

The ability to listen is a potential strength of social services. Consultation on plans and proposals is a long established management practice. Essential aspects of social services practice demand direct involvement by service users. Examples of users’ participation include case conferences to work out plans for children and families and service review systems for people with disabilities. The high proportion of users who report that they were consulted about their care plan reported in Chapter 3 underlines the strong starting point from which social services tackles this broader agenda.

Joint Reviews have found a range of different mechanisms for involving users in planning services more broadly, including locality forums, stakeholder conferences, representation on joint planning groups, ad hoc consultation and surveys. There is, in most councils, a strong commitment on the part of managers and policy advisers to hear and involve users and carers in their work. The Review Team has found that these efforts could be more productive still if:

• there was more structured support to users and carers to advocate their needs – particularly more resources for independent advocacy;

• plans spelt out when changes would happen and how funds would be redistributed;

• responsibility for advocating needs was more clearly separated from accountability for making decisions; and

• Councils reviewed progress against plans in a systematic and public fashion.

Reviewers meet organised groups of users and carers in all authorities to find out how well participation in planning is working, as well as to hear first hand their views of local services. It is unusual for these meetings to be set up by an organisation run by users and carers for users and carers. More commonly, they are a hybrid between user forums, planning systems and established voluntary organisations. In too many cases, council staff expect to participate in discussions which are for other voices. Users and carers frequently articulate concerns about:

• the necessity of setting clear standards and making sure that they were met – for example about the time when home care services would be available and how much people would be asked to pay;

• the value of hearing users’ and carers’ experience directly and understanding the practical implications of changes in services;

• the potential for users and carers to run their own service more effectively than the council – for example, in managing day services and respite care; and

• the importance of better communication between councils and users at an individual level through, for example, better access to sign interpreters and, at a collective level, by making meetings simpler, smaller and less dominated by jargon.

The users and carers whom the Review Team has met believe that councils could do much more to seek out and recognise their views.

They are beginning to listen to us…we don’t expect them to give us everything we want…we do have battles…that is natural…we are able to be open with them when we think they’ve done something wrong… – Cultural Unity in Southwark
Other organisations’ strategies
The context in which social services are planned is changing. Current government proposals will require councils to draw up local performance plans to set targets for achieving best value. Councils will also be required to publish education development plans setting out how they will achieve improvements in educational attainment and support better schooling. Health authorities are to be asked to draw up health improvement plans and social services will play a key role in these developments through proposed joint investment plans.

All these new plans will require more specific target setting than the Review Team has found in existing community care plans and children’s services plans. To deliver more specific targets these plans will need to specify how resources will be redistributed. Again, the Review Team has not found existing plans strong in this respect.

Joint commissioning of services to deliver joint priorities is increasingly important to all services in the system. The Review Team has detected real change in approaches to planning and working with other organisations in recent reviews. This is characterised by:

- a less defensive attitude to sharing information and resources with others;
- a stronger commitment by social services to invest in corporate and multi-agency projects, especially regeneration and health improvements;
- a closer association between joint action and the core work of social services, and therefore more attention being paid to the central responsibilities of social services and less on more marginal areas of common interest;
- more constructive relationships with healthcare providers – both NHS trusts and family doctors; and
- a broader understanding between local authorities, police forces and the probation service that they depend on each other to achieve their individual aims.

This is an encouraging picture that can be further enhanced by more direct engagement with schools to ensure that they play a fuller part in promoting social inclusion, and by a stronger locality focus so that planning is not too remote from the communities that it serves.

Increasing the capabilities of service providers
Reviews examine the way that councils work with independent organisations which supply services for them. The regulation and inspection arrangements will be covered in Chapter 5 as part of performance management. Regulation and inspection applies to services run by councils as well. This section concentrates on service specification, selecting providers and contract compliance for independent providers.

Like the plans from which they flow, service specifications define inputs and processes better than outcomes. Many councils have no specification for residential services beyond their registration requirements. This lack of specification inhibits their ability to seek out providers who are able and willing to specialise in areas of need which are hard to meet well. An example of how improved specification could help to set a clear specification for services for people with dementia and then offer preferential rates to homes which can meet it. Specific additional requirements added to registration standards are commonly about inputs; for example,
numbers of qualified staff or of staff at night. A high proportion of contracts is for one user only – commonly known as ‘spot contracts’. These contracts offer greatest flexibility.

However, there is, in effect, a new specification each time an assessment is made and a service offered. Inevitably care managers use ‘off the shelf’ specifications, and the scope to effect change in the pattern of services or in the performance of a provider is limited. Joint Reviews have found few examples of users being directly involved in drawing up service specifications. Individual users are most able to specify the services that they want when they let their own ‘spot contracts’. Direct payments and personal assistants’ schemes – where users hold the budget and employ their own – help to promote real user involvement.

Implementation of direct payments has been very cautious in the authorities that have been reviewed to date. Users have been involved in selecting providers – for example, for home care suppliers – in two councils that have been reviewed. To get to this point contracting must have developed to the point where specifications are issued that exceed statutory requirements, seeking prices for a block of service and measuring performance against the specification. A more limited approach is to operate accredited lists, but not to seek tenders for blocks of service.

The creation of preferred providers has some advantages for councils. They have fewer contracts to manage, can develop long-term relationships with organisations and can simplify their billing and payment procedures. There is also less risk for providers if they want to set up new services. However, such arrangements are controversial with independent providers, particularly when the preferred provider list is dominated by large businesses and trusts vested with former council services. The Review Team has seen clear benefits from long-term relationships with large providers, but doubts whether these contracts are leading to as much innovation as councils could achieve in the relatively stable markets that they have created. Councils are demanding innovation and creating risk in the same areas of service, e.g. home care and inhibiting the development of new providers and new services (EXHIBIT 4.4).

**EXHIBIT 4.4**
Promoting innovation – the risk trade off

Of course, there are services that councils need for which there are no providers. The primary area in which this applies is home care services for people with specific ethnic, religious or cultural needs. The Review Team commends the work that some councils have carried out in supporting new providers so that they can meet their specifications and supply special services to these communities. Examples of this work in Wandsworth were highlighted in the Annual Report 1997. Similar initiatives have been found in a few other councils and should be replicated more widely.
Another area of welcome change is an increased willingness by councils to work together to get better deals from independent providers. Most councils do not serve enough very disturbed adolescents, or people needing secure care, to justify creating and managing a local resource. To get good services at reasonable costs, they need to work with other councils. Councils in south London are doing this in a syndicate. Co-operation between councils across a wider range of services, especially for children, would have similar benefits.

**Contract compliance**

The lack of systematic reviews of services highlighted in Chapter 3 weakens councils’ ability to monitor the performance of providers and make sure that they are complying with their contract. Nor do systems help; laborious manual systems for checking invoices against delivered services are typically found where there are no proper links between the computer systems that allocate services to users, issue orders to suppliers and pay invoices. This lack of integration and co-ordination causes duplication, tying up valuable administrative time in checking large numbers of transactions several times.

Rewards and sanctions are limited in the social care market. The Review Team’s experience is that real changes in the type and quality of providers are unusual. Of the councils that have been reviewed, only Cornwall has succeeded in getting a large number of residential care providers to diversify into a fuller range of community support that users need. Cornwall has a highly competitive social care market and this has offered real advantages to a council with a business-like approach to securing services.

While users are not confident that contracts are complied with, they are not necessarily dissatisfied with the result. But greater transparency about what is expected from providers and how it will be checked would be reassuring to the public.

4.3 **Good Practice**

The attributes that enable a council to shape better services are therefore:

- **understanding what is happening to needs, activity and spending and using this knowledge to create intelligent forecasts to drive service delivery and change;**
- **listening to users and communities and working well with other services in responding to what they say; and**
- **developing and sustaining a range of good providers that are given clear incentives to do what the council requires and are monitored to make sure that they do.**

**Business planning to drive change**

Southwark has applied a rigorous business planning approach to reshaping its home care services to meet need better and get better value for money. Joint reviews of individual users are fed into data about which services are delivered by which providers. Review information also determines which providers make the council’s approved list of those with which care managers can place ‘spot’ contracts. Southwark has three main groups of providers:

- a council-run service;
- a range of private companies which are approved contractors (it varies in number according to performance); and
• a federation of voluntary home care providers which includes mainstream services and specialist agencies that work with mentally ill people and people with HIV and AIDS.

Information from reviews revealed that the council run service was unable to meet demands outside normal working hours, that some specialist resources were very expensive, that ethnic and cultural minorities were poorly served and needed new providers and that the number of ‘spot’ transactions was onerous and wasteful. The Council therefore embarked on a new process (EXHIBIT 4.5) renegotiating each business by:

• renegotiating terms and conditions in the Council’s service;

• renegotiating the contract with the federation to better identify specialist needs and costs;

• tendering for block contracts for 50 per cent of the business with private providers; and

• using the savings to work with other boroughs to create new suppliers for ethnic minorities.

**Listening to users and working well with other services**

Over a number of years Hertfordshire has invested in creating organisations which can advocate for users and carers in adult services. The outcome is a user organisation *People of Hertfordshire Want Equal Rights* (POhWER) and a carer organisation *Carers in Hertfordshire*. The Council funds the core of these organisations which are run by and managed by users and carers. They employ their own staff and organise their own business. The organisations are represented at all levels of planning in Hertfordshire. They act as consultants to training agencies in Hertfordshire and to the Council itself.

**EXHIBIT 4.5**

Integrated change management to reshape home care in Southwark
Hertfordshire has also established a joint approach to risk management that is highly valued by participants. Health authorities and trusts including clinical staff, social services, district councils, the police and probation service meet regularly to review high risk cases and improve procedures and outcomes by learning from actual practice. There is commitment to this process at the top level in each organisation.

4.4 Pitfalls
Joint Reviews have found that councils’ abilities to shape better services are impaired when they have not made clear connections:

- between the experience of users and the shaping of services;
- between policy intentions and the allocation of funds;
- between their aspirations and the capabilities of those who provide services; and
- between plans for social services and plans for other related services.

The need to spell out these connections so as to gain public confidence is the reason for publishing plans. The lack of real information about user experience from analysis of service take-up, from reviews of individual services and from structured evidence-gathering has already been emphasised.

**Unrealistic specifications**
The large number of small contracts for individual users limits the usefulness of service specification as a way of learning about deliverable improvements. Specifications tend to be for a minimum level of service or, alternatively, for an ideal model that is not rooted in practice. Councils either accept what is on offer, or they set a target which is beyond most providers. Longer-term contracts with regular monitoring would enable councils and their providers to work together to learn how services could be improved in practice.

**Conflict with other services**
Where users and staff perceive council’s plans to be in conflict with those of other services their confidence in both the plans and the council’s overall competence is undermined. For example, in a council with an enviable record of delivering improvements in social care, the overwhelming majority of stakeholders who spoke to the Review Team believed that the turf war between the council and the health authority over responsibility for continuing care and for changes in hospital services was seriously damaging the future prospects for services and their users. Even where organisations work well together, a public exhibition of territorial defensiveness undermines credibility and confidence and hinders change. Planning for the whole system requires compromise by all parties and means that the final product will not be owned or led by any one agency.
4.5 Shaping Better Services: The Management Agenda

Findings from reviews show that councils are well placed to shape better services when:

- information from current services can be analysed to establish what is working well;
- users and carers are supported in a structured and independent way to say what they think about the council’s services;
- plans include realistic forecasts of future workload and expenditure and these factors are directly related to one another;
- joint plans with other services address the problems of the whole system, rather than concentrating on marginal areas of common interest;
- independent providers have clear specifications and are checked up on regularly; and
- there are incentives for other providers to do what the council wants, and providers can trust the council to follow through its stated priorities.

To achieve these aims, managers need to:

- collect information about current service effectiveness from individual service users’ reviews, from surveys and from user groups, to provide a clear baseline for planning future services;
- support organisations of users and carers run by users and carers themselves. Encourage staff not to mediate between such organisations and the people, councillors and senior managers, who make policy and resource allocation decisions;
- analyse referrals and demographic information to make well-founded forecasts of future demand for services and use this information as a basic building block for resource allocation and budgets;
- make arrangements for integration of planning and commissioning at a strategic level – engage members of other agencies governing bodies (health authority; police authority; development agencies, etc) on common policy priorities to which social services can contribute;
- review the pattern of purchasing services from independent providers to determine the benefits from longer-term arrangements that could offer a more secure market share to the supplier in return for service improvement and reduced costs to the council;
- involve users and their representatives in drawing up specifications and selecting providers; and
- establish clear, regular reviews of provider performance which are reported in public. Set out the sanctions for underperformance and the rewards for exceeding required standards explicitly in guidance to users, staff and provider organisations.
5 Managing Performance

This chapter summarises the key findings from reviews, highlights good practice, explores some of the pitfalls that impair good performance and comments on the implications of the findings for councils.

5.1 Summary

All councils reviewed have set standards in charters and most have a comprehensive range of operational policies governing the services they run. The majority of councils apply registration standards to independent services. Councils are fair in their inspections but less so in the enforcement of inspection requirements, especially in the services they run themselves. Some councils have made good use of the contribution users and carers can make to setting standards. Overall, however, standards are still seen as professional property. Job descriptions and competence specifications for staff are not as linked to standards as they could be. There are opportunities for councils to re-specify job requirements and address shortfalls in management competence. Councils need to make more effort to ensure that middle managers both appreciate strategy and priorities and have the systems to manage day-to-day performance. Councils rely too much on one-to-one supervision and could enhance staff performance by collecting better information on workload and performance and sharing with their staff. These changes are more deliverable in councils that adopt clear business management and planning processes,
integrating responsibility for performance, workload, costs and information in general managers who are close to service delivery.

5.2 Review Findings: Managing Performance

Even if councils have relatively poor knowledge about how effective their services are, and are hampered in their capacity to improve them, they still have vital responsibilities to make sure that the services that they run themselves are safe and well managed. They are also responsible for regulating independent providers of residential care, residential schools, nurseries, playgroups and childminders.

Reviews examine the two basic components of performance management:

- Do councils set consistent and coherent standards for their own services and for other providers?
- How well do councils enforce standards through inspection, management, supervision, training, regulation and contract monitoring?

Setting standards

Standards safeguard the people who use social services and set out what every citizen can reasonably expect from them. Councils have four main vehicles for expressing standards:

- Charters that set out for citizens what they can expect from their council;
- Operational policies that set aims and values for services and give guidance on how these should be put into practice – these standards are sometimes part of service level agreements between the council and the services that it runs itself;
- Job descriptions and staff specifications that describe the competencies and experience required to do a good job; and
- Service specifications and contracts that spell out the council’s requirements from independent providers.

Reviews examine all four dimensions of standard setting. They do not, however, look in depth at any one. Joint Reviews are concerned with the coherence of these approaches (EXHIBIT 5.1). What matters is whether the standards required by the council are reinforced in the requirements that it makes of service managers, individual staff and independent contractors.

EXHIBIT 5.1

Councils need to pull together each element in setting and enforcing standards and involve users at every level

It’s so much more effective when we involve users and carers in setting standards – Provider manager in Sandwell
Councils that have been reviewed have been able to supply the Review Team with charters and substantial numbers of operational policies for their main services. Individual teams, offices and services visited by reviewers have normally been aware of operational policies, but less so of charter commitments, and rarely of any direct connection between the content of the charter and changes in operational policy. Operational policies are seen as ‘professional’ documents driven by the standards of staff rather than expressions of citizens’ rights. Greater use could be made of national standards and guidance produced by the Department of Health for Social Services Inspections. More importantly all standards would benefit from greater oversight by lay people – especially users and carers themselves and councillors.

There is less evidence that job descriptions and competence specifications flow from standards and operational policies. The advent of single status employment in social services is an opportunity to rectify this shortcoming and to specify properly the new roles taken on by some groups of workers, for example social work assistants who receive and screen referrals. It is also an opportunity to re-specify traditional roles and ensure that social workers and care managers know what is expected of them and have the experience to carry out these tasks. Equally, management roles have changed dramatically as the range of services has broadened and more independent providers have taken on responsibilities for delivering care. Councils have not assessed thoroughly enough how transferable service management skills are for these new roles.

Chapter 4 has commented extensively on service specification. The critical point with regard to standards remains the link between regulation and contracting.

Councils are setting similar standards for all providers, but they are not enforcing them even-handedly.

**Enforcement**

Reviews examine five aspects of enforcing and supporting standards:

- inspection and receiving complaints;
- direct service management;
- supervision;
- training; and
- contract monitoring.

As with standard setting the main concern of reviewers is how well these activities fit together (EXHIBIT 5.2).

**EXHIBIT 5.2**

Enforcement activities need to fit together well

**Inspection constraints**

Councils have statutory duties to protect the public by inspecting services and Joint Reviews scrutinise carefully whether these duties are being carried out. Joint Reviews have found two councils – Sefton and Sheffield – that had failed to carry out the
required statutory inspections of residential homes. These councils were not protecting the residents of those homes and were therefore failing to serve their people well.

Most councils do complete most of the required inspections. The Review Team is concerned about enforcing standards following inspection. A substantial number of the homes run by councils themselves do not meet the standards required of independent providers. For example in Liverpool eight of the ten homes inspected were below the physical standards required; in West Sussex, three homes did not meet physical standards; in Sefton eight homes were not up to standard, and there were concerns about staff cover in three. Because the trading rules apply only to independent homes, councils are allowing themselves to continue offering care in facilities that could not operate independently. The net result is that some users are required to use services that fall short of the standards required of other providers. This situation clearly does not serve those users well, and undermines public confidence in the impartiality of the council. The Review Team recognises that residents of council-run homes get lower levels of income support from the Benefits Agency and are therefore able to contribute less to the costs of the home. However, this is no justification for not applying standards fairly across all providers.

Reviews ask users and carers if they were told how to complain and, if they did complain, whether they were satisfied with the outcome. Despite charter commitments and considerable effort councils have only succeeded in telling one-third of their users and carers how to complain. Performance ranges from nearly 60 per cent at the top end to less than 25 per cent at the bottom end (EXHIBIT 5.3).

Of those that have complained, on average half are satisfied with the outcome. Again, the range is very wide – from over 60 per cent to just over 30 per cent (EXHIBIT 5.4).

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**EXHIBIT 5.3**

Not enough users and carers have been told how to complain

Percentage of users and carers told how to complain

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

Source: Joint Reviews questionnaire for users and carers, 1996-1998

**EXHIBIT 5.4**

Nearly half the people who complain are not satisfied with the outcome

Percentage of complainants satisfied with outcome

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

Source: Joint Reviews questionnaire for users and carers, 1996-1998
Overall, too few people know how to complain. Joint Reviews look at complaints procedures in councils and have found them fair and usually sufficiently independent.

**Managing council-run services**

Council-run services are accountable for delivering the operational policies set out by the council. Joint Reviews have found a wide variety of organisational structures and supervision. There is no ‘right’ model. Different objectives and localities demand different arrangements. The Review Team is concerned that councils’ ability to deliver on their ‘contract’ with citizens relies on middle managers who must understand strategy and be able to supervise the day-to-day delivery of services. While some councils have excellent middle managers, who are assisted by clear strategic guidance and good systems for checking day-to-day performance, others have given their managers an impossible tightrope to walk. Management of direct services has been found to be effective where:

- managers are responsible for a whole ‘business’ and are accountable for service delivery, budget control, staff management and information collection and analysis – these key functions can best integrate a close service delivery;
- the council has set measurable targets for performance and receives regular reports on progress;
- managers can contribute to strategy and planning and learn about the council’s overall aims and values through participation;
- there is some clearly established scope for local discretion and innovation; and
- budget control and allocation systems reward prudence and efficiency rather than overspending and inefficiency.

These attributes have not been achieved where councils have very extended lines of management, where budgets are centrally controlled, where information about services is collected separately from information about expenditure, and where exercising local discretion is viewed as subversive or delinquent behaviour.

Councils increasingly seek externally accredited quality marks, for example Chartermarks, Investors in People. Others have adopted internal quality assurance systems such as QUIP. Joint Reviews have not compared the merits of these systems in any detail. However, to be effective, each requires proper integration into the day-to-day management of services and resources. Quality initiatives that are restricted to specific services, or are isolated in small dedicated teams are less likely to be effective than programmes that address the effectiveness and culture of the whole organisation.

**Supervision**

All councils that have been reviewed set targets for staff supervision. The overwhelming majority of workers interviewed by reviewers report that supervision takes place, generally at the agreed frequency, and that it is useful. The Review Team is concerned that supervision may be of less value to management and the council than it could be. Supervision should always offer staff the potential to raise issues and concerns. However, staff need other, safer, routes to expose concerns about the way that services are organised or managed if councils are to be certain that they are dealing with abusive practice.

Supervision should enable the council to communicate information about productivity and performance back to staff. To achieve this feedback, performance information and
systems over and above regular supervision are needed. Many teams of staff operate workload monitoring systems. Some use them to allocate work and to manage waiting lists. Few, so far, use them to compare performance with their peers and to check productivity month by month and week by week. Open, shared information about productivity and performance helps staff to manage their workload better and provide better services for users. In a well-run council productivity and performance information should not be a threat.

**Training**
Social services authorities are required to produce a training plan by the Department of Health. It provides the basis for allocating training support grants to councils. All the councils reviewed submitted a training plan and had set out their priorities for the training of qualified staff, unqualified staff and management development. Some councils run centres for national vocational qualifications (NVQs) which support standards in services and recognise the skills of staff. Increasingly, councils are working with centres run by local further and higher education institutions. A few councils had well organised post-qualification programmes for newly qualified workers so as to reap the greatest rewards from training, help retain newly qualified staff and are valued by the staff involved. The Review Team commends these initiatives to other councils.

More broadly the Review Team is concerned that training plans are still largely driven by the types of qualification available and by the needs of existing staff. Plans are not sufficiently directed by policy aims, do not address emerging needs (especially joint work with other agencies and professions) and are not addressing the needs of middle managers. Of course, training plans can do this only when wider service plans also address these issues. Embedding evidence based thinking in the day-to-day work of staff and managers is a priority for social services. Doing this in collaboration with other services will yield even greater benefits.

**Contract compliance**
Contract monitoring is, as has already been stated, undermined by inconsistent review of services. The Review Team is also concerned that contract monitoring can overlap with the council’s regulation work and sometimes even with its management of services. There are councils where the managers of the council’s own services are also asked to monitor the performance of independent contractors. In some councils home care managers also monitor independent home care agencies. The agencies are unclear about their relationship with the council. Home care managers are also unclear about whether they are care managers for users placed with other agencies, contract monitoring staff or business managers competing with independent suppliers. This confusion does not help to achieve the best outcomes for users of services, promote efficiency in service delivery by the council’s own service or develop expertise in contract monitoring and management. Roles need to be specified and then managers held to account for fulfilling them.

5.3 **Good Practice**
The key performance issues identified in reviews are:
- clarity in setting standards;
- involving users in setting standards;
- a business management approach to delivering services;
• performance management information to supplement supervision;
• getting the most out of training; and
• defining accountability for monitoring contracts.

Clarity in setting standards
Hertfordshire and Suffolk have both created ‘standards units’ which bring together quality assurance, monitoring, regulation and inspection to promote audit, review and peer review across the council’s social services activity. These units have the coherence, resources, profile and capacity to make a real difference to the way that standards are set and enforced (provided, of course, that they remain close to day-to-day management and practice). In Hertfordshire, the impressive investment in empowering users and carers also gives this unit access to lay opinion on standards which can help its work considerably. In Suffolk, the inspection arm of the unit is run jointly with the health authority, bringing greater consistency and efficiency to the inspection of services and enforcing standards across the whole health and social care system.

Involving users in setting standards
Southwark asked the children whom it looks after what they thought of services and what mattered most to them. The ‘Big Q’ heard directly from 128 young people through a questionnaire and 32 were involved in discussion groups on the findings. Young people were impressed with their foster carers, wanted more information about money and allowances, wanted reviews to be more friendly so that they felt more able to speak up for themselves and welcomed being ‘hassled’ to do things because this made them feel that someone cared about them. This feedback can now be included in the standards and targets that Southwark sets for each service and for individual staff within them.

Performance management information to supplement supervision
Oxfordshire collects a range of performance indicators on staff turnover, accidents, violent incidents and disciplinary proceedings. It also conducts exit interviews with all staff who leave and finds out what they think about the supervision and training that they have received. This information is supplemented by information from staff appraisals, an analysis of enquiries to the staff support services, and by information on the number of staff reporting stress as a reason for absence.

Hertfordshire is introducing systems for workload measurement and performance appraisal that enable middle managers to compare performance through the year and with one another for discussion with their teams and with individual members of staff.

Getting the most out of training
West Sussex organises a post qualification year for all newly qualified staff which enables them to consolidate and develop their skills, as well as to identify areas for specialist development. The council also has a thriving centre for NVQs. It has been very successful in attracting and retaining qualified and experienced staff.

Sandwell has developed a wide range of joint training opportunities for staff from all sectors working in community care.
5.4 Pitfalls
Joint Reviews have identified two important pitfalls to avoid:

- pursuing policies that undermine public confidence in the councils’ impartiality in enforcing standards; and
- separating responsibility for enforcing standards from the mainstream management of the council’s services and resources.

Public confidence
One factor central to public confidence is even-handed enforcement of inspection and registration. Another is allocating funds to services that meet the council’s standards for service users. Where councils make arbitrary decisions about funding or contract allocation that cannot be linked to performance they are not putting users interests first. Two examples stand out from reviews. Some councils have determined that a certain proportion of services should always be carried out by the council itself. One council decided that 80 per cent of home care hours should be delivered through the council’s own service. This decision followed an agreement with the employees about their workload, and was not based on informed judgement about what pattern would best meet the needs of people in that area. This decision therefore undermines judgements about the capability of different providers and whether the standards that citizens expect are being achieved. Even if the council’s own service is not meeting needs it still gets nearly all the work. A second, more general, finding is that many councils continue to allow very inconsistent patterns of service. In another council the rate of registration of children for protection was found to vary nine-fold between localities. The council knew that this was the case and had not taken management action, or re-allocated resources to enable a more consistent service to be delivered.

Integrated management
Some independence in standard setting and checking is desirable. For example it is good practice for case reviews for children to be chaired by somebody who is independent and can make sure that the child has a reasonable chance to speak, and who can ensure consistent decision making. However, where standard setting and enforcement fall outside the main remit of managers, they become isolated and marginal, and can be overtaken by the rules of thumb that govern day-to-day decision making and by the pressures of keeping within budget. Councillors and top managers need to ensure that the necessary trade-offs between standards and costs, and the cost of enforcement itself, are balanced in the council’s principal strategies and business plans for social services.

5.5 Managing Performance: The Management Agenda
Findings from reviews show that coherent standard-setting backed up by even-handed and co-ordinated enforcement are key attributes of councils that have the capacity to serve people well. These attributes are enhanced by integrated business management which is equipped with strategic guidance and good information about staff and service performance. Training can be well-directed and better value when integrated into such an approach.

To achieve these goals managers need to:
• create a clear accountability for co-ordinating the various standard setting systems within the council;
• ensure that the workload of the independent inspection unit is regularly maintained and reported to councillors;
• ensure that regulation, inspection, quality forums and standard setting staff hear directly from users and carers, involve them in their work and consult with them on the results;
• where council-run services do not meet the standards required of independently provided services, present options to the council for rectifying shortfalls quickly, or replace the services concerned with offers that do meet the required standards;
• institute systems for collecting information about each team’s workload and performance and share this information widely around the council and with partner organisations;
• create confidential and independent routes for users, carers and staff to report abusive or dangerous practice;
• make sure that all children in the council’s care have access to independent people to whom they can talk about their care and other things that are important to them;
• review training service plans to establish clear links with policy priorities and with the need to reshape the workforce as well as improve the skills of existing staff; and
• organise induction programmes and post-qualification programmes that help staff to make the most of their previous training and experience and that maximise benefits for the service.
6 Managing Resources

This chapter summarises the key findings from reviews, highlights good practice, explores some of the pitfalls that impair good performance and comments on the implications of the findings for councils.

6.1 Summary

Councils do not understand their costs sufficiently. There are wide variations in costs between councils that are not explicable except as inconsistent accounting. The principal problem is the allocation of overheads. The largest and most poorly defined cost is care management. Until this is properly defined and accounted, there will always be a suspicion that costs are not true costs. It is impossible, given this poor definition, to establish whether management overheads are inflating costs or helping to control and reduce them.

There are significant potential savings to be made in services for elderly people from using independent providers instead of council-run services. The main impediment to using more independent providers is the impact on councils’ own staff. Some councils appear to be putting the interests of their staff before getting the best deal for users and carers. This practice should be challenged by councillors on behalf of users and carers. Equally, there are services where investing more in council services would save money. The prime example is foster care. Councils could work together more to secure more foster carers and thereby control costs charged by independent providers.
The amount that councils receive in income from users and carers varies widely. There is no evidence that loss of income inhibits councils’ ability to change the mix of services – though councils that raise only mandatory charges are also less enthusiastic to move away from traditional residential models of care.

Management information needs improvement. This is a matter of defining what services are for and measuring performance against them. It is a management issue not a technology problem. Councils need encouragement to become more evidence-based and more rigorous in their collection and interpretation of information.

6.2 Review Findings: Managing Resources

Reviews examine four aspects of councils’ resource management to assess whether they are achieving value for money:

- budget allocation and control;
- unit costs and how they compare;
- workforce planning and personnel management; and
- management information and use of fixed assets.

The Review Team asks authorities to submit a specific return on costs. These have been analysed and compared. Joint Reviews also observe resource management, look at budget control and management information, interview staff and managers about resource management practice and set these in the context of the whole council’s systems and approach.

The Review Team has used these finding to focus on three critical issues:

- Do councils know what things cost?
- How productive is care management – what impact has care management and strategic management had on costs and value?
- How much are users and carers expected to contribute to the total cost through fees and charges?

**Do councils know what things cost?**

Councils’ ability to complete returns allocating their expenditure to care groups and types of activity is improving. More councils complete the whole data set than in earlier reviews. However, it is still evident that responsibility for accounting for costs and responsibility for measuring activity are held by separate groups of staff, and they do not always share an understanding of how costs should be allocated to activity or care groups. This is best illustrated by the very wide variations in costs reported by councils (EXHIBITS 6.1, 6.2 AND 6.3).

**EXHIBIT 6.1**

Local authority residential care for elderly people – Unit costs vary from £279 to £689

<table>
<thead>
<tr>
<th>Council</th>
<th>Cost per resident week of residential care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornwall</td>
<td>£700</td>
</tr>
<tr>
<td>Hammersmith &amp; Fulham</td>
<td>£600</td>
</tr>
<tr>
<td>Haringey</td>
<td>£500</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>£400</td>
</tr>
<tr>
<td>Barking &amp; Dagenham</td>
<td>£300</td>
</tr>
<tr>
<td>Barnet</td>
<td>£200</td>
</tr>
<tr>
<td>North Yorkshire</td>
<td>£100</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>£0</td>
</tr>
<tr>
<td>Hertfordshire</td>
<td>£689</td>
</tr>
</tbody>
</table>

*Source: Joint Review analysis of finance and activity data supplied for reviews*
Local authority home care for elderly people – Unit costs vary from £7.21 to £15.92

Source: Joint Review analysis of finance and activity data supplied for reviews

Local Authority foster care for children – Unit costs vary from £116 to £343

Cost per week of foster care

Source: Joint Review analysis of finance and activity data supplied for reviews

Councils are not consistently allocating overheads, nor are they comparing their costs with others to check consistency and efficiency. The Review Team has been helping four London councils and the London region of the Association of Directors of Social Services (ADSS) to establish a consistent activity recording and cost allocation format. This work will be complete later in 1998 and will be published by ADSS to assist councils in comparing costs.

Even apparently similar councils display very different cost structures. For example, Cornwall and North Yorkshire are both sparsely populated counties, with low levels of expenditure per head and a similar distribution of expenditure between care groups (EXHIBITS 6.4 AND 6.5, overleaf). However, their costing of services is still significantly different. What lies underneath these differences?
### EXHIBIT 6.4
Cost allocation – Cornwall

<table>
<thead>
<tr>
<th>Local authority</th>
<th>Cornwall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial year 1996/97</strong></td>
<td></td>
</tr>
<tr>
<td>Total net SSD expenditure on older people</td>
<td>£34,997,000</td>
</tr>
<tr>
<td>Purchasing costs</td>
<td>£2,144,000</td>
</tr>
<tr>
<td>Service response costs</td>
<td>£45,574,000</td>
</tr>
<tr>
<td>Total local authority resident population</td>
<td>95,878</td>
</tr>
<tr>
<td>SSD expenditure per head of resident population</td>
<td>£365.02</td>
</tr>
<tr>
<td>Income</td>
<td>£12,721,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Units of output service provided</th>
<th>Unit cost</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home care</td>
<td>£10,705,000</td>
<td>33,968 weeks</td>
</tr>
<tr>
<td>Residential care</td>
<td>£511,000</td>
<td>800 weeks</td>
</tr>
<tr>
<td>– in-house</td>
<td>£18,420,000</td>
<td>87,400 weeks</td>
</tr>
<tr>
<td>– external</td>
<td>£5,973,000</td>
<td>375,284 sessions</td>
</tr>
<tr>
<td>Home care</td>
<td>£6,310,000</td>
<td>909,272 sessions</td>
</tr>
<tr>
<td>– in-house</td>
<td>£6,310,000</td>
<td>909,272 sessions</td>
</tr>
<tr>
<td>– external</td>
<td>£3,655,000</td>
<td>– – – –</td>
</tr>
</tbody>
</table>

Source: Joint Review analysis of Cornwall County Council finance and activity data

### EXHIBIT 6.5
Cost allocation – North Yorkshire

<table>
<thead>
<tr>
<th>Local authority</th>
<th>North Yorkshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial year 1996/97</strong></td>
<td></td>
</tr>
<tr>
<td>Total net SSD expenditure on older people</td>
<td>£35,329,401</td>
</tr>
<tr>
<td>Purchasing costs</td>
<td>£–</td>
</tr>
<tr>
<td>Service response costs</td>
<td>£51,933,701</td>
</tr>
<tr>
<td>Total local authority resident population</td>
<td>102,297</td>
</tr>
<tr>
<td>SSD expenditure per head of resident population</td>
<td>£345.36</td>
</tr>
<tr>
<td>Income</td>
<td>£16,604,300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Units of output service provided</th>
<th>Unit cost</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home care</td>
<td>£15,225,548</td>
<td>33,968 weeks</td>
</tr>
<tr>
<td>Residential care</td>
<td>£14,006,481</td>
<td>35,264 weeks</td>
</tr>
<tr>
<td>– in-house</td>
<td>£8,755,407</td>
<td>34,538 weeks</td>
</tr>
<tr>
<td>– external</td>
<td>£8,583,168</td>
<td>34,538 weeks</td>
</tr>
<tr>
<td>Home care</td>
<td>£2,135,830</td>
<td>225,732 sessions</td>
</tr>
<tr>
<td>– in-house</td>
<td>£2,135,830</td>
<td>225,732 sessions</td>
</tr>
<tr>
<td>– external</td>
<td>£6,327,267</td>
<td>– – – –</td>
</tr>
</tbody>
</table>

Source: Joint Review analysis of North Yorkshire County Council finance and activity data
Councils also pay very different rates for services that they buy from independent providers (EXHIBITS 6.6, 6.7 AND 6.8).

EXHIBIT 6.6
Independent nursing home care for elderly people – Unit costs vary from £197 to £551

Source: Joint Review analysis of finance and activity data supplied for reviews

EXHIBIT 6.7
Independent home care for elderly people – Unit costs vary from £5.19 to £18.64

Source: Joint Review analysis of finance and activity data supplied for reviews

EXHIBIT 6.8
Independent foster care for children – Unit costs vary from £79 to £881

While some of the differences could be accounted for by local prices and wage rates, other nearby councils are paying very different rates; for example, nursing home care is substantially more costly in Hertfordshire than in Harrow.

It might be expected that councils that pay more get a better service, which would then be reflected in the views of their users. The Review Team has correlated unit costs for each service against the proportion of users and carers that rated services as excellent or good. In no case is there a clear relationship between the two. For example, there is no relationship between the cost of local authority residential care and the satisfaction rate of users overall (EXHIBIT 6.9, overleaf).
Local authority residential care – There is no association between higher costs and higher user and carer satisfaction

The same is true of independent residential care costs; though a weak correlation between lower costs and higher satisfaction among county councils would be worth further investigation once more authorities have been reviewed (EXHIBIT 6.10).

Independent residential care – There is no association between higher costs and higher user and carer satisfaction

These findings are borne out by observation and interviews during Joint Reviews. It is uncommon to find a clear knowledge of unit costs which is consistent across staff groups in a council. This is because overheads are introduced and then removed again, from costs at different levels of management. The costs in care management computer systems are usually notional costs used to place ceilings on the cost of packages, rather than the result of real negotiation between care managers and suppliers. This is unfortunate, because where reviewers have found care managers controlling costs, reviewers have been impressed by the rigour with which they do it and the potential that exists for getting better value. Social workers are often expert at negotiating and bargaining with their own budget holders for resources. If social workers held the budget this pressure could be applied to the costs of services instead.

Overall, therefore, councils need a clearer understanding of how to construct costs, and a better understanding of what drives them, before they can take real steps to improve value for money. However, in major areas of spending local authority costs are demonstrably higher than those of independent providers. Analysis of the actual expenditure and activity information supplied to the Review Team shows that residential care costs are between £20 and £400 per week higher for local authority care than for independent providers (EXHIBIT 6.11).
There is, therefore, considerable scope to make savings by making greater use of independent providers. This varies from council to council depending on the proportion of services supplied by each sector. However, reviews have identified scope for savings of as much as £10 million in one council, and potential savings of over £1 million in several others. If councils are to continue running their own services, either the differential in costs must be narrowed, or strong evidence that council-run services are serving different people in a qualitatively different way will have to be found. The Review Team doubts that council-run homes serve very different types of people from those served by residential and nursing homes as a whole.

In the case of fostering for children, savings could be made by investing more funds in council foster care schemes. In most councils, these cost less than independent services (EXHIBIT 6.13).
Again, many councils could make seven figure savings by recruiting more foster carers and training and supporting them to do work that is currently costing up to ten times as much per week in specialist homes or independent foster care schemes. It was noted earlier that councils are beginning to act together to manage placements in expensive specialist homes. Similar benefits might be obtained by more co-operation in recruiting and retaining foster carers.

**How productive is care management?**

In Chapters 3 and 4 the Review Team has cast doubt on the effectiveness of care management arrangements in ensuring that consistent assessments take place, and that reviews inform the development of better services. Does care management yield lower costs? This question cannot be answered using the data that has been submitted. Councils are evidently using widely differing definitions of care management, and this is a key difficulty in allocating overheads and, therefore, in calculating comparable unit costs.

The percentage of overall cost defined as care management in children and families expenditure varies from 52 per cent in West Sussex to less than 10 per cent in Liverpool (EXHIBIT 6.14). If these two authorities are defining care management in the same way, West Sussex is doing five times as much of it, or paying five times the rate. Neither possibility is credible.

**EXHIBIT 6.14**

<table>
<thead>
<tr>
<th>Care management as a proportion of total expenditure on services for children and their families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage spent on care management</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>50%</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>10%</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

**Source:** Joint Reviews analysis of finance and activity data supplied for reviews

The same analysis of expenditure on elderly people shows the range accounted for by care management varying from 16 per cent in Harrow to 4 per cent in Sheffield. In other words, if these councils were applying the same definition of care management, it costs four times as much in Harrow as in Sheffield. Again, this is not credible.

**What proportion of costs are met directly by users?**

The proportion of gross expenditure met from income varies from less than 5 per cent in Liverpool to nearly 30 per cent in Bury and West Sussex (EXHIBIT 6.15).
This variation is accounted for by three factors:

- the income and wealth of users – the more wealthy the users, the greater their automatic contribution to residential care and the greater the probability that the council will levy charges for other services;

- the proportion of services for older people that are residential and hence automatically bring in income; and

- the range of services for which the council raises charges over and above the national regimes for residential care.

 Authorities that move towards more home based services for older people have a greater incentive to raise charges as income from residential care drops. The more affluent the area, the greater this incentive. It should, therefore, be financially easier for councils serving deprived areas to change the mix of services that they offer. In practice, this does not seem to be a major factor, as the authorities at either end of the income range have different track records on changing the mix of their services. The ability to manage change is more important than financial disincentives in explaining why services have or have not changed to reflect council priorities and users’ preferences.

The importance of managing change is most clearly evident when looking at the willingness of councils to change the shape of their workforce or to change the terms and conditions of existing staff. This is a critical cost driver since many of the savings identified in elderly services and children’s services involve reducing the amount of residential care and hence the number of staff employed by the council in this sector. Councils that have prioritised the protection of employees, in terms of both their retention by the council, and the maintenance of existing conditions are meeting higher and higher unit costs. Those councils that are maintaining existing terms and conditions for their own staff are often the very same councils which have lowest unit costs in independent sector provision. A broader look at the whole system of costs and rewards is required to secure better value in these councils.

Management information needs to be improved, but the answer does not lie in technology. It lies in a more rigorous approach to specifying what is expected of services and how it can be measured. No number of computers will measure outcomes or productivity if the outcome and the product have not been defined. Similar rigour needs to be applied to defining the purpose of offices, buildings and other assets. Why do social services run separate transport? Is it sensible to have several access points for the same council’s services in one small town? Why do so many social services departments have hundreds of telephone numbers, when one would do? Should offices have answering machines and voice mail if their primary
purpose is to help the public? These questions can only be answered when the purpose has been established and its effectiveness can be measured. At that point information specialists and computer technology may be of help.

6.3 Good Practice
The key attributes of better resource management are, therefore:

• rigorous and consistent modelling of costs and their use by care managers to deliver services;
• defining and allocating overhead costs consistently;
• negotiating difficult changes with the council's workforce;
• defining the purpose of services and measurable indicators of performance; and
• using new technology only where it adds value.

Rigorous and consistent modelling of costs
Barnet has developed a financial model which identifies demand for places in residential and nursing homes, profiles it through the year and works out the anticipated average commitment involved in each decision to place someone. This is vital and very valuable information. Admission to a residential facility at a net cost of, say, £12,000 per annum to the council will involve a probable commitment of £18,000 to £24,000. In the case of children placed in specialist institutions at a young age a hasty decision can cost the council hundreds of thousands of pounds as the child grows up. Other councils also have commitment models that help placement decisions. Examples commended by the Review Team include Lincolnshire, Hertfordshire and Wandsworth.

Using technology to add value
Cornwall makes extensive use of portable computers that run simple software that is widely available to raise orders for care, to record assessments and to monitor and review activity. This is an operational system designed to ensure that assessments, orders for services, review material and staff workload can be managed over substantial distances in a sparsely populated county with poor road and rail communications. However, it also generates real and valuable management information. This is the right way round – starting from operational requirements rather than with theoretical models or technological capability.

6.4 Pitfalls
The major pitfalls to avoid are:

• failing to control expenditure so that urgent action to remain in budget undermines ongoing budget management and leads to unplanned changes in costs and services;
• creating highly centralised resource control and allocation systems that inhibit good care management and build unhelpful incentives into systems; and
• separating accountability for service management from accountability for budgets and staff.

Failing to control expenditure
Two of the councils that were deemed by the Review Team not to be serving people well had continuing problems of budget control. Overspending, recurring deficits and the emergency steps required to maintain expenditure within budget had undermined consistent management and practice. In one case vacancy controls had left key statutory responsibilities uncovered. Other councils have undermined their own priorities.
through crises that involved transfers between budgets or freezing recruitment. Firm, devolved budget control is a prerequisite of continuing value for money.

**Creating highly centralised resource controls**

A significant number of councils that have been reviewed had special allocation panels in place to control access to packages of care that cost more than a defined ceiling. These panels can be very useful as a means of reinforcing good practice by local managers. However, if they remain in place too long they undermine local managers by removing discretion and turning their role into one of ‘getting the plan through the panel’ and devising ways of avoiding scrutiny. Neither of these represents good use of management resources and both can promote inappropriate assessment and services for users and carers.

**Separating accountabilities**

Separating service management from budget management undermines both activities. The most important resource that service managers control is the time and effort of their staff. If the cost of what they do is accounted for and controlled by other managers, there will not be proper accountability for staff deployment and productivity. Managing the budget is close to managing the diary and few social workers and care managers allow a separate department to control their diaries.

### 6.5 Managing Resources: the Management Agenda

Better resource management implies better knowledge about what things cost; clearer definitions of activity and especially of management overheads; devolved, integrated business management; and wider use of data about staff effectiveness and productivity. To achieve this managers need to:

- define a clear, authority-wide, set of definitions and codes for costs so that unit costs can be understood at all levels in the organisation and the basis for comparing unit costs is understandable;
- compare costs of council-run services with local alternative suppliers and with similar councils, reporting comparative costs publicly to the council with an explanation of major cost differences and options for achieving reduced costs;
- review the potential to seek lower-cost service mixes by:
  - making less use of high-cost services
  - substituting lower-cost services for high-cost ones
  - reducing the costs of the council’s own services by reviewing terms, conditions, hours and grades of the staff employed;
- identify services where the council’s unit costs are lower than alternative suppliers and review the potential to reduce costs by investing in the council’s own services;
- establishing for each major activity a statement of purpose, a target and a measurable indicator of performance, and bringing these together in a regular, public performance report;
- devolve budgets to managers who control workflow and staff allocation to ensure that resources are managed in an integrated fashion as close to service delivery as practicable, given the quality of the council’s information and support systems; and
- catalogue all ‘special’ parcels or resource control systems and develop a project plan for their early replacement with devolved budget management and targets.
7 Doing Better

This chapter highlights the features which reviews have found increase councils’ ability to improve services sustainably. It goes on to look at the contribution that reviews can make to development, and reports on how helpful reviews are perceived to be by councils.

7.1 Maintaining Public Confidence

Councils’ social services are held in relatively high regard by their users. Public confidence rests on retaining and building on this foundation to create trust between social services and users and carers and between councils and the communities that they serve. Joint Reviews have found that trust springs from:

- informed users who participate in organising their services;
- services that deliver what they promise quickly; and
- councils that explain their priorities and plans, allocate their funds to implement them and stick to their stated priorities.

Achieving consistent services that can continue to improve requires that councils:

- know what is going on in their services;
- manage their dealings with the public at all levels to make sure that they reflect the priorities agreed by the council;
- listen to users, carers and their representatives about what matters to them;
• have the trust of other services by sharing common issues and working across whole systems;
• understand their costs, and the factors that drive them;
• support the performance of their staff and share information about performance with staff at all levels; and
• support middle managers by giving them a stake in the council’s strategy and the tools to measure performance and allocate resources.

7.2 How Might Reviews Help?
The Joint Reviews Team exists to help improve social services. It can contribute to this by:
• giving an outside perspective on how services are working;
• finding out from a small sample of users, carers and service providers what is going on and checking this against the council’s stated priorities;
• listening to users, carers and other organisations and telling councils what these groups think and feel about social services;
• analysing the whole social services system and identifying the organisational, cultural and practical obstacles to improved performance;
• highlighting what councils are doing well and explaining how they might build on this good practice;
• examining council’s costs and exploring how they are changing and where there are opportunities for savings; and
• supporting staff by providing a snapshot of how they are performing and how this could be improved.

Reviews work best as part of a longer-term approach to service improvement. A council which prepares a ‘defence’ against the review and nine months later places the report on the shelf with a sigh of relief is not making the most of the process. Self-assessment and review is a very valuable preparation for the Review Team’s arrival. The review itself requires councils to complete a ‘position statement’ which analyses their performance. The review has to be followed by an action plan. Councils have the chance to take a three-year perspective on raising their performance: preparing and self review; the review itself and then implementing the action plan. Joint Reviews work best when they are part of a council’s own efforts to do better. This approach also fits well with the ‘best value’ approach.

7.3 Have Reviews Helped?
A review is a demanding piece of work. Each review costs the Department of Health around £45,000. Councils have to meet the cost of preparing and organising the review locally. A year ago only six reports had been presented and published. It is too soon to assess the impact on the ground in many authorities. Later in 1998 it will become possible to start evaluating the impact on a larger number of authorities.

The feedback that is available is about the process:
• the Local Government Association has convened meetings of councils that are undergoing reviews to exchange experiences; and
the Association of Directors of Social Services has undertaken a survey of directors in councils that have been reviewed

The Local Government Association group welcomed reviews and had found them useful in bringing together a clear overall picture of the social services issues for councillors. They expressed concerns about the assumptions underlying the review methodology – for example, the assumption that there is a separate department for social services and that services are delivered from local offices. Other issues were the use of a ‘commissioning’ language that sits uneasily with councils that still run lots of services themselves and may neglect important issues in children’s services. The group wished to be reassured that the staff on the Review Team are impartial and able to grasp the complexities and uniqueness of each council.

The Association of Directors of Social Services surveyed 28 directors, of whom 21 replied. Directors found reviews accurate – 15 per cent reported that they felt the review was inaccurate. They also found them fair, cordial, frank and broadly in line with their own assessment of performance – again, 15 per cent found reviews too critical. While different directors found that reviews had different impacts, none reported that the review had hindered the development of social services in their authority. While only 14 per cent found the methodology unsound, 64 per cent felt that it could be improved. Directors had strong criticisms of some aspects of how reviews were conducted. They were concerned that staff on the Review Team were credible, understood the uniqueness of each council and behaved professionally. Many felt that the financial analysis could be better and that getting better data must be a priority. Some directors felt that the review had an agenda that they could not share. Others found the written report more critical than they had expected following earlier discussions with review staff. The Association’s own conclusion is that ‘in general joint reviews have been well-received by the majority of directors, although all qualify this with strong criticisms and suggestions for improving the process in future’.

The Review Team welcomes comments and criticism. It aims to practice what it preaches. The review process continues to develop as the Team learns and adapts to changing circumstances. The challenges of best value, corporate working, whole systems approaches and the renewal of local democracy face the Review Team as much as councils. The methodology was republished in a more approachable and updated form in February 1998 (Reviewing Social Services – Guiding you through). Dialogue, self-assessment and learning on the job will, hopefully, improve reviews in 1998/99.
# Appendix 1

## Joint Review Programme and Publications Details

The table below gives information on reviews completed to date and which councils are in the programme in 1998/99. Authorities are listed by type: County Council, London Borough, Metropolitan Borough and Unitary Authority.

<table>
<thead>
<tr>
<th>County Councils</th>
<th>Year Rev.</th>
<th>Note</th>
<th>London Borough Councils</th>
<th>Year Rev.</th>
<th>Note</th>
</tr>
</thead>
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<tr>
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<td>–</td>
<td></td>
<td>Barking &amp; Dagenham LBC</td>
<td>97–98</td>
<td>1</td>
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<tr>
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<td>–</td>
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<td>Barnet LBC</td>
<td>97–98</td>
<td>1</td>
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<tr>
<td>Buckinghamshire CC</td>
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<td>Bexley LBC</td>
<td>Pilot</td>
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<td>Cambridgeshire CC</td>
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<td>Brent LBC</td>
<td>–</td>
<td></td>
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<tr>
<td>Cheshire CC</td>
<td>Pilot</td>
<td></td>
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<td>96–97</td>
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<td>Cornwall CC</td>
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<td></td>
<td>Hackney LBC</td>
<td>Pilot</td>
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<tr>
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<td></td>
<td>Hammersmith &amp; Fulham LBC</td>
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Notes

1. Report available

2. Report published but currently out of stock

- The Joint Review Team produces a public report and summary of each local review. Review reports are available (price £15) from Audit Commission Publications, Bookpoint Ltd, 39 Milton Park, Abingdon, Oxon OX14 4TD, Telephone 0800 502030.

- Pilot reviews preceded the first year of reviews and no reports were published.


- The next batch of reviews will be announced in October 1998.
## Appendix 2

### Who’s Who on Reviews

**Reviewers**

- **DAVID ASHCROFT** joined the team from East Sussex County Council, where he has managed elderly people’s services. He has also worked in publishing and is vice-chair of SCOPE.

- **CHARLES COPE** is seconded to the Joint Review Team from the Social Services Inspectorate, where he specialised in community care, inspection units, complaints procedures and learning disabilities.

- **MIKE FOX** spent five years as an Assistant Director of Social Services in a large county authority, where he was responsible for quality assurance and inspection. Joined the Team at the start and helped to build methodology for Joint Reviews. Left Joint Review Team in April 1998 at the end of his secondment.

- **FRAN GOSLING THOMAS** is seconded from the Social Services Inspectorate, where she had national child care leads. Before this she was a senior manager with NACRO and part of Surrey Social Services Department’s strategic planning section.

- **KEVIN MANSELL** is a qualified social worker and studied in the USA before working in India. He had 18 years experience as a practitioner and manager in East London Social Services Departments and joined the Social Services Inspectorate in 1990. Joined Joint Review Team April 1998.

- **SUE MEAD** joined the Joint Review Team from Birmingham Social Services where she held the post of Chief Inspector. She has worked in Social Services for over 25 years and has extensive experience of undertaking inquiries and reviews into matters of public concern, particularly in respect of childcare issues. Joined Joint Review Team September 1997.

- **JANE OULTON** is seconded from Manchester Social Services where, for the last three years, she has managed Change Projects in Human Resource Management and Financial Management Systems. She is a qualified Social Worker with 11 years’ experience of the Children and families service, after an earlier career in academic and government posts. Joined Joint Review Team April 1998.

- **LIZ RAILTON** joined the Joint Review Team from Hertfordshire Social Services, where, as an assistant director, she held responsibility for a range of child care and adult services. Left Joint Review Team in February 1998 to become Director of Cambridgeshire Social Services.
PETER SCURFIELD was seconded from the Audit Commission, where he carried out VFM reviews with District Audit. One of his particular areas of interest is management and financial arrangements. Left Joint Reviews Team in April 1998 to work on the Audit Commission’s study of Older People’s Mental Health Services.

JANE SHUTTLEWORTH joins the Joint Review Team on Secondment from Camden Social Services, where she has been Head of Strategic Planning for the last 5 years. Jane’s career also includes work with the Play Service, Youth and Community Service and three years as a trainer/consultant. Joined Joint Review Team June 1998.

DENNIS SIMPSON worked for the last 13 years as Director of Social Services in Southwark. Worked in social services for 27 years starting as a social worker and then in a range of management roles. Now works part-time with Joint Review Team. Joined Joint Review Team April 1998.

BARBARA SMITH is seconded from Oxfordshire County Council, where she is Assistant County Treasurer and Assistant Director Of Social Services.

BOB WELCH has 20 years’ experience as practitioner and manager in several Social Services departments, for the last 8 years in Social Services Inspectorate. Closely involved with community care reforms.

Review Staff

ANDREW WEBSTER
Project Director
Andrew worked for Cambridgeshire Social Services and led community care commissioning for Greater Glasgow Health Board. He has a PhD in Public Policy.

RICHARD ELLIOTT
Project Manager
Richard’s background is in information management and management consultancy. As a consultant with Essex County Council, he specialised in project management, business planning and workload analysis.

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

PHILLIP McCAUGHAN
Project Secretary
Phillip’s background is in graphic design and HIV and AIDS work. He is currently completing a degree course in English Literature.

SUSAN RICHARDSON
Placement Student
Susan is spending a year with the Joint Review Team as part of a degree course in Accounting at the University of Portsmouth.
Appendix 3

Questionnaire for Users and Carers

84% said that they get help or a service while...

25% said they had information before getting help and...

32% said that they care for someone who gets help or a service.

...of these, 64% said the information told them how to get in touch.
12% said that they were seen or spoken to within one day of getting in touch but...

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

...68% said that they had had to wait less than two weeks.

47% said that they were given all the help they thought they needed.

75% said that someone had asked what they thought they needed and...

Of those who thought it was relevant to them, 31% said that staff had taken note of 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.

78% said that they got help quickly after a decision was made to provide services.

52% said that they were given details in writing of help that would be provided.

35% 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.

36% said that they were told how to complain if they wanted to and...

52% 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.

36% said that they were told how to complain if they wanted to and...
...of those who made a complaint, 51% said that it was dealt with to their satisfaction.

Average = 51%

71% said that, overall, they thought the service was ‘excellent’ or ‘good’.

Average = 71%

11% said that, overall, they thought the service was ‘poor’ or ‘very poor’.

Average = 11%
Appendix 4

Summaries of Published Reviews

The summaries below are those published up to 1 June 1998.

Stockport

Published March 1997

Overall Summary
Stockport people are well served by their social services. The Authority is achieving its aim of targeting high quality services to meet the needs of very vulnerable people. It faces substantial challenges to sustain its current performance while improving value for money and can meet these if it:

- uses its knowledge about needs to set clearer priorities which make better use of its money;
- strengthens its information systems to improve monitoring of decisions; and
- tackles specific problems to improve results and cost effectiveness in services for disabled children, teenagers and people who are mentally ill.

Stockport Profile
Stockport is a generally prosperous Borough with small areas of significant deprivation. The Council serves 291,000 people. The Metropolitan Borough spends £59m on social services which is equal to £164 for every person living in Stockport. Over half of the expenditure is for care of elderly people. In recent years the Council has increased its spending on social services. While the Council spends 37% more than the Government’s assessment of the amount needed to deliver a ‘standard service’, it spends less than the majority of Metropolitan Boroughs. The Council’s policies result in high levels of support being directed to people targeted as having most needs. Overall staff numbers, including management staff, are low compared with similar Councils. Working relationships with other services are good.

Main Findings
Information and help
Overall, individuals are well served by their social services, especially those with complex needs. Almost three-quarters of users and carers surveyed rated services good or excellent. Care for older people was particularly well organised and of good quality. Public information is well designed but many people are unaware of it. Services for teenagers, disabled children and mentally ill people could improve further.

Plans for the population
The Council has made good progress in assessing need and drawing up plans. These are shared with other key services, for example health. To sustain development it needs to be clearer about priorities and ensure that its staff focus on delivering the most important changes. Services for disabled children and people with dementia are gaps which are being addressed.

Managing resources
Stockport Social Services has maintained effective central control of its budget but its information systems require modernisation. Management accountability for services and budgets needs to be clearer. Contracts with independent services give good value for money but staff do not always know the full costs of the Council’s own services. The Council needs to review its priorities rigorously to ensure that resources continue to be managed effectively.

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

- improving consistency for service users by giving staff clearer guidance on priorities and assessing risk, and by improving recording of requests for help;
- targeting resources on priorities by using existing plans as a basis for increasing staff understanding of costs and setting clearer objectives for managers;
- modernising management information so that services are monitored better and management time is used more efficiently;
- consolidating business plans so that all staff know their targets and important service improvements are delivered on time;
- serving the children the authority looks after better by increasing community support in Stockport and spending less on sending children to residential homes;
- giving better support to disabled children and their carers by finding out more about their needs and giving better information to carers; and
- making its own home care more flexible to reduce the number of people whose home care is provided by more than one organisation.
Sutton

Published May 1997

Overall Summary

Sutton people have a high regard for their social services. The review found many high quality services. The council succeeds in working in partnership with users, carers and community organisations. It has high professional standards and strives to develop new services. The council needs to:

- make sure it meets its high standards by setting clear targets and measuring how well its social services achieve them;
- get a better deal from independent care homes and home carers by using the full range of services they can offer; and
- be more explicit about what it can afford in the long run and make agreements with other services which reflect this.

Sutton Profile

Sutton is a generally prosperous Borough with small areas of significant deprivation. The Council serves 173,000 people. The Borough spends £31m on social services which is equal to £168 for every person living in Sutton. Over half of the expenditure is for care of elderly people. While the Council spends 15% more than the Government’s assessment of the amount needed to deliver a ‘standard service’, it spends less per head than other similar councils. The Council has directed resources from formal child protection and care towards helping families and has also increased its commitment to mental health services. Overall staff numbers, including management staff, are low compared with similar councils. Working relationships with other services are good. Housing and social services are run by one directorate.

Main Findings

Information and help

- Services are well regarded and generally of good quality.
- Over three quarters of users surveyed rated services excellent or good.
- Initiatives on information about children’s services and for disabled people were particularly good.
- A wide range of specialist services were offered and over 90% of users reported that some or all of their needs were met.
- Good progress in supporting families to enable children to remain at home and in school. It also supports homeless young people well.
- Services for older people also helped most people stay in their homes but could be more consistent across the Borough.
- Mental health services would be better served by a Borough wide team.

Plans for the population

- The Council works in close partnership with others to deliver services.
- It has been successful in developing new services and bidding for challenge funds.
- It has a good approach to services for children under 8.
- Information systems are not good enough to monitor needs and check how well services meet them.
- The agreements reached with health services may restrict options for people discharged from hospital and may not be affordable in the long run.

Managing resources

- Sutton Social Services controls its budget effectively.
- It needs better information on costs, and on staff performance to ensure that it is getting best value for money. Better targeting of training and supervision and updated computer systems would help with this.
- The costs of private services bought by the Council represent good value for money.
- Better relations with private sector providers could reduce the costs of some services.

Improving Services

Four key areas for improvements are:

- improving standards for service users by setting clear targets and standards which the Council can monitor through better information about the directorate’s performance;
- directing resources towards priorities by ensuring that staff have clear objectives and understand costs and by giving better information to organisations which provide care, especially independent care homes and home care services;
- underpinning services for people who also need health services by reaching agreements with the health authority and with local hospitals which are affordable and monitoring those agreements closely;
- improving communications by making better use of the council’s own systems and by making better use of new technology.
Somerset
Published June 1997

Overall Summary
Overall, people in Somerset are well served by their social services, notably in the way in which staff deal with requests for help, and work in partnership with other agencies to meet local needs giving good value for money. Social services has a track record of looking for positive new ways of working to help people. The quality and efficiency of services may however be hampered by inconsistent performance management and difficulties in linking strategic planning for future services with local practice, especially in allocating resources.

Somerset Profile
Somerset is one of the more sparsely populated English counties, containing 487,000 people. The authority spends £60 million on social services, which is about £129 for every person in the county. The authority faces a challenge in delivering consistent and equitable services in thinly populated areas. The Council has increased the proportion of its total budget devoted to Social Services over recent years. The authority was the first in the country to arrange for all home care and residential care for older people to be provided by outside agencies. Respite care is increasingly used as a family support service and an alternative to long term care. The authority makes a strong and positive use of the voluntary sector which provides a significant contribution to caring for people.

Main Findings

Information and help
The authority provides a wide range of good information about services and fast and effective response when people need help. Help for individuals is good although it is sometimes inconsistent across the county. Performance could be more effectively monitored, and users and carers better informed about progress in individual cases.

Plans for the population
The authority has a clear sense of strategic direction, and clear plans to develop services in the future. It has a forward looking system for reviewing its overall work with different user groups which includes high levels of involvement of county councillors and other agencies. It has trusting and co-operative relationships with other organisations. However, information on individual cases is not sufficiently aggregated to be fully used in strategic planning, and the small number of staff involved limits the capacity of the authority to deal with major change.

Managing resources
A high proportion of the authority’s resources is directed towards frontline services. Positive working with other organisations delivers good value for money. Social services has effective central control of its budget but information systems need to be improved. The transfer of home care and residential care for older people to outside agencies has provided more choice for the public and produced a greater volume of services, although sometimes at the expense of quality. The departmental reorganisation in 1996 laid the foundations for future developments but the authority needs to clarify guidelines for staff to make this more effective.

Improving Services
Six key areas need to be addressed:

- clarifying quality standards, and improving management information and systems for monitoring performance;
- giving staff clearer guidelines about how management arrangements should work, setting priorities for frontline managers, and advising outside agencies how to link with the authority most effectively;
- building on the authority’s record of introducing new ways of working, and developing a programme for change that the can be achieved within existing resources;
- defining clearly the level and quality of services required from all providers, monitoring these better, comparing the authority’s own services against those of other organisations, and improving guidelines on payment arrangements for services from outside agencies;
- giving local staff more responsibility to make decisions consistently across the county, and improving management information to ensure that the authority’s everyday work with individuals influences future policy development; and
- involving internal and external providers in developing plans for services which link peoples’ needs with the way the budget is allocated.
Sandwell

Published June 1997

Overall Summary
Sandwell is ambitious to develop further the range of services it offers. The Authority has made great strides in working with other services and addressing the needs of a multi-racial community. Its management capacity is overstretched by the agenda it has set itself.

It now requires a period of consolidation and investment in strategic management and information technology so that cost-effective use can be made of all available resources, including encouraging independently provided services. The Authority needs to monitor all the services provided in Sandwell to ensure consistent quality.

Sandwell Profile
Sandwell is a metropolitan borough made up of six Black Country towns. It has a population of 293,000, 15 per cent of which come from minority ethnic communities. It is the ninth most deprived area in England. The Borough spent £66 million on social services in 1996/97, which is equal to £184 for every person living in Sandwell. While the council spends 4 per cent more than the Government’s assessment of the amount needed to deliver a “standard service”, it spends significantly less than the majority of metropolitan boroughs. Social services have faced successive budget cut-backs in recent years, requiring services to become more targeted on those people with the most severe and urgent needs. The Authority has increased its charges, streamlined the organisation of its services and reduced the number of managers. In line with the council’s policy, social services have worked increasingly in partnership with local communities and with other agencies, particularly the health authority.

Main Findings

Information and help
- High priority has been given to publicising services, but public expectations have increasingly exceeded available resources.
- Child protection services are efficiently organised with other agencies and large number of foster carers have been recruited.
- Services for adults are well co-ordinated but there are inefficiencies in the assessment of individual need and the way in which services are arranged and monitored.
- The council is increasingly purchasing its services from private and voluntary care organisations but these are not yet always of the same consistent quality as the local authority’s services.

Plans for the population
- The council carefully researches the needs of local communities and consults with local organisations before introducing new services.
- Joint planning with other agencies is effective and budgets are increasingly combined to provide a more seamless service for some users.
- Access criteria are now being amended to allow for targeted preventive work helping rehabilitation before people’s needs become too great for them to remain at home.

Managing resources
- Successive budget reductions have been managed well.
- Successful bids for development funding have continued to be made.
- Information systems are not sophisticated enough to free management time for strategic issues.
- More services could be purchased from independent providers.

Improving Services
Seven issues need to be addressed:
- increasing management capacity to look at the overall pattern of services concentrating on commissioning to meet users’ needs;
- making sure that the valuable investment in joint working with other services yields ongoing benefits;
- streamlining care management by revising access criteria, targeting skilled staff at complex cases and clarifying purchasing and providing roles;
- focusing on managing performance by setting tougher charter targets, agreeing core standards and monitoring more rigorously;
- giving priority to human resource management to give managers more confidence and improve staff morale;
- promoting further changes in organisational culture so that staff are able to work with a wide range of providers and handle costing and information technology confidently; and
- investing in communications and information systems to simplify performance management and administration.
Wandsworth

Published June 1997

Overall Summary
Wandsworth offers a wide range of good social services. It has many strengths; information, links with hospital care, targeting of services and the flexibility and resources for staff to put together well planned care packages. The council monitors service performance and cost very tightly. To build on its current strengths the council should work with users and staff to develop:
- closer collaboration with users, carers and local communities;
- a more open approach to managing staff and doing business with providers of care; and
- approaches which maximise the whole council’s progress in key service areas.

Wandsworth Profile
Wandsworth is an inner London borough with a diversity of neighbourhoods ranging from Battersea in the north, Tooting in the south and Roehampton in the west. Over a fifth of people in Wandsworth are black or from a racial minority. The Borough spends £77.1m on Social Services which is equal to £294 for every person living in Wandsworth. This is higher than comparable boroughs and more than deemed necessary by the Government’s Standard Spending Assessment. Some Inner London Boroughs spend more per head than Wandsworth. It has a stable and committed workforce. The Authority works closely with other services, especially health and housing. It has sought, in recent years, to focus on commissioning services and promoting a range of competing suppliers of care to local people.

Main Findings

Information and help
- Wandsworth people are better informed about social services than people in other areas that have been reviewed.
- Care can be arranged flexibly and with access to a range of good services.
- Services have shifted towards home care and to people in greatest need.
- Wandsworth people expect more from their social services and could be offered more opportunity to contribute to making them still more effective.

Plans for the population
- Very good information on needs and services as a basis for planning.
- Strong working arrangements with health and housing.
- Good initiatives to meet home and day care needs of people from ethnic minorities.

Improving Services
Seven issues need to be addressed:
- making more of users’ own knowledge and skills to ensure that their expectations are heard and responded to;
- more ‘corporate’ approaches to efficiency for example integrating social care and sheltered housing, involving social services in the Council’s priorities for youth;
- building on existing best practice in developing partnerships with community organisations into the mainstream of policy and practice;
- making sure that the move to fewer offices does not compromise access to services for vulnerable groups;
- ensuring that the council’s strategy is better understood by staff and other agencies by distinguishing more clearly between political strategy and management;
- monitoring duty systems in child care to make sure that the new team structure promotes continuity and links with other services; and
- developing more opportunities for front line staff to learn from each other and evaluate their own work.

Managing resources
- Devolved budgets promote choice and accountability for front line staff.
- Extensive knowledge of services performance and unit costs.
- Effective joint management of mental health services delivers high quality at modest cost.
- Costs of some services purchased from independent sector need to be tested to assure value for money.
- Staff opportunity to create opportunities for better value can be inhibited by management arrangements.

• Partnerships with users, carers, suppliers and community organisations could be strengthened by a more open approach to priorities and how business should be conducted.
Oxfordshire

Published June 1997

Overall Summary
Oxfordshire has many strengths that contribute to good services; a focus on standards of practice, effective partnerships and a history of systematic review and improvement of services.

It has focused on protective practice but needs now to examine this more closely in terms of the impact on users, particularly children and families who may benefit from other forms of help.

It has found recent budget constraints difficult to manage and needs now to re-establish affordable priorities and coherent arrangements to manage resources. Investment in information technology will be a key means of achieving greater efficiency.

Oxfordshire Profile
Oxfordshire is a shire county covering a large geographic area with two main conurbations, Oxford City and Banbury, seven sizeable market towns and many smaller rural communities. There are pockets of poverty, but relatively low overall levels of deprivation. The County spends £72.5m on Social Services which is equal to £131 for every person living in Oxfordshire. This is more than deemed necessary by the Government’s Standard Spending Assessment but it is in line with comparable counties. The Authority works closely with other services, especially health and voluntary organisations. It has focused in recent years on improving mental health services and services to carers; learning disability services are now jointly commissioned with health. Social services have worked with constrained budgets in recent years, requiring services to become more targeted on those people with the most severe and urgent needs.

Main Findings

Information and help
• Oxfordshire people are similarly informed about social services as people in other areas that have been reviewed.
• Services react quickly in a crisis but responses to people with less needs are much slower.
• People receive careful assessments of what they need and, compared with other areas reviewed, many more people in Oxfordshire are asked whether or not the services provided for them are working well.
• Child protection services are efficiently organised but higher numbers of children are on the Child Protection Register than in comparable counties and services for vulnerable children are generally less well organised.

Shaping services
• Information on needs is improving but is hampered by the lack of computerised information systems in social services.
• There are strong working arrangements with health but much weaker arrangements to work with the five District Councils.
• There are strong partnerships with voluntary organisations and carers’ groups.
• Flexible services are being developed, particularly for people with learning disabilities.

Managing resources
• Information on how much services cost is improving.
• There is good information about the skills and welfare of the staff and a strong focus on supervising staff.
• The arrangements for managing budgets make decision-making slow and inflexible.
• Information systems are very poor and this affects communications, budget control and the ability of the service to check on its performance.

Improving Services
Five issues need to be addressed:
• checking on the time it takes for users to get a response;
• examining the ways in which children enter the child protection system and ensuring that all vulnerable children get a well organised response that only uses the protection system when this is really necessary;
• giving front-line staff the systems to organise services for users flexibly and promptly;
• planning ahead to meet budget targets so that crisis measures can be avoided as far as possible; and
• working more closely with local communities and district councils so that services are sensitive to local circumstances and build on local strengths; and
• improving information systems so that the service is more efficient and there is more knowledge about the services needed.
Overall Summary
With the benefit of recently increased resources, new management and improving relationships with other agencies, Lincolnshire Social Services has the opportunity to deliver better services if it:
- defines its priorities;
- targets its resources accordingly; and
- monitors performance against agreed targets and standards.

Lincolnshire Profile
Lincolnshire is a large, mainly rural, county with a widely dispersed population. The County Council spends £73.9m on Social Services which is equal to £132 for every person living in Lincolnshire. Half of the expenditure is for care of elderly people. Despite increasing its spending on social services in recent years, the local authority still spends less than the majority of County Councils on all the main user groups. It has a stable and committed workforce. A new Director of Social Services was appointed in January 1996 as part of a new management team, committed to working in partnership with one another and other services.

Main Findings

Information and help
By and large, Lincolnshire Social Services deal efficiently with individual requests for help, except for continuing delays in providing equipment and help for physically disabled people. However, responses could be dealt with more simply and consistently, in particular by improved working with health services.

Plans for the population
The department is good at analysing need but requires strategic plans which can be delivered in co-operation with others. Overall priorities do not yet drive day to day work sufficiently and clearer communication of priorities is needed to make sure all staff understand and act on them.

Managing resources
Lincolnshire Social Services has maintained effective central control of its budget but its systems do not always help local staff meet needs creatively. Management accountability for services and budgets needs to be clearer.

Further steps are needed to ensure fair distribution of services across the county.

Contracts with independent services give good value for money and could be extended further, especially in home care, so long as systems for ensuring quality are also extended.

Improving Services
Four key areas should be tackled to improve services:
- defining priorities and setting objectives both for the council as a whole and for individual users. These objectives need to separate out management of risk from investment in rehabilitation. Achievement of objectives should be the basis for evaluating services;
- targeting resources on priorities through a commissioning plan which states clearly what services will be provided for different types of user. This approach could draw more fully on the resources of local communities and of private and voluntary organisations;
- better performance management so that services are provided more consistently across the county against agreed targets and standards; and
- streamlining management to make communication simpler and accountability clearer.
Camden

Published July 1997

Overall Summary

Some people in Camden are well served by their social services, but others are less well served. Initial responses rightly focus on ensuring people’s safety. Those at high levels of risk, who may require more complex services, tend to be well served. Others, including older people and people with disabilities at lower levels of risk, notwithstanding significant levels of need, can be less well served.

The Council is in a strong position to move forward to:

• make social services still more accessible, clarify day-to-day accountabilities with existing users and carers and improve reviewing arrangements of their care;
• strengthen its client, management and financial information systems and ensure best value is being achieved; and
• develop closer understandings and relationships with all stakeholders.

Camden Profile

Camden is an inner London borough with a diverse population in terms of its economic status, ethnic origins and social needs. The Council serves 180,000 people. It spends £76m gross on social services. This is equal to £354 for every person living in Camden. During the late 1980s and early 1990s the Council experienced financial problems. Large reductions in expenditure were required, including in social services. Over two-fifths of present expenditure is for care of older people. The Council spends the same proportion of its overall budget on social services as similar authorities. This amounts to 9 per cent more on social services than the Government considers necessary to provide a standard level of service. Overall, social services staff numbers are lower than in similar councils.

Main Findings

Information and help

Some people in Camden are well served by their social services. Over two-thirds of users and carers surveyed rated services good or excellent. Services for some children and families and some people with mental health needs are particularly well organised and of good quality. Older people and people with disabilities at lower levels of risk, though with significant levels of need, can be less well served. Care planning for them is also less advanced. The Council has improved its information and the public’s access to services, especially by telephone. However, this could be further improved for ethnic minorities. Present information is not able to provide evidence of consistency of response or equity.

Plans for the population

The Council as a whole puts considerable effort into planning with others, including social services, to meet local needs. Social services itself consults widely with other organisations and with users, carers and advocacy groups. It has collaborated successfully with health, education and housing to plan and deliver specific services. However, there is scope for improved recording and use of information, and for more collaborative relationships with some of the voluntary organisations and between staff in different parts of social services.

Managing resources

Social services maintains tight control of its overall expenditure. It has developed systematic approaches to monitoring and controlling the use of specific resources – particularly the Special Transitional Grant for community care. Its ability to generate reliable financial information linked with different activities is limited. The Council makes greater use of services from the private and voluntary sectors than many other local authorities. Generally, the in-house cost of services for older people is at least 50 per cent greater than them. However, the nature and quality of these services are not necessarily comparable. The Council needs to develop its ability to make these comparisons. It also needs access to reliable systems to monitor activities and expenditure in a consistent way.

Improving Services

Five key areas should be tackled to improve services:

• ensuring equal access for everyone by building on the improvements in access already achieved, and developing more effective monitoring arrangements;
• improving responses to users and carers by identifying day-to-day accountabilities for their care, monitoring services more consistently, and tailoring reviewing to different circumstances;
• developing effective planning with all stakeholders by utilising fully existing communication channels, developing closer understandings and relationships, and building on existing good practice;
• strengthening management and financial information by co-ordinating existing management and financial information, and getting better information on costs and activity; and
• achieving best value in commissioning services for older people by facilitating the provision of more intensive home care services, and reviewing the present mix and cost of services for them.
Sefton
Published October 1997

Overall Summary
The Council needs to improve the way it decides priorities and manages resources so that Sefton people get a better deal. While the Authority performs well in some services there are serious weaknesses in the decision-making and management arrangements of the Council.

The Council needs:
• to meet local priority needs through more effective planning;
• to set and monitor corporate objectives for social services;
• to strengthen management and financial systems to get better information on costs, performance and quality of services;
• to reduce the fragmentation in planning services; and
• to build on the commitment and skills of its staff who are generally well-regarded by the public.

Sefton Profile
Sefton is a metropolitan borough with a population of almost 300,000, serving people of differing economic status and social needs. The Council spends £44m on social services and this is equal to £165 for every person living in Sefton. Over half of the expenditure is for older people as the Borough has a high, and growing, very elderly population.

The Authority spends an average amount on social services both as a proportion of its budget and spending per head. In 1996/97 the Council spent relatively more per head on services for people with mental health needs and with physical or learning disabilities. Spending on services for older people and children and families was relatively less. The Authority also spent 30 per cent more per head on service strategy and regulation although overall social services staff numbers are lower than in similar councils.

Main Findings
Information and help for Individuals
• Over 100 older people were in hospital waiting for assessments or services.
• Nearly 200 children needing help or protection did not have a social worker and were not leaving services.
• Information about services and access to them could be improved, perhaps as part of a corporate initiative.
• Initiatives for carers were particularly good.
• Sixty-two per cent of users surveyed rated services as excellent or good and 19 per cent as poor or very poor.

Plans for the population
• The Authority does not have a clear view about the future direction and priorities for social services.
• There are weaknesses in the Authority's ability to meet priority care needs.
• The Council has been successful in developing new services for people with mental health needs and with physical or learning disabilities.

Managing resources
• Eight of the Council's residential homes do not meet the required standards.
• Not filling staff vacancies in order to manage budgets has had an adverse impact on users and staff.
• Services for children and families are currently underfunded.
• The Council needs to improve its understanding about the costs of providing its services and to reduce costs of some services it runs itself.
• Sefton has tight control systems for social services expenditure.
• There is a need for further investment in upgrading computer and information systems.

Improving Services
Three key areas for improvements are:
• ensuring that people with priority needs get a service, including better reception and advice, better links with health services and better planning;
• taking action to resolve deficiencies in the quality and safety of some council-run services, particularly older people's homes; and
• set clear targets for social services to do better in the future.

The review also indicates a need to:
• review the ways resources are allocated across services and districts;
• strengthen staffing of the Independent Inspection Unit; and
• produce an overall commissioning plan for social services related to local needs.
Barnsley
Published October 1997

Overall Summary
• Many people who receive social services from the Authority are pleased with the service they receive. The Authority offers some good services, particularly to elderly people.
• However, services for children and people with mental health problems are less satisfactory.
• The Review found many committed and able staff and high standards of professional practice in local services.
• Major weaknesses were found in management arrangements: decision making is confused by the Council’s political and management systems; communications within the authority are weak; information systems do not function effectively and social services are not well supported by corporate planning, finance, quality assurance and information technology services.

Barnsley Profile
The Borough has a rural western part and a densely populated urban area in the east. The loss of the deep coal mining industry has had a huge impact. The Council has set about implementing ambitious plans to re-industrialise the Borough and improve the infrastructure. No other similar authority sets its Social Services budgets so low compared to the Government’s standard spending assessment. Overall spending per person in Barnsley is £142 which is lower than comparable councils. However, in services for older people, it spends more than the average authority. The Social Services Department has increasingly bought community care services from other providers in recent years. Many services were delivered efficiently and professionally.

Main Findings
Information and help
• Barnsley people are relatively well informed about their social services.
• There are good initiatives in giving information for vulnerable people, such as the Athersley Community Contact Point initiative which offers emergency 24 hour telephone support.
• Reception staff are welcoming and well-informed.
• Access for disabled people is difficult in many district offices, and many reception areas are of a low physical standard.
• There is no emergency service between 1am and 8am.

Plans for the population
• The failure of the computer information system has made it more difficult to carry out effective planning.

• Care planning for adults and children is of good quality and a much higher proportion of care plans are agreed and signed by service users and carers than in authorities reviewed so far.
• Planning has been made difficult by the lack of a stable management structure, together with an unclear division of responsibilities for planning, within the programme area structure.

Managing resources
• Devolved budgets and prudent financial management in community care has kept spending within tight limits.
• Financial training for community care staff has paid dividends.
• Spot contract prices paid to some private home care providers are low, and there is a lack of satisfactory systems to ensure the quality of those services.
• Regular overspends in the children’s out-of-borough placement budget have followed changes in children’s services which were well intentioned but not well managed.
• Mental health services have suffered from a legacy of traditional psychiatric and institutional services.

Improving Services
The weaknesses in management arrangements give cause for concern about the Authority’s capacity to tackle service deficiencies and system problems.

The Authority’s twin priorities should be:
• to support services and front line staff better with simpler communication, clear guidance, functioning IT and quick, understandable policy decisions; and
• to settle, across the whole authority, clear responsibilities for leading social services strategy and standards and to set targets for securing improvements in services and management systems.

These are challenging tasks for an authority which has not always been able to respond to recommendations from inspectors and auditors. Progress should be measured in six key areas:
• clarity of leadership and accountability;
• clear targets and standards for services;
• better communications within the authority;
• information systems which work to support service delivery;
• improved arrangements for buying services from private suppliers; and
• developing services for people with mental health problems.

An action plan should be produced in three months and progress checked after six months.
Barking & Dagenham
Published February 1998

Overall Summary
Our overall conclusion is that the people of Barking and Dagenham are not well served by their social services. The Authority does not have the resources to deal with all the needs of people requesting help, but without a system of clear operational priorities, it has no basis on which to decide who gets what fairly. It plans to reduce Social Services' budget further, but because of the lack of priorities, there is no explicit process by which this will be achieved equitably in practice.

It needs to set clear priorities, align budgets and improve the way in which services are organised and delivered to ensure that policy intentions are realised in practice. It should be explicit about what it can and can’t deliver with the resources it has, and establish measurable targets to monitor the effectiveness and impact of services on individuals.

The Joint Review has identified a number of areas of good practice. However, in view of the lack of successful implementation of remunerations from previous external audit and inspection reports, the Authority’s capacity to tackle the issues raised by the Review will be seriously challenged.

Barking & Dagenham Profile
Barking & Dagenham is a small outer London borough serving 155,000 people. It has a relatively stable, predominantly working class population and is among the most deprived 5 per cent of authorities in England. Rates of mortality, illness, teenage pregnancies, low birth-weight babies, mental illness and unemployment are all high. The provision of primary health care is one of the lowest in the country with a low proportion of GPs, and no District General Hospital in the Authority’s area.

In 1996/97 the Authority spent £35 million on Social Services, which is £217 for every person in the area, and this is higher than the average for most similar authorities. It spends a higher than average proportion on services for older people and those with physical disabilities, and lower than average on people with learning disabilities and mental health needs.

Main Findings
Information and help
- Staff and councillors are very committed to helping people, and users with relatively low needs still get services.
- Local people are twice as dissatisfied compared with those in other parts of the country.
Knowsley
Published November 1997

Overall Summary
Our overall conclusion is that the people of Knowsley are well-served by their social services. Many people receiving services from the Authority are pleased with the services they receive. Knowsley has very high levels of social and economic deprivation, and has tackled the problems vigorously and with imagination while spending less per head of population than most similar authorities. It has done this by targeting its services on the most vulnerable people.

It has had the advantage of a stable and committed group of staff, and good partnerships with other departments and outside agencies such as the police and health authority.

Knowsley Profile
Knowsley forms one of Merseyside’s five metropolitan districts. The Authority has a strategy which has reduced the population decline, encouraging the regeneration of industry and private sector house building. The Council is to be commended for its citizenship agenda, which has attempted to bring the concept of civic pride to one of the most socially and economically deprived areas in the country. The corporate agenda has resulted in extensive partnership with business and the voluntary sector, especially in comparison with other Merseyside authorities. It was one of the first to transfer management of its homes for older people into the voluntary sector. It also has a high usage of private domiciliary care agencies. The Council was the first to achieve “Investors in People” status. The Social Services department spends £170 per head of population, which is less than almost all similar authorities.

Main Findings

Information and help
• Knowsley people are well served by the “one stop shops” which offer access to a range of services from one building.
• There are initiatives in technology to enable vulnerable people to gain access to information.
• There is a good welfare benefits service.
• The Social Services department has a good record in dealing with complaints. If it were not for the delays in installing aids and adaptations, the annual number of complaints would be in single figures.
• Some buildings have poor access for disabled people, and others are in need of upgrading.

Shaping Services
• The reliability and accuracy of management information systems has improved considerably, and now provides good information which is used to improve the efficiency of service delivery.
• The Council has been successful in gaining European and government finance for a number of creative new initiatives.
• Joint planning with other departments and agencies such as health, has been particularly successful. This has led to the success of the “Safer Knowsley” campaign, and the absence of blocked beds in Knowsley hospitals.
• The Council has a business-like culture, with written strategic plans for most services.
• More of its services are provided by the independent sector than in similar authorities and this competition has resulted in cost savings.
• Social Services family centres deal with the most vulnerable, with preventive services being provided by education and leisure services.

Managing resources and performance
• The Authority has a history of careful financial management.
• The registration and inspection unit is well regarded, and completes its statutory duties efficiently and effectively.
• Actively managed sickness policies and “Investors in People” status have contributed to a commendably low sickness rate of less than 4 per cent.
• There is an effective community fostering scheme which has helped reduce the spending on placements of children with foster families.
• The costs of some Council service providers are high in comparison with those of the independent sector.
• Some Council service providers are hampered in providing reliable data by their lack of information technology.
• Managers should have more responsibility in making financial decisions, and there is a need for further financial training for front-line staff.

Improving Services
Knowsley Social Services now needs to build on its strengths by taking the following measures:
• continuing to involve service users and carers in the development of services;
• providing effective administrative resources and information technology to all services;
• extending its contract compliance and performance monitoring systems so that all services are assessed for quality and cost using the same criteria;
• improving some of its buildings and access for disabled people; and
• reviewing how managers could have greater financial responsibility and providing further financial training for staff.
**Southwark**

*Published December 1997*

**Overall Summary**
People in Southwark are well served by an Authority that has responded to the challenge of delivering services to racially diverse and very deprived communities.

The strengths of the Authority derive from its commitment to working across service and agency boundaries; from an agenda that gives high priority to promoting the overall health and welfare of the community; and from a systematic focus on delivering the objectives that it has set.

The Authority is well able to deliver the further improvements identified through the review.

**Southwark Profile**
Southwark is an inner London borough with deprivation levels amongst the highest in the country. Over a quarter of people in Southwark are black or from a racial minority. The Borough spends £80.3m on Social Services which is equal to £361 for every person living in Southwark. This is higher than comparable boroughs and more than deemed necessary by the Government’s Standard Spending Assessment. The Authority works closely with other services and involves a wide range of people in discussions about services. It places great emphasis on setting and monitoring high standards for service delivery.

**Main Findings**

*Information and help*
- Southwark people are better informed about social services than people in many other areas that have been reviewed.
- Care services are flexible and there is an increasing range of good quality services available.
- There is a strong emphasis on supporting adult users to live in their own homes and on preventing children from entering the formal care and protection systems.
- Some people, particularly those with disabilities, have to wait a long time for services and some care plans are unclear about people’s needs.

*Shaping Services*
- Information on needs and services is improving and is used to develop plans.
- Planning arrangements enable a large number of groups to participate fully and influence decisions.
- Services are planned and developed in partnership with many other organisations such as health, housing, voluntary and private sector organisations.

*Managing resources*
- Devolved budgets support flexible services for users and cost awareness amongst staff.
- Computerised systems support service delivery and provide information about performance.
- There is a strong focus on setting targets and meeting them.
- Staff are trained and supported to deliver quality services.
- Some services have high costs and there is not enough information about whether these costs need to be so high.

**Improving Services**
Five issues need to be addressed:
- ensuring that the needs of users are always central to professional practice;
- checking that improvement initiatives are working before going on to the next improvement;
- scrutinising the costs of services and making sure that they work well for users so that resources are used in the best possible way;
- increasing the choices open to older people seeking good quality residential care within the borough; and
- improving the information available to Borough Councillors about the overall performance of the service as it is their responsibility to know whether their policies are working and whether the people they represent are well served.
Sheffield

Published January 1998

Overall Summary

The population of Sheffield is currently not well served by its social services, although some people receive good services.

The Authority is failing to carry out some of its statutory duties, and so is exposing some of the most vulnerable children, adults and older people in Sheffield to unacceptable risk. Nevertheless, some people in Sheffield do receive services that are of a high standard and are meeting their needs.

The Authority must implement some fundamental management changes to ensure that its policies, staff and money are co-ordinated to meet the needs of the people of Sheffield.

Sheffield Profile

Sheffield is the third largest metropolitan district in England. In recent years it has seen marked change and diversification from its traditional heavy industrial base. The Council serves a population of more than half a million people; it spends £91 million on social services which is equal to £192 for every person living in Sheffield. Nearly three-fifths of its present expenditure is for the care of older people.

The Council has faced significant financial difficulties over the past five years and as a consequence, Sheffield Social Services has been required to reduce expenditure by around £22 million over that period. The Council spends slightly more of its overall budget on social services than similar authorities. Its social services budget is very close to the amount the Government considers necessary to provide a standard level of service. Overall, social services’ staff numbers are lower than in most similar authorities.

Main Findings

Information and help

The Authority provides a good range of information for users and carers and it has extensive arrangements for consulting with them.

Some services are of a high standard, however, fewer users and carers surveyed rated services good or excellent compared with most other authorities reviewed to date.

Arrangements for accessing services are inconsistent, and vary between offices – the Authority now plans to direct all first contacts to a smaller number of offices.

The Authority is failing to fulfil its statutory duties towards some children on its child protection register.

Significant numbers of adults and older people, judged not to be at immediate risk, are waiting for assessments or services.

The Authority helps fewer older people to remain in their own homes than most similar authorities.

Shaping Services

The Authority has plans or strategies for most main user and carer groups and major services that it has developed in partnership with other departments and agencies, and in consultation with users and carers.

The Authority has, for some time, lacked an overall strategy for responding to its financial position and this has hampered its ability to plan long-term service developments.

It is vital that the Authority establishes a sound planning framework for its future services. This would form a basis from which to plan deliverable service developments.

Managing resources and performance

The Authority has been able to control its expenditure within its social services budget for the past three years, but it does not have clear reasons for the division of expenditure between different user groups.

The Authority buys a wide range of services from the independent sector but its present management and financial information is quite inadequate to support decision-making about the best use of its money. Social workers are also not supported by efficient administrative or computerised systems.

The Authority is required to visit all residential care homes in Sheffield twice a year. Last year it failed to visit nearly three-quarters of them once.

Improving Services

The Authority should address seven key areas to improve services:

• ensuring that it carries out all its statutory duties, especially to children on the child protection register, and can continue to do so;

• improving its approach to assessing people’s needs and ensuring that services meet assessed demands;

• ensuring that its access arrangements are suitable to all service users;

• identifying the quantity, cost, quality and effectiveness of all services;

• developing its approach to commissioning services, leading to improved choice and value of services;

• agreeing the nature and extent of devolved decision-making and a timetable for achieving this; and

• providing better management and financial information, and ensuring this is used to improve decision making.
Calderdale
Published January 1998

**Overall Summary**
The Authority faces major challenges in sustaining services and improving quality.

It has begun to tackle these, but much work remains to be done, particularly in children’s services and in resource allocation and priority setting. Users and carers are being increasingly consulted about service developments and partnerships are being built up with Health and other agencies. There is evidence of steady progress in recent years to improve public information and the range of services available.

The Authority now needs to:
- be more explicit about what it can afford in the long run and make agreements with other services which reflect this;
- improve the balance between protecting people in residential settings and providing support services to enable people to remain at home for as long as they are able;
- work more closely with primary health care commissioners;
- improve consistency in the operation of criteria for access to an assessment or services; and
- reduce levels of statutory intervention with families and increase investment and support in the Authority’s family placement service.

**Calderdale Profile**
Calderdale Metropolitan Council serves a population of just under 200,000 people and has an unusual diversity. The Authority spends £32.6m on social services and this is equal to £174.79 for every person living in the Borough.

The Authority spends an average amount on social services as a proportion of its overall budget, although spending per head is above average. In 1996/97 the Authority spent relatively more per head on services for older people and children and families. Spending on services for people with mental health needs, physical disabilities and learning difficulties were relatively less per head. The Authority has above average staffing levels and a relatively high proportion of strategic managers. The level of social work staff is average and administrative staff below average.

**Main Findings**

**Information and help**
- Information for the public about the services available and how to access them is improving although only 28 per cent of those surveyed recalled seeing any.
- Services are offered to relatively more households although for some users, such as older people, these are spread relatively more thinly.
- The Authority has very high rates of children on the child protection register and looked after in residential children’s homes.
- Sixty-six per cent of users rated services as excellent or good and 14 per cent as poor or very poor.
- Sixty-six per cent of users confirmed they were involved in having their needs assessed.

**Shaping Services**
- There is a growing gap between levels of demand and the resources available to meet these. The Authority needs a strategy to address this if it is to continue to be able to meet priority needs and develop new services.
- Computerised information systems are well developed and the authority has access to good information about local needs, outcomes for people who receive services and costs.
- The Authority has an ambitious programme of service reviews and audits.
- Some new services have recently been developed for people with severe mental health needs and adults and children with learning difficulty.

**Managing resources**
- Calderdale has effective systems for controlling spending on social services and has relatively well developed information systems.
- The Authority has invested in improving the standards in its own residential homes.
- The way resources are allocated across the Borough and the different user groups no longer reflects patterns of need for services.
- The costs of independently provided residential and home care services represent good value for money.

**Improving Services**
Four key areas for improvement are:
- developing more effective services for children and families in need which provide for a better balance between protection and family support;
- increasing the focus on customer care and the preferences of users and carers;
- re-negotiating its contract with the public for delivering social services in the future; and
- defining its overall strategy for commissioning services to meet needs.
Overall Summary
Barnet has a justified reputation for the quality of its services but, with budgetary cutbacks, these services have become ever more narrowly targeted on those most at risk.

Following public consultation, the Council is now committed to working more in partnership not only with other care organisations, but also with local communities. This should enable it to extend its help especially to those with a potential for rehabilitation.

A regime of strong corporate control was introduced some years ago in order to achieve sound financial management. This objective has been achieved but the continuance of this regime now frustrates the development of more responsive and cost-effective services. Increased investment in information technology will enable responsibility to be devolved with safety, cutting down on the current bureaucracy and ensuring better use of staff skills at all levels.

Barnet Profile
Barnet is the second largest of the Outer London boroughs on the northern edge of the capital. It is a relatively prosperous area in which nearly 70 per cent of properties are owner-occupied but it also has a number of council estates with high and increasing levels of deprivation. 18 per cent of the population come from minority ethnic communities, but this is exceeded by the sizeable Jewish community. The Borough spent £67 million on social services in 1996/7, which is equal to £183 for every person living in Barnet. While the Council spends more than the Government’s assessment of the amount needed to deliver a ‘standard service’, this is below average for similar Outer London boroughs.

In recent years demand for services has grown. There have been successive reductions in available resources and these have been increasingly targeted on those children and adults judged to be at risk. Past disagreements between the local authority and the health authority have inhibited effective joint working but that relationship is now improving.

Main Findings
Information and help
• Professional practice in assessing need is of a generally high standard but it is not always consistent across the borough.
• While services for young children are well co-ordinated with other agencies, this does not extend to services for adolescents.
• Services for adults are well regarded but they are concentrated on reducing numbers of people.
• Rehabilitation services for physically disabled and older people are under-developed.

Shaping Services
• The Council has an effective system for consulting service users, carers and the public.
• Co-operation between service departments of the Council and other agencies is improving.
• The future strategy for providing or purchasing services is insufficiently defined.
• There is more scope for working in partnership with preferred providers of services based on better feedback from operational staff.

Managing resources
• Finances are tightly managed but remain under centralised control.
• Business planning is developing but some costs require further investigation.
• The Council has a strong commitment to monitoring quality but this could be focused more on outcomes for users and carers.
• Bureaucratic processes could be significantly streamlined with the aid of more computers.

Improving Services
Four strategic issues need to be addressed:
1. Changing from a controlling to an enabling organisation:
   • clarifying strategic direction;
   • streamlining management;
   • computerising processes;
   • devolving responsibility; and
   • focusing on outcomes for users and carers.

2. Bringing together services for children, especially adolescents:
   • agreeing a policy on risk with other agencies;
   • extending the model of services for younger children to adolescents; and
   • upgrading family placements and linking with residential care.

3. Re-targeting community care:
   • revising access criteria to include rehabilitation;
   • ensuring all care plans have agreed objectives, subject to on-going review;
   • reviewing the comparative cost and quality of council-run and independent sector services;
   • developing more partnerships working with other commissioning and providing organisations; and
   • analysing the outcomes of care plans to inform future commissioning of services.

4. Negotiating with health a shared agenda on community care:
   • sharing information on purchasing plans;
   • improving co-operation with primary health care teams;
   • setting up joint rehabilitative services for physically disabled and older people; and
   • turning joint strategies on mental health and learning disability into funded action plans.
Suffolk

Published March 1998

Overall Summary
The people of Suffolk are well served by their Social Services. The Authority is efficient and works well with other agencies.

It has a sensitive and customer-focused approach towards users and carers who expressed high levels of satisfaction with the services offered. The Review team found a number of examples of good practice.

As demands for services continue to increase and Social Services has relatively less money, new ways of meeting need will have to be found. There are already signs of staff finding it difficult to deliver services of consistent quality, particularly for children and families.

The Authority needs to build on its acknowledged strengths in addressing key issues:
- reviewing strategic direction and re-shaping the business to meet different challenges in the future;
- meeting increasing demand within available resources through better use of information about needs and defining what it will do and what it will not do; and
- improving effectiveness by monitoring services to establish what works best.

Suffolk Profile
Suffolk is a largely rural East Anglian county with the majority of the 662,000 population living in villages and small market towns. Ipswich is the administrative focus, and other major conurbations are Bury St Edmunds, Lowestoft and Felixstowe. The council spent £106 million gross in 1996/97 on social services. This is approximately 20 per cent of the county council’s budget and is equal to £128 for every person in Suffolk. This level of spending is close to the average for similar authorities. The Conservatives controlled the country council until 1993 since when a Labour and Liberal Democrat administration has run the council.

Main Findings
Information and help
A large proportion of users and carers responded to a consumer questionnaire, and it showed higher than average levels of satisfaction with Social Services. The Council has successfully developed a customer-sensitive culture when receiving requests for help, it responds quickly and this is appreciated.

Systems for assessing needs and organising services are better in community care for adults than for children and families, although child protection procedures are well implemented. There are signs that pressure of work, with children and families in particular, is affecting the generally good quality of work.

The Review highlighted good practice examples, including community based sheltered housing, the promotion of welfare rights and efforts to assure quality services. However, the Review recommends improving effectiveness by implementing policies more consistently across the county.

Shaping Services
Social Services has good planning systems. Consultation with other agencies is a high priority, and there are joint arrangements with Health for working both with people with mental health problems and with learning disabilities. The Council has made efforts to involve voluntary organisations in service planning. A much larger proportion of services are now purchased from independent agencies rather than run by Social Services themselves. This has resulted in a greater choice of independent organisations providing services but there has been less emphasis on seeking new ways of meeting individual needs with different types of services.

Almost half the Council’s residential care homes for older people fail to meet registration standards and the Authority does not have sufficient money to upgrade them. They do not represent best value for money. It is substantially more expensive for the council to care for an older person in one of its own houses than to arrange for similar care in independent houses.

Managing Performance
Social Services has a quality assurance strategy supported by senior management, reviews and monitors its performance, and has a clear system for setting targets. It has a joint unit with health for regulating and inspecting homes. The Unit is even-handed across all sectors but is unable to follow up shortfalls in the standards of physical fabric of some of the council’s own homes for older people as the Council lacks the capital to improve them. The management of performance would be improved if there were better links between different sections within Social Services.

Managing resources
Overall Social Services manages its resources well, and has well trained staff. It knows where its money is spent, monitors this and takes action to stay within its overall budget. Management costs are relatively low. Social Services works well with the health services and other agencies to fund initiatives and service developments. It has identified improvements required of its information systems and is implementing a comprehensive and ambitious plan to transform its information and communication systems.

Social Services has comparatively low numbers of front line staff; its children’s placement budget is over-committed by £1 million; and when improvements to information systems are complete, it will need to clarify its management and organisational arrangements.
**Bury**
Published April 98

**Overall Summary**
The Review Team concludes that, in the near future, it appears likely that the population of Bury will not be well served by its social services. Some people in Bury receive services of a high standard and the Authority has some skilled and committed staff. But, a range of needs are not adequately met. The Review Team doubts the Authority’s ability to balance changing demand with limited resources and to continue to safeguard the well-being of some of the people in greatest need in Bury.

The Authority must take major and decisive action to remedy the shortcomings identified in this Review. It must urgently develop strategies to address its most pressing problems, translate these into explicit plans and implement them. This will require a quite different approach to its management of resources, including its staff, and to its management of performance.

**Bury Profile**
Bury has a population of 181,000 – the third smallest among the metropolitan districts in England. The Authority has worked hard to revitalise many of the borough’s older industrial areas. Because of the size of its population and its comparative prosperity the Council’s overall budget is relatively small compared with that of many other authorities. The Council spends £26m net on social services, this equals £148 for every person living in Bury. However, it amounts to nearly 10 per cent more on social services than the Government considers necessary to provide a standard level of service. Over half of its present expenditure on social services is for the care of older people.

**Main Findings**

**Information and Help**
Despite Bury’s limited written information for users and carers, there is relatively good knowledge about services. However, present recording is not able to provide evidence of consistency of response. Some people receive social services of a high standard. These include some children and families in need, some people being supported to live in their own homes, and, some people with mental health needs. Three-quarters of users and carers surveyed rated services good or excellent. But, the needs of others are not adequately met, including some families requiring support, people with physical disabilities waiting for equipment, and, older people wanting to stay in their own homes or waiting to be discharged from hospital.

**Plans for the Population**
The Authority has undertaken various strategic reviews, but has often failed to implement their recommendations. Its contracting practice is very under-developed compared with many other authorities. The Review Team concludes that the Authority’s current pattern of service response is not sustainable. Nevertheless, the Authority has developed effective partnerships with some voluntary organisations, the housing department and the probation and police services. And, the Authority has undertaken some good individual initiatives. But, there is scope for considerably better partnerships with other agencies, and for improved consultation and engagement with some users and carers, and with the predominant trade union.

**Managing Resources and Performance**
The Authority has overspent its social services budget in each of the last three years. Yet, it still does not have a realistic or business-like approach to managing its resources. It continues to spend significantly more of its budget on its own services than on those from the independent sector, compared to most other authorities. Some of the Authority’s services are also of high cost. But, its ability to generate reliable financial information linked with different activities is limited. And, the Authority does not have an agreed approach to identifying quality standards for different services or activities, or to reviewing whether or not they have been met.

**Improving Services**
The Authority should address six key areas to improve services:

- containing overall social services expenditure within budget;
- identifying high cost services, and taking action to reduce these costs;
- commissioning a balanced mix of services for older people which reflects their needs;
- building on the growing partnerships with some stakeholders to develop effective partnerships with all of them;
- ensuring access to essential management and financial information; and
- providing effective leadership and management of social services in Bury.
How to find out more

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